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Understanding the Nature of Institutionalization for Children
in Russia

Evgenia Stepanova

PhD

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ABSTRACT

There is an ongoing debate in contemporary international literature about how state care provision is 'failing' children and young people in care. In Russia, institutional care is the most widespread with this type of child care placement representing 98 per cent of all out-of-home care facilities for children after kinship care (Groark et *al*., 2008; Human Rights Watch, 1998). However, since Soviet times institutional care in Russia has rarely been the focus of research or welfare policy debates aiming to explore and potentially improve the existing infrastructure of the child care system. Clear cut gaps in understanding of how institutional care in Russia operates include unawareness of basic everyday experiences of children and young people. This fact severely hinders the development of effective changes in policy and practice. Since Russia is currently facing record numbers of children and young people entering care, it is easy to see how the topic of institutionalization has become one of the pressing priorities on the national agenda (Philanthropy, 2011[1]). This thesis aims to improve the understanding of institutionalization in Russia through a systematic exploration of a range of experiences within institutional care as well as an in-depth investigation of key factors and characteristics which define institutional being. Drawing on the philosophical underpinning of critical realism, this research challenges the global conceptualization of the institutional care focusing on how the institutionalization comes to be as it is. The data is obtained from a combination of two methods namely questionnaires with care leavers and care givers followed by ethnographic participant observation conducted in four child care institutions in Russia. The results of the study suggest that the process of institutionalization plays a role of a large family for children in care as well as for those who left care. Having both positive and negative experiences of care, institutionalization is informed and shaped by the factors of power, collectivism, distance and intimacy in relationships, suppressed individuality and wider society. Developed in response to provision of protection and safety of children, the imbalance in these practices often contributes to the bleak picture of care. This study addresses the substantial gap in the literature providing an in-depth portrait of institutional care and institutionalization in Russia. The thesis highlights that institutional being is the

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[1] Philanthropy is the largest non-governmental organisation in Russia working with children and young people in care. Between 2000 and 2010 based on information provided by the official centre of national statistics in Russia, ten interviews conducted with leading experts in out-of-home childcare in Russia and limited research on institutional care available the Philanthropy organisation published a special issue on the nature of institutions and its residents in Russia.

product of a complex interplay among individuals and a network of contextual, cultural, organisational, social and individual factors and characteristics. These factors and aspects need to be acknowledged and addressed where possible to support institutional being of children and young people.

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DECLARATION

The contents of this thesis are produced solely for the qualification of Doctor of Philosophy at Durham University and consist of the author's original individual contributions with appropriate recognition of any references being indicated throughout.

STATEMENT OF COPYRIGHT

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CHAPTER 1: INTRODUCTION

Section 1.1 Setting the scene

In 2012 the president of Russia Vladimir Putin issued a presidential decree on the National Action Strategy aiming to address the best interests of children between the years 2012 and 2017 (Law 761 from 1st June 2012). Particular emphasis was put on children in care categorized as the most vulnerable group of children in Russia. It was suggested that to ensure effective support and protection of vulnerable children it is important to increase public interest in adoption, revisit court decisions of removal of parental rights of children in care and provide extensive support to families in high risk situations. Institutional care which is currently the major out-of-home care provision for vulnerable children has received little attention except the general promotion of de-institutionalization strategy.

Despite the call for policy changes around children in care, the reality demonstrates that chances of family placement of children in care are extremely poor (Schmidt, 2009). Similarly, the likelihood of any significant changes in the practice of institutional care without Government strategy to do so is very low. As a result, child protection policy becomes a vicious circle where children will remain in institutional care and institutionalization will operate without any interventions or any other changes in future. Under such circumstances an extensive academic study needs to take place to explore institutionalization and provide a clear strategy of addressing the best interests on children without relying on family placements.

Section 1.2 Rationale for the Study

In 2012 there were over a quarter of a million children placed in institutional care in Russia which meant that one in 100 children was looked after by the State (Philanthropy, 2011). Children, particularly those aged above 5, entering institutional settings have often minimal to no chance of being placed into family-type environments such as adoptive or *patronat* family (Philanthropy, 2011). Once admitted to institutional care children usually stay there on a long-term basis without any parental contact (Philanthropy, 2011). This being the case makes children fully dependent on the State which, according to one Russian researcher, limits children's chances for successful futures (Prisyazhnaya, 2007). Astoyanc (2005) argues that the existing system of institutional care makes children permanently 'institutionalized' which is opposed to 'normal' being of individuals.

Despite the strong nature of the claims, the actual understanding of what being 'normal' or 'institutionalized' means is scarcely discussed or explored in the Russian context. Indeed, although there is an extensive body of international research on the nature of out-of-home care (for example: Bullock et *al.,* 1998; Berridge and Brodie, 1998; Sinclair and Gibbs, 1998; Taylor, 2006; Berridge et *al*., 2010), the studies investigating institutional care in Russia are limited, often biased and patchy. In addition to the lack of research, there are no federal initiatives supporting systematic empirical studies exploring existing institutionalization and institutional care in the Russian context. Furthermore, there are no national-scale co-ordinated programmes or interventions which seek improvements in institutional care (Philanthropy, 2011). In this respect, the reality of institutional care in Russia is that this type of care has been in full operation since Soviet times and no federal agencies have been concerned with achieving a systematic understanding of how well it works or how to increase its effectiveness. Instead, supported by the limited body of evidence on institutional care in Russia and vastly influenced by international practices of care, the federal policy on child protection has labelled institutional care in Russia as 'failing' and 'damaging'. In response to this the policy of de-institutionalization has been widely promoted across the country since 2007 without any actual changes in practice of care provision (Schmidt, 2009). In 2011 practitioners and the non-governmental sector widely proclaimed the controversial response to the Government agenda that it was impossible to remove institutional homes due to social, cultural and economic reasons (Alshanskaya, 2011; Philanthropy, 2011). Instead, it was

suggested to focus on existing institutional care in order to explore its nature and understand the ways in which institutionalization can be enhanced (Philanthropy, 2011).

In the meantime international research and practice have gone through significant changes in ideology and practice concordantly moving from institutional care towards the family-type placements for children. Despite an on-going debate among international practitioners, policy makers and researchers that institutional care is a place of last resort (Sellick, 1998; Little et *al*., 2005), there is still not enough evidence to suggest what factors of institutional care were damaging or beneficial for what types of children (Little et *al*., 2005). With the absence of institutional care in some parts of Europe there are fewer opportunities to investigate this type of care provision in order to expand our knowledge and understanding of institutionalization and its impact. Recently institutional care in the Western world has shown some signs of reappearance supported by the arguments that "residential care is a positive choice" (Pemberton, 2013), that residential care should be provided for high-risk children at an earlier stage and for more children (Forrester, 2008) and that for some children residential care is the only possible alternative (Taylor, 2006). Although the argument in favour of residential care in Western Europe is not widespread, the acknowledgement of potential positive impacts of residential care in a family-type oriented society is a significant change in itself.

As a result of the recent developments, institutional care in Russia is left in a critical state. In the first instance, the numbers of children entering care are increasing along with the official reports stating that the practice of de-institutionalization is being successful (Astoyanc, 2005; Philantrophy, 2011; ROSSTAT, 2012). In the second instance, the research interests for international researchers, particularly those in Western Europe and the United States, in studying care is often influenced by the current practices of widespread family-type placements. This, in combination with the lack of support for research in Russia, leaves institutional care an understudied phenomenon in crisis.

The nature of institutional care often suffers from misrepresentation and stigma attached to its outcomes. There is a tendency to perceive institutional care in Russia as care provision for very young children and/or children with disabilities (Human Rights Watch, 1998). In reality, however the majority of residents in institutional care do not belong to the aforementioned groups of residents. In this respect, there is a significant gap in the research about institutional care units designed for children and young people aged between five and eighteen without or with slight disabilities. This study does not intend to investigate the nature of disability and

the situation of severely disabled children in care in order to create a new insight into institutional care. Because the topics of both disability and children with severe disabilities are broad and complex, they deserve to have separate and undivided focus in terms of the research.

In order to contribute to the improvement of institutional care along with addressing the impact of being 'institutionalized', it is important to understand better the nature of institutional care and institutionalization in Russia. To do so, the research needs to explore the main characteristics and attributes of institutional care as well as identify the factors which determine and inform institutionalized being as opposed to 'normal'. For a holistic view on care, it is critical to explore every type of existing institutional setting for children above five in Russia from a range of perspectives including those who have experienced care at first hand. Such an approach on investigating care would offer an understanding of the nature of institutional care as well as its positive and negative aspects. Instead of seeking an 'ideal' placement type or aiming to develop a hierarchy of placement options, this study needs to consider the existing institutional facilities for children and young people without disabilities as essential parts of State care provision system in Russia.

Section 1.3 Personal Interest in the Research

Being a 'hidden' and 'closed' sector in the society, the area of institutional care has rarely been a focus of public interest in Russia (Yarskaya-Smirnova, and Antonova, 2009). It is often argued that the sector of State care often attracts individuals with personal interest which goes back into childhood and contains intimate details about challenges they might have had. I do not have personal experience of living in institutional care. Instead, my own interest in the research of institutionalization stems primarily from my professional experience of looking after children and young people in several institutional care settings in Russia.

As a caregiver's assistant, I witnessed first-hand the rewarding and challenging experiences of care provision including close and stable as well as hostile and difficult relationships between children in care and staff. Equally, spending all my time in care together with children I experienced the best and the worst of times of being in care. During my five years in this role, I always strove to understand children's lives, aiming to make institutional care settings their own homes. In retrospect I realize that it is perhaps the experiences and the

great willingness to understand what characteristics and factors make institutional care children's own home that have led me to conduct research focused on State care in Russia.

In 2008 I entered the PhD programme in St Petersburg State University of Economics and Finance aiming to conduct research looking at the nature of institutional care in Russia. During the two years of my studies I was regularly persuaded by the staff in the department to change the focus of my topic to a more 'favourable' and 'commercial' angle where the research would examine the economic and financial sides of institutional care as well as providing clear evidence against the existing system. Both the limited body of literature available and the lack of freedom of speech in the Russian context led me to seek for alternative opportunities for continuation of my research internationally. As a result in 2010 I applied for a Durham Doctoral Studentship at Durham University and was successful.

Having experienced a long journey, this thesis is influenced by both my personal and caregivers' striving to understand what institutional care and institutionalization in Russia are and what characteristics define the quality of life among children in care. In approaching this study, I realized that the children's and caregivers' experiences and values as well as a broader context influenced my own perspectives on the nature of care, children and staff.

Section 1.4 Glossary

1.4.1 The terms 'looked after children and young people', 'children in care' and 'orphans'

When studying or working with socially vulnerable or marginalized groups it is critical to ensure that the terms and definitions used by academics and practitioners are accurate and explicit (Ho, 2004). The terminology used to describe children left without parental care or placed in care includes a wide range of definitions depending on the cultural and historical contexts, policy and practice. The term 'looked after' was initially introduced in England in the Children Act 1989 to define children and young people in out-of-home care including residential and foster placements (Department of Health, 1989). Also the term covers those children and young people who reside with their parents but are the subject of care orders (Polnay and Ward, 2000). Similarly, in Scotland and Northern Ireland the term 'looked after' may refer to children in kinship or respite care (Royal College of Nursing, 2012). The United States context adopted the term 'children in foster care' which is used as an umbrella term

covering all children in care including those placed in residential care (Thoburn et *al*., 2012). Both of the definitions are widely utilized internationally in research, policy and practice. That said, due to the ongoing debates and changes around out-of-home care the understanding of the definition may become fluid, change and subsequently influence the nature of care provision (Vostanis, 2010).

In the Russian context, the terminology around institutional care is complex and lacks clear definition. The officially used terms, namely, 'social orphans'(*'socialnie siroti'*), 'biological orphans'(*'biologicheskie siroti'*), 'children left without parental care' (*'deti ostavshiesya bez popecheniya roditelej'*) and 'ward' (*'vospitaniki'*) are all included in the international term 'looked after' (Khlinovskaya Rockhill, 2010). The term 'biological orphans' refers to children and young people aged between 0 and 18 who do not have living parents or extended family. The term 'social orphans' includes individuals whose parents/parent cannot raise the child due to 'incarceration, poverty, physical abuse, abandonment', etc. (Safonova, 2005; Mulheir *et al*., 2004). Whereas the former three terms state the family status of a child. the latter notion is solely applied to children and young people placed in institutional care.

It is argued that the terminology introduced in policy and practice in out-of-home care contributes to the risks of 'person-first labelling'. By identifying children first as a group which belongs to care ('looked after') or conversely referring to children by a descriptive word ('orphans', or a 'ward') it becomes clear that children are labelled. In line with the existing definitions, children are primarily seen as members of a descriptive group and secondarily as individuals (St Louis, 1999).

Based on this debate, none of the used terms is considered ethically appropriate or respectful towards children. After careful consideration, the term 'children in care' has been adopted throughout the study. The term has been recognized by the Children's Commissioner in England (2012) to refer to all children looked after. Returning to the original definition of 'children in care' in England was a purposeful act in order to emphasize the importance and role of care. Here the term 'children in care' stresses the significance of care and protection as opposed to the central role of accommodation provision in the term 'looked after children'.

The term 'children in care' includes both children and young people. Where it is important to highlight the adolescent group, the term 'young people' is used.

1.4.2 The terms 'residential care' and 'institutional care'

There are significant variations in classification and definition of the term "institutional child care". In the contemporary international context the definition 'institutional' is often applied in the negative sense to emphasise the failing nature of child care particularly residential care (Kendrick et *al*., 2011). This is because the term 'institutional' is associated with large, harmful and impersonal practices which have long-term negative impacts on children (Csaky, 2009). Furthermore, institutional care can refer to a wider meaning where care is defined as a life in a public place (McIntosh et *al*., 2010). Initially, when large institutions were widespread and in full operation across the world, the definition of institutions suggested less prejudice and more focus on its functionality. As such, one of the definitions suggests that institutional care was understood as a type of placement which provided permanent or temporary placement for children. It usually included full accommodation followed by the provision of protection, control, treatment and personal care (Browne, 2009; ROSSTAT, 2012).

Similarly, there are a number of challenges and difficulties related to the term 'residential care'. At one end of the spectrum, 'residential care' is used to define small care provision for children which is designed in response to a range of children's needs, namely learning, training, behavioural or health needs (Kendrick et *al*., 2011). Alternatively, the term 'residential care' is applied in relation to large public care homes also known as 'institutional care' (Dorrer et *al.,* 2010). Kendrick et *al.* (2011) state that understanding of care facilities, functions and definitions widely depend on country context and care functions.

In order to avoid these challenges in interpretation and definition, this study uses the term 'institutional care'. Here, 'institutional care' is seen as an out-of-home type of child care where children are placed on a short-term or long-term basis under the guardianship of their parents or the State as their parent. The child care can be broadly seen as a group living arrangement where care is provided by adults. In the contemporary Western European context institutional care can be viewed as a number of group living facilities which often include small homes and family-type children's homes. Conversely, due to the prevalence of large institutions in the Central and Eastern parts of Europe, the term 'institutional care' is also used to describe large care settings.

1.4.3 Other terminology

'Caregivers' is the term used to refer to members of institutional staff who are paid to look after and interact with children, including the Head of institutions, nurses, doctors, houseparents, teachers and social pedagogues.

'Deinstitutionalization' is the State National Programme which aims to reduce the number of children in institutional care as well as decrease the number of institutional units across the country. The process of deinstitutionalization is managed by the Federal Agency along with Children's Rights Commissioner. All the placement arrangements are made in accordance with the best interests for a child and children's rights (UNICEF CIS, 2007);

'Dom rebyonka' is the Russian term for baby homes (Human Rights Watch, 1998);

'Dyetskij dom' is the Russian term for children's homes (Human Rights Watch, 1998);

'Eastern and Central Europe' is the term for distinguishing the broad geographic regions which include such countries as Czech Republic, Slovakia, Hungary, Poland and Slovenia in Central Europe and Albania, Bulgaria, Romania, Estonia, Latvia and Lithuania in Eastern Europe. These countries are listed under the definition of Eastern and Central Europe subject to historical perspective. Here the term 'Eastern' or 'Central' emphasises the differences in political philosophies between Western Europe (Ash, 1990). In some cases Eastern Europe is referred to as two geographical sub-regions namely South-Eastern Europe and the Baltic States (UNICEF, 1997). This study does not specify this divide;

'High risk environment in a family' is the situation where a family experiences high social risks. Also high risk environments include families where parents do not fulfil their parental obligations/responsibilities in terms of nurturing, education and care. Also high risk environments may include parental cruelty and abuse towards their child (Federal Code 120-FZ from 24.06.1999);

'Internat' is the Russian term for boarding schools (Nazarova, 2000);

'International context' in this study refers to the existing literature outside Russia. Primarily I drawn on the work for geographical regions of the North including Europe (Eastern, Central and Western parts), the United States, Canada, some parts of East Asia and Australia as research from these areas is most prevalent in the academic literature base. Where it is

relevant, the research focus goes beyond these areas, exploring the policies and practices of the South. However due to the significant cultural, economic and political differences existing between the North and the South, this literature is not used as extensively.

'*Opeka*' is the Russian term for guardianship where parental rights are fulfilled by the State (Federal Code 48-FZ from 24.04.2008);

'*Patronat*' is the Russian term for a system in Russian law where children without guardians are placed in homes through an agreement between a family and an institution (orphanage, boarding school and other forms). The 'patronatnaya family' agrees to take in the child for a specified period of time; the level of rights and responsibilities incurred and on what basis the contract can be annulled (Filatova, 2012);

'*Priyut*' is the Russian term for shelters (Nazarova, 2000);

'*Psychoneurological internat*' is the Russian term for specialist boarding schools; the term was previously used by the Human Rights Watch (1998);

'*Soviet Context*' and '*Soviet Union*' are terms referring to geographical groupings of the countries subject to historical context. The former Soviet Union included Baltic States, namely Estonia, Latvia and Lithuania); Western former Soviet Union namely, Belarus, Moldova, Ukraine and Russia; Transcaucasia region, namely Armenia, Azerbaijan and Georgia and finally Central Asia including Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan (Carter, 2005);

'*Otkazniki*' is the Russian term for Infants who are officially abandoned by their birth mothers at the birth centres by signing the documentation which takes away all parental rights from a mother (Philanthropy, 2011).

'*Western Europe*' is the geographical term comprising the Western countries of Europe. Although there is no universal or clear definition of Western Europe, this term is commonly used to emphasise the Western regions of Europe as opposed to Eastern and Central Europe. The term Western Europe includes countries such as Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the United Kingdom (Ash, 1990).

Section 1.5 Structure of the Thesis

The thesis consists of twelve chapters. This chapter has provided an introduction to the study focusing on the rationale behind the study, personal interest in the research and terminology. Chapter 2 explores conceptualization of care through scrutinizing the notions of family, institutional care and institutionalization. Here the study challenges the traditional meaning and functions of family in the international context with regard to care provision and parental functions. This subsequently calls into question the existing understanding of institutional care and institutionalization viewed as a diametrically opposite arrangement to family. Chapter 3 presents critical analysis of the literature providing an international theoretical perspective on the nature of institutional care. Next, chapter 4 locates the study in the Russian context outlining historical trajectory of institutional care through time. The chapter concludes with a discussion on the structure and characteristics of institutional care in contemporary Russia. Chapter 5 deals with the experiences of institutionalization and institutional care among children in care and care leavers in Russia. Here all the available research on Russian institutionalization is covered. The following chapter summarizes the gaps in the research around institutional care in Russia along with formulating the research objectives and research questions of the study. Chapter 7 covers the methodology of the study including sections on philosophical underpinning, methods of data collection, data analysis, ethics, validity of the research and reflective thoughts on the research process. Each section is congruent with the philosophy of critical realism. Chapters 8, 9 and 10 present the research findings with regard to research questions. In Chapter 8 I explore institutional care in Russia. Here key characteristics of care are drawn from questionnaires administered to care leavers and ethnographic participant observation with children in care and caregivers. Chapter 9 looks into children's in-care experiences of institutional care in Russia. Starting from the point of entering care the study moves to exploration of experiences of being institutionalized on a long-term basis without parental care. Chapter 10 outlines care staff experiences of looking after children in institutional care. The particular focus is on staff profiles including professional background followed by their experiences of relationships with children and colleagues. Research question 4 is addressed through the critical realist discussion of the findings presented in Chapter 11. The discussion explains identified causal mechanisms of institutionalization which shape and inform institutional care in Russia. Separate discussion on each of the mechanisms namely power, distance relationships, communal living, supressed individuality and context is provided. Finally, Chapter 12

summarises key findings and discussion points of the research. Furthermore, I utilize a critical realist perspective on institutionalization suggesting a holistic view on understanding institutional care in Russia. Also, the original contribution to knowledge is formulated and outlined. Implications for policy, research and practice are offered. The chapter concludes with suggestions for further research.

CHAPTER 2: CONCEPTUALIZATION OF CARE: FAMILY, INSTITUTIONAL CARE AND INSTITUTIONALIZATION

Introduction

This chapter is divided into two sections. Both sections aim to provide a broad context for the thesis where a definition and the nature of care are explored though the context of family and institutionalization. The first section discusses the nature and various definitions of family exploring its capacity and capability to parent. Here, various cultural and social contexts are included in order to present a holistic view on family. The second section provides an overview of the subject of institutional care with reference to its parental capacity. Furthermore the section presents the discussion on institutionalization followed by the existing definitions of the phenomenon. As the section progresses the discussion on institutional being is included. Each section concludes by challenging the definitions and often 'taken-for granted' labels of family and institutional care followed by problematizing the nature of care and family in the contemporary context.

Section 2.1 Family as a Parent

When studying institutional care, the research, policy and practice rarely focuses on the actual meaning and conceptualization of family. Indeed, despite widely operating with the terms 'parent' and 'parenting responsibilities', there is hardly any mention of the understanding of such terms. For the purposes of viewing family as a meaningful term it is important to look at its definition.

What it means to be a family and a parent varies across cultures, over individuals and time. Levin and Trost (1992) argue that it has been challenging for both academics and practitioners to find a unity in the definition of family. Similarly, it is suggested that consensus around the understanding of family is highly improbable (Settles, 1987 cited in Levin and Trost, 1992: 350; Settles et *al*., 1999). The Western construction of family proposes the terms "spousal unit", "cohabitation unit", "parent-child unit" or "child-parent unit" to describe and define family (Levin and Trost, 1992: 350). Here the terminology used and selected is often closely related to theoretical or practical objectives as well as to values and culture (Levin and Trost, 1992). In this respect, the conceptualization of family as a 'child-parent unit' may emphasise the focus on children's rights and their voice in family. Overall, all the definitions of family above conceptualize the term as a social group including at least two adults exercising roles of spouses or a group consisting of at least one parent and a child (Levin and Trost, 1992).

Historically the construction of family in countries of Eastern and Central Europe has encountered a number of dramatic changes. Prior to the development of the Communist bloc which significantly affected Eastern and Central European parts, some countries such as the Baltic States exercised the Western conceptualization of family mentioned above. Later, in the Soviet era the notion of family faced significant changes influenced by the Marxist conception of family. From a Marxist perspective family is seen as an institution widely influenced by economic and social forces. The individual institution of family is replaced by a broader understanding of a communist society where marriage is seen as "prison" and child upbringing is considered to be the responsibility of the State (Berman, 1946: 36).

In addition to cultural and historical distinctions of conceptualizing family, the individual definitions may include family perception as household, various types of family understanding through time, individual views on family depending on personal circumstances,

emotions and identity (Trost, 1990). Despite different approaches to understanding family, the definitions see family as a whole dominating over individual members of the unit. This in return ignores family members' roles, their intrafamily relationships and impact (Kashy and Kenny, 1990). Arguably, intrafamily relationships and communication are the critical experiences of individuals which shape and form the meaning and definition of family for every family member (Beavers, 1982). Furthermore, psychological and social being of an individual is informed by family experiences (Beavers, 1982). As such, for children early social-emotional relationships with adults represent the critical factors influencing later relationships and understanding of family. This being the case, understanding the meaning of family can vary depending on individual experiences of communication and relationships with adults (Brennan and Wamboldt, 1990). Every infant experiences human relationships from birth which may include a diversity of caregiver's functions ranging from the necessity of nutrition to social interactions. The above role may be fulfilled by the birth family of a child, by relatives, non-biological family or by the state. For each child and caregiver a diversity of approaches and mechanisms of child rearing exist. The upbringing approaches may be culturally and individually generated depending on the perception of the world (Procter, 1985; Dallos, 2004). Generally, parents or parental substitutes are expected to provide a family environment which supports the child's physical and intellectual health and social, behavioural, moral and emotional development (Barnhill, 1979; Barber, 1996). Beavers (1982) distinguishes family environment into three categories namely "healthy", "midrange" and "severely dysfunctional" according to family capacity for child upbringing and family capability. That said, Procter (1985) reports that family environment is a fluid concept provided that all the family interactions are established through shared individual constructions. For example a child living in an environment which does not meet conventional understanding of 'positive' may not perceive it as a high-risk environment (Procter, 1985; Schwartz et *al*., 2001).

For decades in the Western context, families causing particular attention and concern regarding high risk family environments included marginalized groups of society defined through class, race or poverty. Known as "dangerous classes" this group is "excluded or, has withdrawn, from mainstream society in terms of both style of life and the dominant system of morality" (Morris, 1994: 4). Conversely, in the post-Soviet context the definition of marginalized groups is often associated with moral degradation and deviant behaviour rather than with economic factors (Khlinovskaya Rockhill, 2010). Due to the blurred concept of

marginalized people, this category can be applied to any group of individuals. In response to moral degradation of people the Soviet system developed a "hierarchy of privileges" which included education, access to goods and access to networks (Khlinovskaya Rockhill, 2010: 36). Interestingly, State parenting was seen as one of the privileges which enabled individuals to avoid moral degradation and instead become more privileged (Khlinovskaya Rockhill, 2010).

In the contemporary context, understandings of marginalized groups, family and care include an enormous variety of interpretations and understandings. Despite the wide use of concepts such as marriage or divorce, the former does not necessarily constitute a family and the latter does not mean the termination of family. Furthermore the categorisation of a family as a household limits one's understanding of a family. Here, those individuals who constitute a family which does not meet the traditionally-accepted definitions may be labelled as a deviant group (Levin and Trost, 1992). Beavers (1982; Beavers and Hampson, 2000) outline eight factors which comprise the notion of 'optimal' family functioning and environment:

a) A *system orientation* which includes human systems depending on interdependency, relationships and interpersonal skills ;

b) *Clear boundaries* including external boundaries with outside word and internal boundaries between family members ;

c) *Contextual clarity* where social context is well distinguished between such categories as family, friends and so on;

d) *Balance between power and intimacy*;

e) *Promotion of autonomy* where each family member considers themself as an independent individual;

f) *Joy and comfort in relating* include warm and positive emotions and feelings between family members;

g) *Skilled negotiation* includes family members' capacity to organize themselves, accepting advice and directions and reaching objectives effectively;

h) *Significant transcendent values* which go beyond experiences and knowledge of individuals. Here family members learn to accept considerable changes in their lives (Beavers, 1982: 46-52).

Following the list above it becomes clear that when studying care in either family or out-of home contexts it is important to broaden the perspective on the notion of a family and

challenge the previously used definitions and conceptualizations (Levin and Trost, 1992). In this respect, the reconceptualized nature of family focuses on its relationships and experiences rather on its structure (Miles and Stephenson, 2001).

Societies worldwide have viewed institutional (residential) care as a substitute for family upbringing (Roy et *al.,* 2000). That said, this form of care has rarely been defined as a form of family. Due to the incapability or absence of parents to exercise their parenting duties, the State often stands in for a legal parent of a child. This being the case, it is important to explore the parental capability and capacity of the State as well as challenge the previously used statements that State cannot parent (Bullock et *al*., 2006).

Section 2.2 Institutional Care as a Parent

2.2.1 Institutional Care

Institutional care, also known as residential care, can be defined as "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society" (Tolfree, 1995 cited in Miles and Stephenson, 2001: 9). In this respect, traditional carers include nuclear families as well as members of extended families. Driven by the tone of the definition, institutional care is presented as an 'unnatural' form of child care where children, due to high risk environment and/or unfortunate circumstances, are forced to stay away from their family (Kendrick, 2009). When it comes to understanding institutional care, comparisons between family and institutional functions lies in the heart of "anti-residential bias" (Kendrick, 2009).

Table 1: *Anti-residential Bias*

Family	Institutional Care
Good	Bad
Safe	Risky
Natural	Unnatural
Homely	Institutional

Source: Kendrick, 2009.

Institutional forms of care are viewed as "contrary to a child's nature" (Whittaker, 2004 cited in Butler and McPherson, 2007: 468). Miles and Stephenson (2001) argue that institutional

care is often perceived in a simplistic way where the substitute care provided is usually seen as inferior to parental care by a family. Such generalisations trigger the distorted perception of State care as a single type of ineffective and damaging service for children (Butler and McPherson, 2007). However, in such country-specific contexts as South Asia (Miles and Stephenson, 2001) or the Soviet Union (Khlinovskaya Rockhill, 2010) various forms of long-term group living are seen as traditional ways of child upbringing. Furthermore, the contemporary context demonstrates that the distinction and boundaries between 'familial' and 'non-familial' relationships are unclear and blurred. In this respect, understanding of institutional care as opposed to family is ineffective and adds little clarification to what it actually represents (Butler and McPherson, 2007). Finally, some of the studies (for example: Feagans and Manlove, 1994) have demonstrated that there is a significant number of similarities between practices of family parenting and caregivers' parenting in institutions. As such, both groups of parents were found to agree on equal upbringing practices focusing on behavioural and social aspects of children's development.

2.2.2 'Institutionalization' and 'Institutional Being'

Institutional care implies an organised and procedural routine to living arrangements for children (Browne, 2009). In a broad body of research on care a process of long-term child living in institutional care is widely defined as 'institutionalization' (for example MacLean, 2003; Sellick, 1998). In return a child in care is usually known as an 'institutionalized child' (Browne, 2009). Despite its extensive use, the notion of institutionalization is greatly influenced by misperception of the definition. In general terms institutionalization is understood as the dynamic or process through which ideas, systems or structures are embedded in organisations (Crossan, Lane and White, 1999: 525; Crossan, Lane, White and Djurfeldt, 1995: 347; Barley and Tolbert, 1997). Institutionalization includes dual processes where institutions "arise from and constrain social action" (Barley and Tolbert, 1997:95). Interestingly, a research focus on institutionalization is often limited to its capacity to constrain. The process of institutionalization is often associated with negative attributes attached to institutional care as mentioned above. As such, in a child-driven context, institutionalization refers to "a complex mix of social, perpetual, physical, intellectual and emotional deprivation" (MacLean, 2003: 854); a "process of moulded personality" (Ukraine Institute of Social Studies, 2001) or "a process where an individual loses their sense of identity" (Yuill et *al*., 2010).

Institutionalization in child care contexts has not been standardised nor systematically explored. However it becomes clear that the notion of institutionalization is used as an umbrella term to describe all the negative processes and outcomes of children in care as well as to identify and point out the system failure in general. Such patchy understanding and misperception contributes to idiosyncratic applications of the term. Subsequently, this leads to common assumption that institutionalization brings an end to family environment and warm care (Stull et al., 1997). Stull et al. (1997) argue that despite the general idea that family care is possible only at home, institutionalization can provide a reciprocal environment where close relationships and secure attachment take place. In order to explore and recognise parental capacity of institutional facilities it is crucial to understand the nature of out-of home care.

In addition to the challenges related to understanding of the concept of institutionalization, the deeper levels of viewing the reality of institutional care lie in exploring the phenomenon of institutional being. 'Being' is a very broad and elusive concept where understanding vastly depends on one's interpretation of reality and the world. The research around child care focusing on experiences, meanings, perceptions or processes of children in care often covers all the aforementioned aspects as 'being looked after' or 'being institutionalized' (For example: Munro, 2001; Emond, 2003; Groark et *al*., 2008; Astoyanc, 2009). Astoyanc (2009) argues that institutional child care shapes and defines 'individual's being' throughout the rest of his or her life. In line with the latter argument this study brings together the previous use of the concepts by developing the understanding of 'being' further. This study explores 'institutional being' through pathways and trajectories of children starting from their pre-care experiences and background and moves to independent life of young people. Through investigation of various experiences and practices of individuals the research can achieve an understanding of what being as a part of institutional care means.

Conclusion

The introductory discussion on understanding of care from the perspective of looking at the nature of family and family-substitute suggests that best practices of care provision are still emerging. The outlined family functioning characteristics have been found significant in ensuring 'optimal' care environments for children. That said, the aforementioned characteristics are often associated with the family which is often claimed to be the only

'natural' and 'traditional' form of care for children. Such biased views and perceptions on care are often constructed on the basis of cultural and historical context, often omitting the widespread culture of traditional collective upbringing in some countries. Due to the dominating nature of 'traditional family' in policy and practice internationally this research needs to respond to and inform the existing biased knowledge on other types of care. Furthermore, the perception of institutional care as damaging, negative and opposite to family is inadequate and ineffective in developing and understanding the parental characteristics and best practices in child care. By focusing on the nature of institutional care and institutionalization in Russia, this study seeks to provide robust and systematic exploration and explanation of care in a 'non-traditional' upbringing environment.

From here the thesis moves to Chapter 3 providing the second part of the literature review. The next chapter presents the theoretical base on institutional care and institutionalization in the international context.

CHAPTER 3: INSTITUTIONALIZATION AND INSTITUTIONAL CARE IN THE INTERNATIONAL CONTEXT

Introduction

This chapter consists of three sections. Section 1 discusses the growing crisis of institutional care across Europe. Due to fundamental differences in historical and political context, institutional care is discussed in relation to geographical location, namely Western Europe and Eastern and Central Europe. Here, the historical pathway of institutional care in Europe is provided including reference to the major scandals around institutional care leading to contemporary stigmatisation of the system. Section 2 presents the major theoretical developments on institutional care and institutionalization in Europe and the United States. Here a particular focus is placed on the developments in child well-being in institutional care partially explored through Attachment Theory, the concept of resilience and relationships with others. Furthermore, the section introduces the notion of 'total institutions' and its relevance to institutional care. In addition, the section includes an overview of other research developments in relation to children's outcomes in institutional care in psychological and social literature. The section concludes with an examination of the theoretical base of the nature of institutional care and suggested ways for its improvement. Finally, section 3 summarises the impact of international research on the nature of institutional care, arguing in favour of a future for substitute care.

Section 3.1 Crises of Institutional Care Provision in the International Context

3.1.1 Western Europe

For centuries most European countries saw institutional care for children as the only option for looking after children left without parental care (Hellinckx, 2002). Early research on institutional (residential) care (Cornish and Clarke, 1975; Dunlop, 1974) had its particular focus on boarding schools and care provision for children and young people with intellectual and behavioural difficulties (Taylor, 2006). Meanwhile such institutional placements as children's homes received little systematic research attention. Taylor (2006) argues that such biased research focus lead to general distorted views on care where residential settings were automatically associated with delinquency among residents. Similarly, in England an historic perspective on care provision where residential care was related to the control of "dangerous classes" triggered the development of strong stigma attached to both care users and care provision (Berridge and Brodie, 1998: 10). In England during the 1980s and early 1990's institutional care experienced a series of abuse scandals which reported continuous malpractice for a significant period of time in some institutions (Berridge and Brodie, 1998; Taylor, 2006). Among the most media represented scandals in England was the 'Pindown', a set of disciplinary measures in response to "behaviour modification" of residents in residential homes in Staffordshire (Berridge and Brodie, 1998: 11).

In addition to abuse scandals the criticism of institutional care was related to child neglect, poor levels of educational provision, lack of staff, large groups of residents, poor levels of staff qualification, inadequate systems of care evaluation and poor levels of management (Taylor, 2006; Berridge and Brodie, 1998; Sellick, 1998). Although most of the research on institutional care available is derived from Western Europe (Sellick, 1998), the limited body of studies suggests that the crisis of care was also identified in many countries across Eastern and Central Europe (Groark et al., 2008).

The past 25 years are often associated with a "broader trend" of drastic decrease of the use of institutional care particularly in the countries of Western Europe and in the United States (Berridge and Brodie, 1998: 13; Sellick, 1998; Hellinckx, 2002). Although there are differences in definitions, historical perspective and therefore meanings of the term "care"

internationally, there are several major factors which are associated with the reduction of residential care use in the aforementioned countries (Berridge and Brodie, 1998; Sellick, 1998; Hellinckx, 2002). Among the factors are (a) change in the population in need of care provision from biological orphans to social orphans (Hellinckx, 2002); (b) scandals around institutional care (Berridge and Brodie, 1998; Taylor, 2006); (c) high financial costs (Berridge et *al*., 2010; Sellick, 1998; Hellinckx, 2002) and (d) development of alternative care services (Berridge and Brodie, 1998; Sellick, 1998). As a major and a "naturally better" alternative to institutions, welfare policies have widely introduced the use of foster care in a number of European countries (Hellinckx, 2002: 77). For example, the local authority of Warwickshire faced a complete removal of residential care followed by closure of all children's homes in the area (Berridge and Brodie, 1998; Taylor, 2006). As a result of such determination in an unquestionable idealization of foster care, the service failed to meet the needs of all groups of children in care (Berridge, 1994). Indeed, the research suggests that foster care does not have a capacity to replace care nor it is suitable for all children and young people who perhaps do not want to be fostered or have had prior negative experience residing in a family environment (Berridge, 1994; Hellinckx, 2002; Taylor, 2006). Furthermore, further research suggests that foster care outcomes are not significantly different from those of children who reside in residential care (Horwitz et *al*., 1994; Newton et *al*., 2000; Milligan, 2001; Pecora et *al*., 2006).

3.1.2 Eastern and Central Europe

Unlike some parts of the world where institutional care has often become a place of last resort, the research on countries of Central and Eastern Europe documents a stable increase in the use of institutionalization (Sellick, 1998). Here, prevalent under communist regimes until 1989, institutional care operated along the key ideas of 'medical model' of care which encouraged forcible removal of children from families followed by their treatment (Burke, 1995). Burke (1995) states that such 'insensitive' practice has a significant negative impact on children's physical and intellectual development. Subsequently, seeking improvements in care provision, the practice of the 'medical model' was removed leaving the institutional care system without a clear and well-defined child protection system. Looking for an alternative care system and under considerable influence of child protection policy in Western Europe, some countries such as Hungary, Poland or Czech Republic introduced a significant shift in

care towards family placement policy such as fostering and adoption placements. Other parts of Central and Eastern Europe, namely Lithuania, Russia, Belarus or Ukraine did not promote the replacement of existing care systems leaving institutional care the major care provision option (Burke, 1995; Sellick, 1998).

Contemporary institutional care in Central and Eastern Europe is largely criticized for its "fragmented" care where responsibilities for child placement lie with several ministries and agencies (Burke, 1995: 12). Furthermore, grim physical conditions of care attract particular attention when definition of the quality of care is provided. Next, the cases of physical and emotional abuse in institutional care which breach the rights of children in care were documented by International Children's Rights Monitor (4th Quarter 1993 cited in Burker, 1995). Lastly, the proportion of disabled children in care is often over-represented in the aforementioned regions. This may be the result of poor family support by the government as well as government and public perception of disabled children as "useless" to the society (Sellick, 1998: 305).

Despite the negative reports on care as well stigmatization of the services, the numbers of children and young people entering care have been steadily increasing since 1989 in most Eastern and Central European countries (Sellick, 1998). Stagnation in the nature of institutionalization (Sellick, 1998), outdated reports and research on institutional care (for example: Burke, 1995, UNICEF, 1997), steady stigmatization of the services and those who are in care followed economic and social crises in many of the regions (Philanthropy, 2011) and hindered the development of policy and practice around care provision systems. Moreover, the aforementioned characteristics discourage striving for better and deeper understanding of the existing care system favouring the Western approach of "family preservation" and family-based care programs (Sellick, 1998; Hellinckx, 2002: 78).

Section 3.2 Research on Institutional Care Provision: Theoretical Developments

Overall, research, policy and practice across Europe over the past 25 years suggest that the nature of out-of-home care provision has reached a vicious circle where an 'ideal' and universal care system for children has not been found. Despite the considerable body of research highlighting negative impacts of institutional care, in some countries such as England the extensive research on residential care identified a number key factors

contributing to improved experiences of being looked after (for example the studies by Sinclair and Gibbs, 1996; Berridge and Brodie, 1998; Hicks et *al*., 2007).

However, it is sometimes extremely difficult and at times impossible to match types of placement as well as apply developed practices in one country to another (Madge, 1994; Janze, 1999; Hill, 2000). The economic, cultural, historical and political make-up of the state significantly influences the decisions which affect social care. Furthermore, the differences in definitions and terminology used may often limit the opportunities of adopting the developed policies for further researchers. Similar to aforementioned challenges, such factors as research focusing on a particular type of placement or on a specific group of young people give little flexibility in terms of translocation of research findings to a different context. Lastly, having no clear and up-to-date picture of what institutional care represents, particularly in countries of Eastern and Central Europe, it is impossible to fully transfer the developed international knowledge of best practice in child care to any context.

That said, Stein (2006) argues that despite the significant body of research on out-of-home care, there are few studies which have been informed by existing theoretical developments. In line with the latter argument, Berridge (2006) states that research around child welfare may be often limited to description and remain undertheorized. In order to reach greater and deeper understanding of the nature of institutionalization and move beyond exploratory studies to explanatory, it is essential to acknowledge and consider the existing body of international theoretical approaches around institutional care (Stein, 2006).

3.2.1 Attachment Theory

Despite the growing body of research, a significant number of studies on child welfare is informed by the psychological development of attachment theory (Berridge, 2006). Furthermore, attachment theory extensively influenced policy and practice of child placement and contributed to the development of various forms of parenting (Berridge, 2006). In England for example, Department of Health (1999b:10) reported that the primarily aim of child protection system is *"to ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood"*.

According to research by Bowlby (1953; 1988) the caregiver-young child relationship was of central importance when it came to the child's socio-emotional health. Here, Bowlby (1951)

suggested that the notion of distress in children, which was viewed as a "fundamental human response", was closely related with the quality of caregiver's care and the level of adult-child attachment (Barth et *al.,* 2005: 258). Subsequently, the initial attachment theory was developed further where children's typology depending on secure and insecure attachments was introduced (Ainsworth, 1989). According to the study by Ainsworth et *al.* (1978) children and young people who previously experienced attachment breakdown with their main caregiver were reported to be less likely to have smooth and successful relationships in future. Furthermore, research demonstrated that disturbances in attachment of a child may affect the individual's perceptions of the world and result in the development of certain behavioural patterns (Stein, 2006).

In relation to institutional care, the research highlighted that placement instability in care, breakdown of relationships with care givers as well as separation from birth families often contribute to children's sense of blame, guilt and failure (Stein, 2006). Moreover, Crittenden (1994) stated that as part of attachment, children who experience long-term cases of maltreatment pre- or in-care may accept such abusive behaviour as a normal part of relationships. Such distorted relationships may become an essential part of their personality which in return affects children's views of the world and their perception of others.

The research suggests that insecure attachment can lead to a series of negative and severe outcomes in individuals and in some cases may require a long-life process of recovery (Howe, 1995). Early attachment disruptions may increase the risk of emotional and behavioural difficulties in children and affect the way they perceive new relationships and other people. Conversely, strong attachments in a long-term perspective with at least one adult are associated with positive outcomes among children in care (Stein, 2006). Despite the aforementioned findings and outcomes, the recent study by Barth et *al.* (2005) states the limit of the scientific base of attachment theory. In this respect, the long-term studies with children demonstrate that there is a certain level of discrepancy when it comes to predictions of individual outcomes based on the nature of attachments (Sroufe, 1983; Sroufe et *al.*, 1999 cited in Barth et *al.*, 2005: 258; Weinfield et *al.*, 2000 cited in Barth et *al.*, 2005: 259). In other words, although some studies suggest a clear connection between insecure attachments and negative outcomes in children, there is a significant body of recent evidence-based research which suggests otherwise.

3.2.2 Concept of Resilience

The notion of resilience can be defined as "*the quality that enables some young people to find fulfilment in their lives despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience*" (Stein, 2006: 427). More broadly, there is a number of various domains namely home, school, neighbourhood, community, extended family which represent particular contexts for development and risk for individuals. Here the concept of resilience is viewed as not a fixed characteristic but rather as an individual quality which can be developed or modified (Gillian, 2008).

Rutter, Giller and Hagell (1998) found that resilience in young people is often associated with secure attachment to at least one adult or any other person in a family. Alternatively the role of family member may be replaced by a parent substitute who has a warm and stable relationship with the young person. Additionally, resilience can be developed by positive school experiences, stable peer relationships and influences, opportunities to feel empowered and a chance to have a "turning point" where a young person escapes from a high-risk environment and starts his or her life over again (Stein, 2006: 428). Furthermore, the research suggests that those young people who are well supported to overcome hardship and difficulties in their lives are more likely to develop a number of skills which subsequently promote resilience. Support may include a committed mentor who maintains strong and reliable relationships, developed social networks, a variety of organised cultural and social outings as well as extra-curricular activities, empowerment and an opportunity to make a difference and finally a ground for reflection on difficulties and hardship faced in order to recognise the beneficial and damaging outcomes (Newman and Blackburn, 2002a, b cited in Stein, 2006).

Along with general factors that promote resilience, there are a particular number of aspects which may contribute to positive development of resilience in young people in care. Such factors as placement stability in care, development of a positive sense of identity in care including self-knowledge, self-efficacy and self-esteem, positive experiences of educational achievements may all have a significant positive impact on young people's development of resistance to negative psychosocial experiences (Stein, 2006).

Aiming to shield vulnerable children and young people from various adversities, States place individuals into care. That said institutional care can create a number of difficulties which in

return contribute to the existing vulnerability of children and in some cases deteriorate and threat their successful development and subsequent transition into independent living (Gillian, 2008). The acknowledgement of resilience may assist children in care in their smooth developmental trajectories and contribute to positive outcomes. Gillian (2008) argues that despite the number of factors which may contribute to resistance, resilience may be triggered by a range of factors, namely context, human agency (morale, beliefs, health etc.), levels of support, environment, structure and so on. In this respect, resilience is the skill which can be easily developed or controlled, but rather a concept which may be influenced by the interplay of human agency and social structures (Gillian, 2008).

3.2.3 Relationships and Interactions

Central to children's experiences of everyday institutional life are interactions and relationships with others. The key relationships often include interactions with parents, siblings, staff members and peers.

Family (Immediate and Extended Family, Siblings)

Children placed in care from a pre-care family background are usually separated from a family. That said, studies by Smith, Mckay and Chakrabarti (2004) reveal that the maintenance of contact after separation from a family is of vast importance for both parents and children. Regular contact with family minimises the negative impact of separation as well as contributes to smooth family re-unification after the termination of care. However, the existing research suggests that regular contact with a family does not necessarily improve children's well-being (Bullock et *al*., 1998; Bullock, Little and Taylor, 2004 cited in Little et *al*., 2005: 2003). The recent focus on international best practice of child placement has demonstrated that family-child relationships are highlighted as of high priority in the lives of children in care (Berridge et *al*., 2010). The practice of limited or in some cases absent parental role and contact in children's lives throughout long-term placements may end up in residents' detachment from their roots and loss of links with family (Bullock et *al.,* 1998; Bullock et *al*., 2004). Furthermore, the lack of contact with immediate or extended family may cause difficulties for young people in creating new relationships in future (Biehal et *al.,* 1995).

Staff

Research on relationships between residents and staff suggests that the nature of staff-child relationships may shape positive experiences of institutional care among children (Little et *al*., 2005). The existing research argues that a committed caregiver who shows strong interest in a child's life and achievements followed by long-term and consistent relationships may contribute to a child's trust and resilience in care (SSIA, 2007). Richardson (2006) lists a range of best parental characteristics identified by children in care. The characteristics include interest in children, involvement in their lives, good communication and listening skills, flexibility and capacity to exercise unconditional love. Undoubtedly, these aspects may contribute to the positive role model of a parent-substitute in care for children.

There is an on-going debate around the role and impact of family-type relationships between residents and caregivers (Anglin, 2004; Devine, 2004). Indeed, children who come from high risk environments with insecure attachments, show their eagerness to establish family-like relationships with their caregivers (Devine, 2004). Conversely, the research suggests that relationships with staff can cause damaging experiences for some groups of residents. The study by Anglin (2004) suggests that those children who have close and positive relationships with family are likely to demonstrate their disapproval and rebellion towards establishing warm and family-type relationships with staff members. Subsequently, negative experiences of relationships with caregivers mixed with limited relationships with other adults including family may block residents' way to successful development and maturity (Berridge et *al*., 2010).

Peers

Relationships with peers require particular attention as they are also seen as a central factor shaping institutional experiences of children in care. Historically, residents placed in care demonstrated the significance of support, generosity and care for one another (Smith et *al.,* 2013). Positive peer relationships produced protective and secure mechanisms for children in care (Sinclair and Gibbs, 1998; Smith, McKay and Chakrabarti, 2004). Peers may be the only group of individuals whom residents may choose and experience 'free' relationships with (Emond, 2012). However, several studies have revealed that collective living may be a challenging experience for residents (Berridge et *al.*, 2010; Sinclair et al., 2007; Barter et *al*., 2004).Among negative experiences Emond (2004) highlighted practices of abuse and

bullying which in some cases may become dominant factors of care experiences. Furthermore, the conditions of group living in institutional care often contribute to development of subcultures (Berridge and Brodie, 1998; Taylor, 2006). The experiences of following a crowd may lead to a sense of security and belonging as well as resulting in delinquency experienced by children in care (Taylor, 2006). Polsky (1962) reported that young people in care have always been strongly influenced by group behaviour and peers. In this respect, troubled young people may deteriorate and reinforce the existing deviant behaviour in peers (Dishon, McCord and Poulan, 1999).

3.2.4 Total Institutions

Berridge and Brodie (1998) suggest that large institutional homes with on-site schools and assessment units have a significant number of similarities with 'total institutions'. Indeed, such institutional characteristics as structured and tightly scheduled everyday life, formalized environment, regulations of daily routine and highly defined roles between residents and staff contribute to viewing care as a total institution (Dorrer et *al*., 2010). The concept of 'total institutions' introduced by Goffman (1968:11) may be defined as:

 "*a place of residence and work where a large number of like-situated individuals cut off from wider society for an appreciable period of time together lead an enclosed formally administered round of life.*"

In Western society total institutions are often perceived as oppressive arguing that their existence is opposed to human nature and individuality (Davies, 1989). Usually institutions constitute a range of different settings and units with various attributes. However the concept of total institutions may still apply to any institutional settings in which a particular set of features exist. The central total aspect includes an absence of barriers distinguishing various aspects of life including work, study, sleep and catering (Coser, 1974 cited in Davies, 1989: 77; Felices-Luna, 2011). In line with the notion of total institutions Berridge et *al.* (2010) reveal that availability of personal space and existence of restricted areas in care may form the institutional regime into warm and reciprocal, positive or controlling. Triseliotis et *al.* (1995) state that standardised regimes of institutional care disempower children in care as well as minimising opportunities to respond to individual children's wishes. Such de-individualizing practice fails to meet children's needs and it has been argued that institutional practice consists of "socially shared patterns of behaviour and/or thought" (Dequech, 2006: 473).

Conversely, there is a body of research which argues that the concept of 'total institutions' is a cultural construct where the notion of "negative experiences of self" is developed in a particular Western context (Goffman, 1961; Delaney, 1977; Gordon and Williams, 1977: 18 cited in Davies, 1989: 79; Tracy, 2000). Here it can be argued that such controlling mechanisms as power and resources may be used as measures of protection of individuals avoiding any harm (Gordon and Williams, 1977: 18 cited in Davies, 1989: 79). Similarly, such total characteristics as formalized and tightly scheduled environments may contribute to individuals' sense of togetherness and promote basic health rules such as regular meals, certain number of hours for sleep and so on (Dorrer et *al*., 2010).

Despite the evidence favouring the aspects of institutional care as a controlled and structured environment, images of negative experiences of total institutions prevail in Western Europe and the United States in particular leaving little room for perceiving institutional care in a positive way (Dorrer et *al*., 2010).

3.2.5 Other Research

In addition to the aforementioned theoretical developments in institutional care for children, a number of intellectual developments have made significant contributions to policy and practice around institutional care. Overall, the body of existing research on institutionalization may be roughly divided into two major groups; namely research demonstrating dire developmental outcomes among children in care and studies focusing on institutional care and how it operates (Maclean, 2003; Berridge et *al.*, 2010).

Research on Developmental Outcomes in Children in Care

There are a large number of studies which challenge the practice of institutional care provision. Particular attention is paid to rearing practices where young children are placed in care on a long term basis. Early social-emotional experiences represent a critical context in the upbringing of children. Every infant experiences human relationships from birth which may include a diversity of caregiver's functions ranging from the necessity of nutrition to social interactions. According to the relevant developmental theories (psychoanalytic theory, Freud, 1940; social–cultural theory, Vygotsky, 1978; social-learning theory, Bandura, 1977; attachment theory, Bowlby, 1958) relationships between a child and a caregiver have a significant influence on the child's physical and cognitive development in childhood and in

subsequent adult life. More specifically, secure relationships between a caregiver and a child (according to the developmental theories) manifest themselves in a warm and responsive interaction which subsequently develops into a relationship model based on supportive reactions, trust, love and attachment. In addition to this, positive relationships include "parental sensitivity" (i.e. appropriate reciprocal social exchange) (Groark et al., 2008: 2) and a positive environment organised by a caregiver and other expressions of emotional support.

Studies by Sloutsky (1997), Ames (1997) and Rutter and the ERA Study Team (1998) report that children placed in institutions at an early age for eight months or longer showed developmental difficulties and lower IQ results in comparison with home-reared children. Here, it is argued, the nature of institutionalization may not be the critical factor influencing intellectual and intellectual development of children in care. Instead, a combination of such factors as genetic inheritance, parental substance abuse during pregnancy, prenatal and perinatal care may influence children's developmental characteristics (Maclean, 2003).

Furthermore, the research shows that the length of child placement in institutions has a strong connection with children's IQ. As such, children who are placed in institutional setting for at least eight months are more likely to be in the "slow learner" range on IQ scales (Morison and Ellwood, 2000 cited in Maclean, 2003: 859). Also, Pinkerton and Stein (1995) and Biehal et al., (1994) report that children who experience long-term care placements belong to the most vulnerable group as they are more likely to lose the links with their past including family background and information about siblings.

Next, the studies focusing on patterns of children's behaviour in institutional environment highlight that children who live in institutional settings have more behavioural difficulties that those living in home environments (Goldfarb, 1943b; Tizard, 1977; Hodges and Tizard, 1989). Such factors as poor sensory stimulation, limited levels of interaction with both caregivers and peers and absence of soothing by caregivers may contribute to development of emotional pathologies and in rare cases brain damage (Fisher et al., 1986). It is noteworthy that most studies conducted with regard to behavioural difficulties in children focused on children placed in institutions since early age.

Another problem of behaviour is related to the notion of 'indiscriminate friendliness' where children in care demonstrate persistent and affectionate friendliness towards all adults including staff members and strangers. The research suggests that the length of institutionalization is linked to the enduring nature of friendliness among children which in

some cases reaches 'overfriendliness' (Tizard and Hodges, 1978; Chisholm, 1998 in Maclean, 2003: 867)

There is an ongoing debate about the quality of services the system provides and the efficiency of the outcomes for children in care. That said the reasons behind children's vulnerability may be associated not only with institutional impact but also with high risk environments experienced by children prior to entering care. In the British context, the paper entitled 'Every Child Matters' (2003: 18) reveals that *the more risk factors a child experiences [...], the more likely it is that they will experience further negative outcomes'* and parenting is seen to play a key role. Taylor (2006) states that children who enter institutional care are often already disadvantaged and it is not always possible for care to improve children's outcomes. As such, the body of studies discussed below contributes to our understanding of what and how institutional care influences children's well-being. However, it is of vast importance to acknowledge the pre-care residents' background and experiences in order to fully understand how institutional care operates (Beckett, 2007).

Research on Institutional Care

Shifting the research focus from studying developmental outcomes in children in care, another substantial body of research explores institutional characteristics and environments. The studies aim at the development of social interventions for the purposes of improvement of institutional environments followed by better outcomes for children in care.

The body of research includes an international theoretical base where interventions and small changes of institutionalization lead to improved environments in care followed by better well-being outcomes in children. Such interventions as sensory stimulation (Broussard and Decarie, 1971), improved child-caregiver ratios (Hunt et *al*., 1976; Tizard, 1977; Sinclair and Gibbs, 1996; Groark et *al*., 2008), change of children's in care status to 'houseguests' (Skodak and Skeels, 1945), social stimulations and introduction of cultural outings (Tizard, 1977) contributed to significant improvements in children's positive outcomes and developmental competence.

Furthermore, such factors as small residential facilities, autonomy of residential settings, cooperation between staff members and clearly distinguished and identified staff roles (Sinclair and Gibbs, 1996; 1998; Berridge et *al*., 2010) have contributed to positive outcomes in care. Next, such aspects of care as decentralisation of residential facilities and permanence

of care contributed to better quality care (Hellinckx, 2002). Furthermore, the study by Hicks et *al.* (2007 cited in Berridge et *al.*, 2010) reveals that improved management strategies related to behaviour and education have positive impact on children's in care well-being.

Moreover, the research conducted by Berridge et *al.* (2008) focused on detailed investigation of how individual institutional settings operate. The study outlines that children residing in institutional settings in contrast with foster placements and residential special schools had the most disadvantaged and troubled histories. That said, such positive research findings as improved measures of behaviour, emotional and social status as well as enhanced levels of educational achievements suggest that institutional care has a capacity to improve children's competencies in care.

The next important contribution to the research, policy and practice is related to the notion of power and right to participation among children in care. Empowerment includes the shift from perceiving children in care as "passive recipients" to viewing children as having rights and voices to make decisions about their lives (Munro, 2001: 2). Munro (2001) reports that the practice of empowering children ensures successful development of children which in turn leads to mature adulthood.

Section 3.3 Outlining the Gaps in Institutional Child Care Research: a Weak Body of Research

The existing international body of research around institutional care is often criticised for its poor sampling procedures; problems with measurements of outcomes; poor data analysis methods (Butler and McPherson, 2007); lack of theoretical exploration (Stein, 2006) and limited focus on actual details of institutional experiences such as relationships, activities, meanings and perceptions (Taylor, 2006). The Russian literature around institutionalization constitutes an even more disadvantaged picture. Here the studies on institutional care are often limited to federal reports, studies by international non-governmental organisations (such as UNICEF or Everychild) and media investigations. The small body of Russian empirical evidence is patchy and unsystematic and is often limited to exploration of reasons for becoming social orphans and ways of institutional care 'failing' vulnerable residents such as young children and disabled children and young people (Schmidt, 2006).

Although there is a significant body of international research which investigates the characteristics and functions of institutional care there is still a massive gap in understanding

the actual relationships between institutional experiences and residents' being. In this respect it is still unclear which residents benefit from which institutional experiences and characteristics (Little at *al*., 2005).

Next, the research around institutional care has a tendency to be "over-simplified" (Hellinckx, 2002: 76). Given the lack of systematic research, the study outcomes are often presented as a series of deficiencies which exist in institutional care on a surface level (Hellinckx, 2002). Subsequently such findings may be interpreted in a simplistic manner which is often neither effective nor useful for improving the care service (Bullock et *al*., 2006).

Furthermore, when focusing on the exploration of institutional care there is a strong need to learn more about the individuals who are placed in care in Russia. Indeed, there is absence of empirical research about residents' history of placements, individuals' circumstances of placements, residents' experiences of institutionalization and, more broadly, children's and young people's needs in care.

Finally, the current research and policy base in Russia has a tendency to reinforce the idea of reducing the use of State care instead of challenging actual practice in institutions. In this respect, many of the studies seek to blame the practice, drawing on international experiences without first describing what comprises contemporary institutional care.

Therefore, there could be much gained from the exploration of institutional care settings, particularly those which have not previously attracted the research focus. Similarly, particular emphasis on the portraits of children and young people in care is necessary in order to outline the needs and experience of institutional care.

Conclusion

The literature review on institutionalization reveals that there is evidence that experiences of substitute care including separation from family and trauma in pre-care environment can be damaging. Additionally, the studies which have been undertaken to date suggest that relationships between staff, parents and peers, established secure attachments, support between individuals contributes to experiences of institutional care. Here aforementioned factors have a critical influence on the nature of experiences as well as on well-being of children. Furthermore, psycho-social theoretical base around care argues that children's

welfare largely depends on interactions and stimulation during early years of children either at home or in institutions. The evidence relating to institutional improvements suggests that along with focusing on the importance of human contact, institutions need to reduce the number of children in care, decentralize the practice of looking after children and create an effective and well-qualified team of devoted professional working with children.

Despite the positive outcomes and interventions for improvement, institutional care is stigmatised and widely regarded as a place of 'last resort' for children. As a result, countries in Europe concordantly replace existing institutional care with more 'family-oriented' types of care. Those countries which still have institutional care as a main type of out-of-home care provision are left without up-to-date research on institutional care and with no international support. Among such countries are Ukraine, Belarus and Russia. Through focusing on institutional care in Russia, this research will provide in-depth understanding of what institutional care is as well as outline the potential and relevance of the existence of this form of care in the contemporary Russia.

The next chapter introduces institutional care and institutionalization in Russia starting from looking into historical and political context of the country.

CHAPTER 4: CONTEXT AND NATURE OF INSTITUTIONALIZATION AND INSTITUTIONAL CARE IN RUSSIA

Introduction

Chapter four provides historical, cultural and contemporary contexts of institutional care in Russia. Section 1 presents an insight into the history of Russian institutions demonstrating how the context shaped out-of-home care in Russia as we know it. The historical analysis of evolution of out-of-home care taking place over than three centuries introduces the discussion on contemporary care in Russia. Here the major figures and policy regulations regarding child placement in Russia contribute to the discussion. The section is concluded with an analysis of contemporary Russian society as 'socialist' where Soviet values are deeply embedded into Russian national identity. The next section focuses more specifically on the main characteristics of institutional care in Russia. The infrastructure of out-of-home care provision including family and institutional placements is discussed. Furthermore, the section presents key aspects of care which define the nature of institutionalization in Russia. Providing a description of experiences of being institutionalized the study draws on international and Russian literature. Throughout the chapter the extent of missing information about institutional care and experiences of being institutionalized is investigated.

Section 4.1 Context of Institutional Care in Russia

4.1.1 Historical Context of Institutional Care in Russia

Czars' Era

The pioneer State institutions for children were founded between the 17th century and 1861. The initial purpose of State care was seen as the provision of literacy and handcraft skills for children. In 1706 the State accepted responsibility for the well-being of children. It was followed by the establishment of State shelters where 'illegitimate' 'children of shame' were placed and funded by the Czar's family (Groark et *al*., 2008; Nechaeva, 1999).

Subsequently, under significant influence of Western European culture the Empress Catherine shifted the attitude of the State towards the interests of children. Here the policy stressed the importance of humanitarian care and salvation of children by introducing nurture and rearing homes ('*vospitatel'nie doma'*) in Moscow (1764) and Saint-Petersburg (1770) (Yuzhakov and Milyukov, 1904). In nurture and rearing homes children were provided with basic care, handcraft and literacy skills until the age of 18 for boys and 15 for girls. According to the Manifest of Catherine II these homes aimed to create a "new type of people" where children were primarily brought up as citizens of the State devoting their lives to the country (Manifest "Ob uchrezhdenii v Moskve Vospitatelnogo Doma s Osobim Goshpitalem dlya neimushix rodilnic" cited in Nechaeva, 1999). Children were claimed to be looked after "in accord with a preordained plan in a controlled institutional environment using the latest pedagogical techniques" (Ransel, 1988 quoted in Groark et *al*., 2008: 11). Despite the aim to raise the 'perfect type of individuals', these plans of Catherine II failed. Such unforeseen circumstances as large numbers of children entering homes and high infancy death rates disturbed the efficiency of the looked after programme. As a result of this, the Empress Catherine introduced the first forms of foster care provision whereby children were placed in rural families with peasant women looking after them (Groark et *al.,* 2008; Nechaeva, 1999). As well as handling large numbers of children, foster care was implemented to maintain regular feeding and care of a child by a mother or mother substitute. Rodulovich (1982: 292) reports that such practice emphasised the idea of "mother's attachment to the child".

Subsequently such factors as high rates of illnesses among children, increasing numbers of foundlings and high numbers of children requiring care exceeded the capacity of the

implemented de-centralized child care (Groark et *al*., 2008; Nechaeva, 1999). Additionally substantial governmental support to mothers who were incapable or unable of looking after their children encouraged them to give up their children to receive financial support (Nechaeva, 1999). The aforementioned difficulties negatively affected the practice of care including foster families, wet nurses and biological mothers who eventually became more interested in receiving the fee for looking after children rather than providing best care (Rashkovich, 1892). Increasing levels of child neglect and inefficient care by foster families as well as high proportions of mothers giving up their children for financial benefits led to the failure of foster care in Russia.

After the complete closure of the care system introduced by the Czars in 1837, the Church and charitable organisations took the lead in child care provision by introducing large shelters. Here mothers and children were admitted to care together where biological mothers nurtured and looked after their children for a small fee (Nechaeva, 1999).

Soviet Times

Significant changes in child care policy and practice took place shortly after the Revolution in 1917. From 1918 all children residing in the country were considered to belong to the State where all protection and responsibility for youth lay with the government. Forbidding the existence of the Church and all charitable organisations, the government repressed their activities including child care support. Prostitution, homeless young peope, high rates of crime among young people were all parts of the realm of that time.

The ideology of creating the new social system abolished all prior existing forms of child care including shelters and foster families replacing them with '*internati*' across the country. From now on '*internati*' were viewed as "best homes for children" (Nechaeva, 1999). All '*internati*' were designed in an identical manner in order to provide equal excellence in care for every child across the country. According to the new policy, women were systematically encouraged to place their children in State care. The Soviet ideology viewed women's functions as labour and procreation for the purposes of the creating new political system (Groark et *al.,* 2008). The new regime provided women with working places where child care services were usually an essential part of each institution. Here children of working mothers were usually provided with day care where permanent care followed by joint placement (mother and a child were placed together) was possible (Groark et *al.,* 2008; Nechaeva, 1999).

Due to economic difficulties and civil war in the country, care institutions for children of working mothers became viewed as permanent placements for children where joint placements were abandoned leaving children to reside in institutions without parents (Groark et *al*., 2008).

During World War II the State recreated foster care practice where children who lost their parents during war were placed for care in "working families" (VCIK and SNK RSFSR Statement from 01.04.1936). As such, in 1942 37,490 children were placed with foster parents. After the war the estimated number of children left without parental care reached 678,000. In order to handle a high proportion of orphans, in 1943 the State introduced a law which aimed to place orphans into families in rural areas in exchange for a set fee. Shortly after the end of the war the practice of foster care faced another collapse due to lack of financial support from the government (Nechaeva, 1999).

In post-war times, the Soviet government revisited '*internati*' by applying new regulations towards their work. As such, the capacity of institutions increased from 100-150 residents per unit up to 350-500 residents. Institutional care became viewed as the mass provision of child care by the State.

During this time children in care became widely exposed to the criminal community. Residents' involvement and participation in criminal actions contributed to the social stigma attached to children and young people in care. Indeed residents were perceived "not as victims in need for help, but as outcasts and undesirable, who should be segregated from society" (Groark et *al*., 2008: 11). Russian academic Astoyanc (2009: 12) argues that stigmatising perceptions of children and young people in care among society including the State in Russia have not changed since the 1920's where children in care are addressed as "trams" (*'brodyaga'*), "waif" (*'besprizornik'*), "young beggars" and "young thieves".

From Perestroika to Post-Soviet Times

Since the beginning of Perestroika in the 1980's the country has faced dramatic changes including the transition to a market economy, widespread unemployment, rising feelings of powerlessness and insecurity (Ruchkin, 2000). The famous saying that 'Russians went to bed in one county and woke up the next morning in another' highlights the general sense of an overwhelming change in the country. Such problems as increase in alcohol abuse among society, juvenile crime, suicides and domestic violence were some of the effects of the

changes (Balachova et *al*., 2008). The collapse of the Soviet Union triggered considerable changes in the intellectual vision of child care and philosophy of child upbringing. In 1991 the new professional qualification of a 'social pedagogue' was widely introduced in large cities of the country. The newly qualified social pedagogues in return contributed to the development research in the era of institutional care (Nechaeva, 1999). That said, despite the theoretical body of knowledge, the government did not introduce any changes to institutional care for children. Indeed, the suggested policies of creating family children's homes in 1994 followed by the project of implementing foster families in 1996 were rejected (Groark et *al.,* 2008). The existing literature suggests that such factors as economic and political instability as well as significant social changes do not provide a suitable ground for changes of institutional care in the Russian context (Nechaeva, 1999; Groark et *al.,* 2008).

4.1.2 Contemporary Context of Institutional Care in Russia

Number of Children in Care

Russia is geographically the biggest country in the world. The population in 2011 was 142,960,908 people (ROSSTAT[2], 2012). The total number of children and young people under the age of 19 was 30,006,000 in 2011 which represents 21 per cent of the total population (ROSSTAT, 2012). This figure was approximately the same at 24 per cent in 1989.

Figure 1: *Population of under 18s in Russia, 2011*
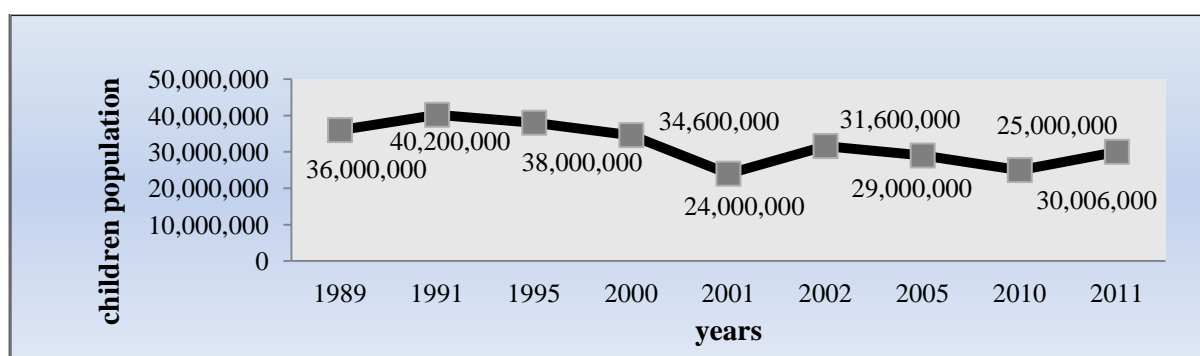
Source: ROSSTAT (2012)

Research (Shipitsyna, 2008) suggests that Russia is currently facing a significant increase in the number of children and young people entering care. It is argued that the current situation represents "the third wave" of a growing number of orphans in the past 100 years following

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[2] 'ROSSTAT' or Russian Statistics is the official centre for national statistics in Russia

the consequences of communist takeover, World War I and World War II (Shipitsyna, 2008: 2; Philanthropy, 2011). The official statistics reports that the number of children and young people in out-of-home care placements reached 731,000 people in 2010 (Philanthropy, 2011). Unfortunately, this number cannot be considered an accurate estimate because the data omits a large number of children living on the streets (Komsomolskaya Pravda on behalf of independent experts reports that the number of homeless children has reached 4,000,000 (Komsomolskaya Pravda, 2002); report of General Public Prosecutor of Russian Federation (2008) states that number of homeless children has reached 3,000,000; according to Philanthropy (2011) the number is approximately 2,500,000).

Figure 2: *Children and Young People in Out-of-Home Care in Russia, 2011*
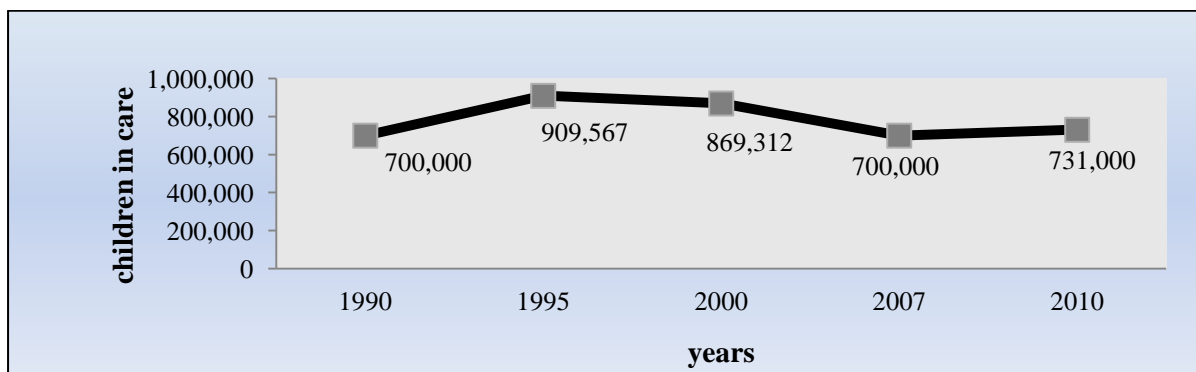
Source: ROSSTAT (2012)

Out of the total number 35.6 per cent of children were placed in institutional care in 2010 (Philanthropy, 2011). The research suggests that annually around 100,000 children become institutionalized in Russia (Endicott, 2006).

Contemporary Child Placement Policy

In Russia, institutional care is most widespread with this type of child placement representing 98 per cent of all out-of-home care facilities for children after kinship care (Groark et *al*., 2008; Human Rights Watch, 1998). Lacking the variations in care provision facilities for children and young people, institutional care often remains the only alternative for child placement.

There has been an on-going debate around the effectiveness of contemporary institutional care in the Russian context (for example: Sellick, 1998; Astoyanc, 2005; Groark et *al.,* 2008; Schmidt, 2009). The wide body of international research considers institutional care to be

inferior to other models of placements such as foster care, adoption or kinship care and it is often viewed as a measure of 'last resort' for children (Schofield, 2005; Forrester, 2008; Little et *al.,* 2005; Sellick, 1998). The research for the past 15 years highlights that the literature on institutional provision in Russia remains limited and where available needs to be treated with caution due to inconsistencies and omissions in the quality of data (UNICEF, 1997; Sellick, 1998; UNICEF, 2006). As a result, international criticism of the nature of the institutional system, strong influence of child care practice and policy implemented in most countries of Western Europe as well as lack of research around the Russian care system often automatically labels the institutional system as inferior and in need of significant change.

In 2007 being in favour of 'accelerated and compressed' changes in policy and practice, the Russian government suggested implementing the policy of de-institutionalization across the country followed by closure of all institutional care settings within one year (Nesterova, 2007; Schmidt, 2009). According to a speech by the President of Russia, Vladimir Putin, (cited in Altshuler, 2006), the official reports by the Executive Director of the Ministry of Science and Education in 2007 (Schmidt, 2009), Erentaite's report (2008) and Fund of Children's Support in High Risk Environments (2010) the policy of de-institutionalization has been widely implemented across the country. Nesterova (2007) reported that since 2007 every year the Russian government aimed to place 120,000 children residing in institutions with families. That said, recent reports and statistics between 2009 and 2012 contradict the claimed policy demonstrating a diametrically different situation (Schmidt, 2009; UNICEF, 2009; Philanthropy, 2011; Filatova, 2012). Indeed, a significant proportion of Russian *patronat* and adopting families returned children back to institutions in 2011 due to inability of adults to cope with children (Solov'eva, 2011). Additionally, such factors as high rates of child removal from birth families (UNICEF, 2009; Philanthropy, 2011), increasing numbers of permanent removal of parental rights (UNICEF, 2009), large number of children's admissions into institutions (Philanthropy, 2011) and little to no action towards successful development and promotion of family placements across the country (Filatova, 2012) demonstrate the ineffectiveness of the current policy of de-institutionalization. The research suggests that the likelihood of successful implementation of family placements on a wide scale across the country is extremely low in the near future in Russia (Schmidt, 2009). Such reasons as lack of qualified professionals in adoption and foster care (Vazhdaeva, 2006); dominating stigma among society towards children in care (Astoyanc, 2009); lack of resources to support family placements (Filatova, 2012); lack of social responsibility among

society (Prisyazhnaya, 2007) and highly bureaucratized nature of family placements (Yarskaya-Smirnova and Antonova, 2009) are highlighted as potential barriers to de-institutionalization. Similarly, Filatova (2012) and BBC (2013) report that the directors of institutions often demonstrate resistance towards the policy of de-institutionalization due to financial reasons and sceptical attitudes towards success. The widespread statement "An orphan child must live in a family but not in mine" significantly informs child placement practice in the Russian context (Prisyazhnaya, 2007: 1).

Another pressing question related to child placement practice includes preventing actions of government policy against the increase of social orphans who constitute the majority of all children in care in Russia (Yarskaya-Smirnova and Antonova, 2009). The existing research reports that economic, political and social problems in Russia have significant impact on families and their children in need of support (Yarskaya-Smirnova and Antonova, 2009; Philanthropy, 2011). The macro factors which are highlighted as central causes for large numbers of social orphans include changes of political and economic regime, poverty, low levels of social morale and breakdown of family institution (Yarskaya-Smirnova and Antonova, 2009). The figures for the past 10 years indicate a significant increase of poverty rates among families with children (Uzhaninov, 2002), rising problems with alcohol consumption and drug abuse among parents, widespread unemployment, single and young parenting as well as emotional and psychological problems of parents (Yarskaya-Smirnova and Antonova, 2009).

Furthermore, despite the significance of the phenomenon of institutional care, the levels of recognition of institutional care among Russian society are extremely poor. Indeed, there is a tendency to believe that there are few or no children in institutions (Yarskaya-Smirnova and Antonova, 2009). Yarskaya-Smirnova and Antonova (2009) suggest that society's ignorance of increasing problems among children at risk contribute to the lack of social action and political regulations. On the other end of the spectrum 90 per cent of all services for children and young people in care are provided by the State. Due to the complex and bureaucratised child placement and protection systems in Russia, the central government has little knowledge and control about what is actually happening (Philanthropy, 2011).

To sum up, despite being considered the most disadvantaged type of placement in international practice, institutional care in Russia plays a crucial role in the process of in care

upbringing (Safonova, 2005). Given the inefficient implementation of alternative models of child placement, institutional care remains the major alternative to family and kinship care.

4.1.3 Contemporary Institutional Care and Soviet Legacy

Despite the fact that Soviet Union collapsed more than 20 years ago the Soviet identity is deeply embedded into the mentality of the contemporary society and the social, political and economic structures in Russia (Khlinovskaya Rockhill, 2010). Such factors as the great proportion of the contemporary generation in Russia being educated and raised in Soviet times hinders the transition of the Russian identity to post–Soviet identities. This affects almost every aspect of life in Russia including the way children and families are understood as well as welfare is designed and provided. According to Human Rights Watch (1998:29) contemporary Russia has a deep tradition of 'ignorance and fear' not only towards institutions and its residents but also towards children and their parents in general. Indeed, every child and adult in Russia had to meet the certain criteria of a 'normal' citizen. Those who had any kind of disability or deviated from the rest of society in term s of behaviour *"had to be kept apart and hidden from the rest"* (Human Rights Watch, 1998:29). The ideology of promoting a portrait of a perfect Soviet citizen has had impact on the way the contemporary society treats children and young people in care, care leavers and their families.

As such the notion of 'family' which was dramatically reconstructed during Soviet times is contemporarily perceived as a "hybrid" between Soviet and Post-Soviet family models (Khlinovskaya Rockhill, 2010: 13). Designed in an environment of collective upbringing, the family was based on the principles of intimacy and commitment as well as mutual responsibility and surveillance by neighbours, extended family members and friends. In this respect, the Soviet view of the family excluded the notion of privacy and instead operated under the law of social life (Kharkhordin, 1997). Social life usually represented a life within a socialistic party where all conflicts, problems, success, both private and public, were shared and resolved in a collective way. Utekhin (2001) argues that the practice of social life on a long term basis affected the formation of a contemporary individual where the distinction between private and public is blurred and elusive.

Contemporary institutional care was designed and established in this environment of ignorance, fear and collectivism. It was constructed under similar principles of creating a perfect Soviet citizen where the ideas of education and upbringing were the driving forces of

institutionalization (Human rights Watch, 1998). In the Soviet realm public upbringing in accordance with a set of particular values was seen as best practice where children received all necessary, coherent and purposeful care (Kulikova, 1999). Here Kharkhordin (1999) reveals that aiming to promote social values over private interests, the main aim of institutions was to raise citizens who "become completely identified with, and inseparable from societal goals, with the state existing not only outside but also inside of each individual" (Khlinovskaya Rockhill,2010 :23). Although the socialist ideology is not highlighted as the central aim of contemporary child upbringing, Khlinovskaya Rockhill (2010) argues that institutional care in Russia still operates under the aforementioned values of Soviet upbringing despite the existing possibilities for change.

Section 4.2 Nature of Institutional Care in the Russian Context

4.2.1 Infrastructure of Out-of-Home Care

Federal Law № 159-FZ ('Additional Guarantees for Social Support of Orphan Children') of 21.12.1996 states that 'children and young people in care' are biological orphans ('*sirota*') under the age of 18 who have neither living parents nor extended family. This category of people also covers 'children and young people left without parental care' also known as 'social orphans' whose biological parents/parent cannot raise their children due to incarceration, poverty, physical abuse, abandonment, physical and intellectual disability, etc. According to the Federal Law ('Additional Guarantees for Social Support of Orphan Children' of 21.12.1996) both categories of children namely 'biological orphans' and 'social orphans' are provided with equal rights for education (Article 6), for medical treatment (Article 7), housing (Article 8) and labour (Article 9). Additionally, Federal Law № 124-FZ ('Main Guarantees for Children's Rights in the Russian Federation' of 24.07.1998) highlights the third category of children namely 'children experiencing high risk environments' which covers all children at risk including the aforementioned groups. In this respect, individuals who meet the definitions of one of the above categories of children are provided with either of two types of placements which include a family placement or an institutional placement (Philanthropy, 2011).

Responsibility for decision-making legal actions around children's placements is placed on both courts and quasi-courts including the Guardianship Commission, the Commission of Children's Affairs and the Psychological-Medic-Pedagogical Commission (Schmidt, 2009). In return the decision-making Commissions operate in collaboration with support services such as psychological centres; family and child assistance centres; social provision centres etc. During the process of court investigations, a child is placed in family-type care where available or shelters which are designed as a temporary measure of care provision for children. Here, the procedure is not straightforward as a child can experience several placement moves from a family placement to a shelter and back. The research suggests that in 2006 6.6 per cent of children placed in shelters were returned to their families upon the court decisions (Schmidt, 2009). In line with the latter argument a member of the Public Chamber of the Russian Parliament Altshuler (2010; 2013) claims that 250 children become social orphans every day.

Family Placements

Family placements in Russia include four types of care namely adoption; kinship care (*'opeka'*); patronal care (also known as 'foster care') and mentoring (*'nastavnichestvo'*) (also known as 'weekend family') (Philanthropy, 2011). Regardless of the variety of family placements for children, Schmidt (2009) argues that this heterogeneous system does not lead to promotion of family care or large numbers of children being placed in family-type care.

In 2006 56 per cent of children were admitted to family placements where the predominant type of care is kinship care (87.6 per cent out of all family placements). In most cases kinship care includes relatives of a child becoming legal guardians. The data from the survey carried out across the country by the official Russian Public Opinion Research Centre (2005) and research by Schmidt (2009) demonstrated that such factors as 'low income', 'insufficient housing facilities', 'mismatch of families' desires with types of children' and 'insufficient promotion of family placements' serve as major constraint for organising family-type placements for children in care. Indeed, the proportion of relatives who become legal guardians of children on the basis of kinship care has decreased due to lack of financial support from the government (UNICEF, 2006). As such, between 2005 and 2006 a significant number of relatives were reported to receive their monthly fees from the local administration only after court decisions (UNICEF, 2006).

Figure 3: *Total number of children in family placements in 2006*
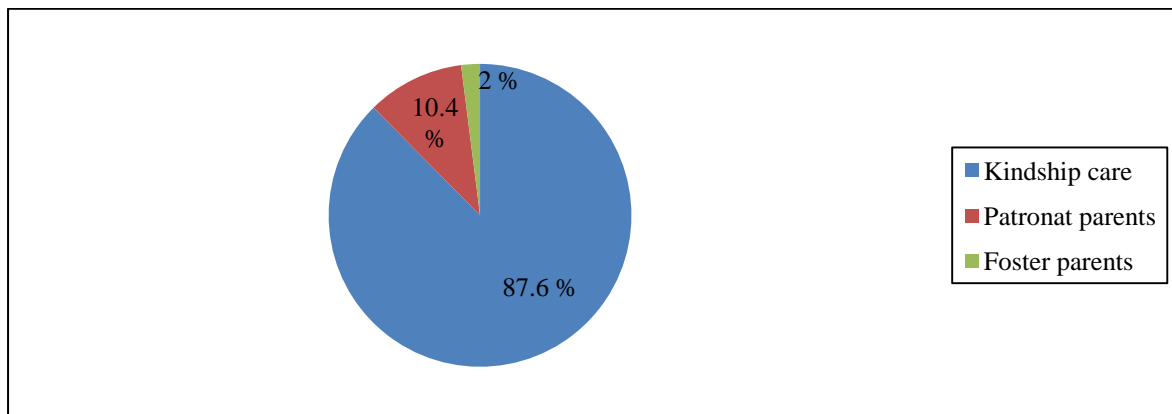
Source: Schmidt (2009)

Between 2000 and 2012 almost halfm of adoptions were made by foreign parents. Here the official report by Ministry of Education and Science (2012) demonstrated that overall less than half (41 per cent) a number of children were adopted over the age of one in 2011. Among families who adopted children aged over one 94.8 per cent were foreign families (Ministry of Education and Science, 2012). The practice of foreign adoption faced dramatic changes in the context of Russia in 2012 which is argued to be triggered by political issues (for further information please see BBC, 2012). According to Federal Law N272 from 28th December 2012 the Russian government suspended the adoption of Russian children in care by American citizens. Given that the number of children adopted by American families exceeded 60,000 children in care for the past two decades, Russian care may face considerable changes in the future (BBC, 2012). According to the report by the Ministry of Education and Science (2012) the predominant number of adoptions were organised by the citizens of the USA with 956 children in care being adopted by American families in 2011. The changes in the adoption policy may trigger a sharp decrease in the number of children being placed for adoption.

Since 1994 *patronat* placements have been implemented in 41 regions in Russia with 800 families in total being legally licenced as *patronat* parents (Schmidt, 2009). In the case of *patronat* placements, the responsibility for guardianship is shared between an institution and a family. This "non-traditional" form of child placement in Russia is argued to be successful in several regions across the country (UNICEF, 2006: 7). Nevertheless, the policy makers

argue that unless *patronat* is legally acknowledged as a type of child placement in Federal Legislation, there is no evidence for *patronat* to become a widely used model of placement (Altshuler, 2006).

Institutional Placements

The most widely used form of out-of-home placement for children is institutional care. There are 5,186 institutional child care settings for children and young people in Russia (Philanthropy, 2011). That said, the research argues that the number of children requiring placement is three times higher than the capacity of institutional care settings available (Yamskaya-Smirnova and Antonova, 2009).

The decision-making authority for child placements in institutional care rests with the following organisations:

- The Ministry of Health for Baby Homes;
- The Ministry of Education for Children's Homes and Boarding Schools (general);
- The Ministry of Labour and Social Care for Children' Homes (Specialist) and Boarding Schools (specialist);
- Local authorities (Baby Homes, Children's Homes, and Boarding Schools (both general and specialist).

Children are placed in institutional care in accordance with age and their health needs. Particular emphasis is placed on the educational needs and intellectual health of individuals. The decision-making authorities adopt their placement policies in response to the theory of "mental development trajectories" developed by Suhareva and Kanner (cited in Schmidt, 2009: 60).

4.3.2 Characteristics of Institutional Care in the Russian Context

In accordance with relevant studies, there are a number of characteristics which are used to describe the nature of institutional care in the Russian context (Nazarova, 2000; Groark, et *al*., 2008). Although most studies provide limited, unsystematic and inconsistent investigations around institutional care, it is often the only insight into the phenomenon available. The information vacuum around State child care in Russia contributes to the under-studied and

relatively unknown status of the phenomenon of institutionalization. As such, European and American studies were extensively used as a basis for exploring the basic understanding regarding institutionalization in the Russian context.

Such characteristics as significant levels of institutional isolation (Astoyanc, 2005), large numbers of residents (Human Rights, 1998), stigma of both institutions and residents (Astoyanc, 2005), lack of staff (Groark et *al*., 2008), poor facilities (Groark et *al*., 2008; Human Rights, 1998) and nature of staff (Groark et *al*., 2008; Human Rights, 1998) were highlighted as of significant importance when understanding the phenomenon of institutionalization in Russia.

Isolation

Accumulating all the available literature and knowledge around child care in Russia (Astoyanc, 2005; Prisyazhnaya, 2007; Fond Detyam, 2010), it is evident that institutional care shares a number of attributes of 'total institutions' (Goffman, 1961). One such characteristic is the factor of isolation in institutional care. According to Goffman (1961) isolation is one of the most prominent features of total institutions. The isolation factor does not necessarily mean complete absence of human contact. Rather, may it refer to a ubiquitous practice as a result of which children do not receive sufficient face-to-face contact from their caregivers due to lack of staff and large numbers of residents (Groark et *al*., 2008; Szalavitz, 2010). Furthermore, residents may receive low levels of social stimulation from the carers who due to their 24 hour shifts change working places every 48 hours (Groark et *al*., 2008). In addition to this, there is a different type of isolation which residents face in total institutions. This type of isolation is provoked by the lack, and in some instances, total absence of contact with people and information beyond the boundaries of the institution (Prisyazhnaya, 2007; Astoyanc, 2009). Being cut off from their previous communities and interactions may negatively affect the nature of existing social ties of residents (Wasterfors, 2012). This is particularly critical when such interactions as relationships between residents and parents become limited. Finally, the next type of isolation is closely related with 'informative isolation'. Here, Shelovanov (1960) argues that children in care particularly those under four years old, require regular changes of scenery and sufficient numbers of visual and audio stimulis. As such, being isolated in one place with similar scenery on a long-

term basis negatively affects the development of a child's brain functions responsible for speech, physical activity and cognitive development.

Subsequently these factors may have significant influence on residents' and their socialization[3] after leaving care (Prisyazhnaya, 2007; Jarnal, 2009). Jarnal (2009) suggests that the 'isolation factor' can lead to the social exclusion of care leavers and can thus jeopardize their future life. Similarly, residents who experience severe cases of social isolation are more prone to develop and demonstrate delinquent behaviour in institutional care (Astoyanc, 2009).

However, there is still insufficient evidence regarding the impact institutional isolation has on residents and outcomes for care leavers. Furthermore, there are no studies which attempt to evaluate the existing levels of isolation in the context of such institutions in Russia. This is a clearly visible gap in the understanding of institutional care and future research needs to address this aspect in the Russian context.

Large Groups of Residents and Lack of Staff Members

The second aspect of institutional care which is widely discussed in the relevant literature is closely related to the capacity of institutional settings, numbers of staff and large numbers of residents (Groark et *al.,* 2008; Fond Detyam, 2010). Although the studies referring to this aspect of institutions focus specifically on Russian Baby Homes, there is no evidence to suggest the opposite picture in the institutions for older children aged above four.

The studies show that total institutions in Russia deal with large groups of children, often exceeding the maximum capacity per unit (Fond Detyam, 2010; Szalavitz, 2010). Next, the number of caregivers does not proportionally correspond to the number of children in a group (Shaffer, 2008). In this regard it is not unusual for one caregiver to look after as many as 30 children (Groark et *al*., 2008). As a result, children in large groups receive little personal interaction with their caregivers (Tirella et *al*., 2008; Szalavitz, 2010). Here Tirella et *al*. (2008) argue that 65 per cent of children aged under 12 months spend about 50 per cent of their time alone. There is a large body of research suggesting that the lack of interactions

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[3] 'Socialization' is the process whereby people acquire personality and learn the way of life of their society' (Charon, 1987, pp. 63-69)

between carers and children in care can ultimately lead to a series of developmental obstacles/delays and related difficulties (Ainsworth and Bowlby, 1991; Schofield et *al*., 2007; Tirella et *al*., 2008; Groark et *al*., 2008)

Poor Facilities

The next highlighted aspect of institutional care is poor facilities of units (Human Rights Watch, 1998; Fond Detyam, 2010). As already stated, verified information about the state of institutional facilities can be provided only for a limited number of institutions and even those became more accessible for non-governmental sector and media only relatively recently. Berridge et *al*. (2010) suggest that the institutional facilities may contribute to children's in care perceptions of themselves and of their living conditions. In this respect, such factors as neglected environments and stigmatising interiors may convey a negative sense of institutionalization. The issue of institutional facilities in Russia is usually associated with the levels of financial support from the government rather than the quality of institutional care provision. Indeed, UNICEF (2006) states that the shortage of funding is the central factor determining the facilities in Russia. According to a Philanthropy report (2011) the monthly cost of care provision for a child in institutional units in Russia varies from £1,000 to £1,800. Here, UNICEF (2006) argues that the regions allocate the budget in the institutions as three or four times less compared to the Central part of the country due to the resources available. As such, Filatova (2012) states that the regional monthly cost of institutional provision may reach only £280 per child.

Due to large groups of residents and limited institutional capacity, children are often placed in sleeping quarters with up to 30 children per room (Human Rights Watch, 1998).This creates an atmosphere in which residents have little private space and limited opportunities to stay on their own (Astoyanc, 2005). Furthermore, due to inadequate government funding institutions frequently do not provide sufficient medicaments, toys, clothes and other necessary equipment for children (UNICEF, 2006). Furthermore, the studies report that 3.2 per cent of institutional settings do not meet the State sanitary requirements, 12 per cent of buildings are poorly equipped, 15 per cent of units are in urgent need of major repairs and almost all institutional settings are insecure in cases of fire emergency (UNICEF, 2006; Fond Detyam, 2010). Despite these general figures, there is scarce evidence about institutional conditions and their influence on children placed in care.

Staff

Prisyazhanya (2007) argues that caregivers working in institutional care play the central role in ensuring the well-being of children in care as well as care leavers. Although there is evidence that the levels of caregivers' qualifications are relatively poor (Groark et *al*., 2008), some studies suggest that the personal characteristics of staff are far more important (Prisyazhanya, 2007; Astoyanc, 2005). As such, the well-being of both children in care and care leavers depends on caregivers' levels of sympathy and individual traits of character (Prisyazhnaya, 2007).

The research suggests that qualifications of caregivers very much depend on the profile of an institution. As such, in Baby Homes caregivers are mostly qualified nurses and paediatricians (Groark et *al.*, 2008). In accordance with Groark et *al.* (2008) 23 per cent of carers in baby homes receive less than 1 year of professional training and 48 per cent of caregivers receive only 1 or 2 years of training. Usually most of the training is focused on issues to do with the children's health and safety. With reference to the latter point, nothing is mentioned about psychological or pedagogical training. Institutional units for older children such as children's homes and boarding schools most frequently employ unqualified staff (Philanthropy, 2011). Here all categories of specialists including social workers, caregivers, nurses and pedagogues often have poor levels of qualification (Philanthropy, 2011).

There is also no evidence that there is any psychological or psychosocial training which is received by the personnel (Groark et *al*., 2008; Philanthropy, 2011). Caregivers' unawareness about children's in-care needs and their vulnerability status in return can create severe disruptions in communication between caregivers and children (Groark et *al*., 2008).

Similarly, the research reports that such specialists as medical staff in maternity and general hospitals have very poor recognition about children in care and their needs. It is often the case that medical doctors convince new mothers to give up their children in case of any health problems (Philanthropy, 2011).

To sum up, the deficiencies listed above are fairly representative of the vast majority of child institutions in Russia. What is more is that the outlined factors represent a group of general factors of institutionalisation for residents. Indeed, the outlined factors do not provide any insight into the everyday life of institutional care, hiding what is actually happening in care.

Finally, most investigations around institutional care are limited to baby homes in Russia providing limited research on institutional care for children aged above four.

4.2.3 Aspects of Institutional Being in the Russian Context

Family Separation and Attachment

The premier experience encountered by children who are admitted to institutional care from family environments is separation from a parent. There is a significant body of research which demonstrates that separation has considerable influence on children's in care well-being and development (Bowlby, 1946; 1951; 1953; Rutter, 1971; Rutter, 1972). Indeed, severe disruptions in interactions with parents, possible loss of a parent and subsequent separation may contribute to emotional and behavioural difficulties in children, particularly those who face the former experiences at an early age (Ainsworth and Eichberg, 1991 cited in Stein, 2006). That said Rutter (1972) argued that the severity of the impact of separation and in some cases maternal deprivation vastly depend on the context and the related circumstances of separation as well as the conditions of subsequent support. In this respect, the above mentioned factor of the poor levels of interactions between staff and residents may significantly add to the problems associated with separation from a parent. Here, Sinclair et *al*. (2005) suggest that whilst coping with family separation, residents often build strong attachments with one of the adults in care. In return, maintenance of strong and good relationships between a resident and a caregiver may become a sustainable source of support for people in care as well as after leaving care.

One of the conditions for sustaining secure attachments with an adult may be placement stability in care (Stein, 2006). However, in the Russian context placement instability tends to be a prominent feature of the institutional organisational process given the outlined placement strategy. The state child care system incorporates institutions which house residents of different age groups and health. In other words, during the period of child growth it is inevitable that a child will experience a change of place of residence. For some children it may happen only once (if a child enters care at the age of 12 and does not have behavioural or health problems until the age of 18) (Philanthropy, 2011). However, for most children it may be a common practice to face continuous placement instability (Schmidt, 2006). With reference to international experience, it should be noted that the same difficulty occurs in foster care (Biehal et *al*., 1995; Pinkerton and McCrea, 1999; Stein and Carey, 1986).

Finally, Cole et *al.* (2005) suggest that children who eventually return to their biological families do not re-establish parental contact to the same degree as children who are adopted. This factor illustrates that the background of children which leads to a child separation from a family has a critical influence on future relationships with their biological parents.

That said, according to the study by Little et *al.* (2005) the fact of separation is rarely identified as a critical factor in determining child well-being in institutional settings. The study suggests that the impact of separations among young children may be greater in comparison with children aged above nine (Little et *al.*, 2005). It is also noteworthy that some studies demonstrated evidence of recovery from severe forms of maternal deprivation in young children (Beckett et *al.*, 2003; Rutter and ERA Study Team, 1998 cited in Little et *al.*, 2005).

Overall it is still unclear to what extent the experience of family separation, placement moves and insecure attachments determine the institutional experiences of children and young people in care in Russia. Furthermore, there is still little evidence about the actual numbers of placement moves and the absence of knowledge about the nature of relationships between adults in care and residents.

Sibling Separation

The studies show that in Russia 88 per cent of children in care have at least one sibling (Nazarova, 2002; Astoyanc, 2005). A related key aspect to family separation and attachment is sibling separation. A substantial number of studies suggest that sibling separation is as damaging for normal child development as separation from a parent (Kosonen, 1996; Leathers, 2005; Herrick and Piccus, 2005). Therefore sibling groups should be placed together if welfare of children is to be maintained (Kosonen, 1996).

Astoyanc (2005) argues that the potential to keep siblings together is seen as one of the significant advantages of residing in an institution as opposed to foster placements. In Russia the reality is that such groupings are rare occurrences. The studies show that the greater proportion of siblings are separated and placed in different institutional settings with limited or no contact with each other (Astoyanc, 2005). The notion of keeping brothers and sisters together while entering state child care does not appear to be a critical factor at the decision-making level when it comes to child placement in the country. Subsequently, a significant number of children face a total loss of a contact with siblings. In addition to this, several

studies (Kosonen, 1996; Leathers, 2005; Herrick and Piccus, 2005) have reported that although in the EU countries residential care siblings have always been kept together, nowadays due to deinstitutionalization of children, they also often experience sibling separation when entering foster care. According to Kosonen (1996) sibling separation can have a negative impact on child integration in out-of-home care (whether it is an institution, a foster family or a security home) and consequently may cause disruptions in child well-being and development (Harrison, 1999; Triseliotis and Russell, 1984). This may be directly related to the absence of support and attachments from their brothers or sisters in care. Moreover, considering the institutional characteristics mentioned above, Kosonen (1996) reports that sibling relationships are of vast importance when children are placed in isolated environments. Indeed, it is often the case that children see their siblings as the only source of support and help in care (Kosonen, 1996).

Contact with Family

According to Astoyanc (2005) the majority of children and young people placed into institutional care completely lose all contact with their family. The Federal Law as well as placement regulations do not recognise the significance of maintaining parental contact after child separation from a family (Astoyanc, 2005). As such, the 'traditional model' of institutional care provision does not provide parents or residents with any support in relation to parental contact. Furthermore, there are no existing studies which deal with the impact of contact loss between a family and a child in the Russian context.

The international research argues that the significance of family contact for children in care is crucial (Smith, McKay and Chakrabarti, 2004). Well-managed and sustainable contact with family may decrease the time of child separation from a family as well as enhance the chances of successful re-unification of a child and a family (Bullock et *al.,* 1998; Little and Taylor, 2004). The latter impact is particularly important for care leavers in Russia who after leaving institutional care are often forced to stay with their parents or relatives due to unavailability of any alternative accommodation (Semya, 2007).

Group Living

Astoyanc (2005: 1) reports that children and young people residing in institutions are forced "to be as everybody else". Such measures as rules and regulations are often used as means of

control over everyday life in institutions (Astoyanc, 2005). This aspect of institutions is shared with the practice of 'total institutions' where units are usually highly rule-burdened (Stark, 1994).

In such highly regulated and formal environments, peers may play critical roles in determining residents' well-being (Little et *al*., 2005).

In the first instance, relationships with peers can have a positive impact on a child's experience in institutional care. It can manifest itself in the protection and support factors for residents. Having positive and stable peer relationships may contribute to residents' quality of developing resilience (Rutter, Giller and Hagel, 1998). In return, the resilience may enable children and young people in care to cope with and recover from damaging experiences, trauma and difficulties related to their institutional experiences (Stein, 2006).

However, apart from the outlined advantage, living in a group has a lot of challenges for residents. The most common deficiencies include bullying incidents, sexual and physical abuse and antisocial influences from peers (Sinclair and Gibbs, 1998; Smith, McKay and Chakrabarti, 2004; Little et *al.,* 2005). In relation to the latter, the research suggests that whilst in institutional placements male residents with behavioural difficulties are prone to provoke aggressive behaviour in their peers (Little et *al*., 2008).

As a preventative measure against deviant behaviour in a group, some international institutional settings implemented the practice of highly structured and regulated everyday life in care. The studies show that structured models of care had positive impact on young people's behaviour in care (Devine, 2004; Smith, McKay and Chakrabarti, 2004). These findings stand in contrast with the research around Russian institutional care where the notions of tight structure and control are widely criticised (Astoyanc, 2005).

Relationships between Residents and Staff

The next aspect of institutional being is closely related to the nature of relationships between residents and staff. In the Russian context, there is a limited number of studies which provide any insight into relationships between residents and staff in institutions. Overall, the studies suggest that the roles in care are strongly distinguished. As such, staff often perceive their role as controlling whereas residents often see themselves as a group who follow orders (Astoyanc, 2005).

A lot of international studies (Anglin, 2004; Smith et *al*., 2004; Divine, 2010) illustrate that the relationships between peers and staff tend to have the most positive and helpful effect on the institutional experience. As far as the caregivers are concerned, there are two main approaches to relationship building with residents. The first approach encourages family-like relationships which can benefit children who never experienced a family environment before. The second approach highlights that an imitation of a family environment can be disliked by residents who prefer what Little et *al*., (2005) refer to as 'distance in care'. Downes (1992) reports that those children and young people who had past difficulties with their birth families including the rejection of one of the parents may be rebellious towards close commitment with their caregivers. Indeed, residents may prefer to keep caregivers' 'at arm's length' or alternatively establish secure attachments with adults depending on their past experiences (Downes, 1992).

Section 4.3 Outlining the Gaps in Institutional Child Care Research in Russia

4.3.1 Gaps in the Evidence Base around Understanding Institutional Care and Institutionalization

Research on institutional care in Russia provides a series of statements about the general picture of care, namely number of children and young people placed in care, their legal status and the projections on care leavers' independent living (Efremova, 2011). That said, actual knowledge about experiences of institutional care, details of how institutional care operates, perceptions on institutionalization and finally the efficacy of institutional care remain elusive. Indeed, the lack of data and research on the nature of institutionalization hinders the development of meaningful understanding of institutional care in Russia (Jacklin et *al.,* 2007). Government attempts to implement significant changes in the system of institutional care in Russia are often seen as an ad-hoc reaction to individual scandals of abuse and neglect in care (Schmidt, 2009). Similarly, the high cost of institutional care plays an important role in making decisions around the existence of institutional care. In support of this argument Butler and McPherson (2007: 466) report that lack of research shapes debates around institutional care, often creating an unconscious perception of State care as a "cul de sac" among Federal Agency and policy makers .

While reflecting on the quality and role of institutional care, one of the primary questions to ask in the research is often related to explaining poor outcomes of children in care (Nazarova,

2002; Astoyanc, 2005; Fond Detyam, 2010; Philantrophy, 2011; UNICEF, 1999). Taylor (2006) states that significant gaps in knowledge around care experiences and relationships between care and future outcomes of children in care contribute to understatements around the nature of institutional care and its impact. Here, the research suggests that it is often unclear what is known about institutional care and what is assumed (Little et *al.*, 2005; Taylor, 2006). In return the weak body of research around institutionalization disables investigation of best practices in care as well as identification of what works for whom (Butler and McPherson, 2007).

A significant body of research argues that there is not enough evidence that institutional care is 'failing' children (Forrester, 2008). Furthermore, there is a lack of evidence of what determines and defines effective care for residents (Butler and McPherson, 2007). The section identifies and summarises the limitations in the current research and knowledge around institutional care. Although some of the research gaps and limitations are Russian-specific, others are equally applicable to international contexts. In this respect, the identified gaps in research should provide fertile ground for informed discussions about more effective arrangements and solutions in Russia and elsewhere.

4.3.2 Stigmatization of the Nature of Institutional Care

Public perceptions of institutional care both internationally and in Russia continually associate children and young people in care with trouble, risk, abuse and danger (Emond, 2003; Schmidt, 2006; Taylor, 2006; Prisyazhnaya, 2007; Yarskaya-Smirnova and Antonova, 2009; Zhuravleva, 2013). Yarskaya-Smirnova and Antonova (2009: 38) report *"Children's homes and orphans are strongly linked with negative attitudes in the society. Those who are involved in help and support of institutional care are often equally stigmatised"*. The Warner report (1992: 11 cited in Taylor, 2006: 26) states that institutional care settings are systematically linked in society with "deprived and delinquent children". In this respect Forrester (2008: 208) claims that:

'... government ministers and policy commentators appear guilty of confusing a correlate with a cause; the care system often deals with young people with a variety of serious problems, and it is naively argued that it therefore causes these problems'.

As a result, the research narrows itself down to the concept that institutional care has a negative impact on children.

Historically, the notion of stigma has been always attached to institutionalization and state parenting in Russia (Yarskaya-Smirnova and Antonova, 2009). According to Burke's (1995: 3) definition, institutional care constitutes a set of homes which are *"cold, sterile medical buildings where a child had a number rather than a name and a problem rather than a complex set of basic and essential needs"*. Similarly, in the UK for example, the "Dickensian images" of orphans are still sometimes attached to children and young people placed in care (Warner, 1992: 11 cited in Taylor, 2006: 26). Here, the misperception of institutional care and its residents may serve as an example of the way institutional care can be labelled.

Taylor (2006) states that the one of the keys to stigmatising attitudes is often attached to the connections between institutional care and offending behaviour of residents and care leavers. That said there is hardly any empirical evidence on the relationships between delinquent behaviour and care due to lack of research focus and interest. Indeed, such dramatic changes in international institutional care as closure of residential homes and widespread use of foster care see research investigating connections between crime and institutional care as a "complementary exercise" (Taylor, 2006: 36).

Furthermore, another central attribute which may contribute to the creation of care system labelling is related to negative outcomes of children in care (Forrester, 2008). The research shows that at the point of entering institutional care a significant proportion of children and young people have a lot of psychological, psychosocial and/or emotional deficiencies (Little, 2008). Little (2008) argues that often children entering care come from very poor socio-economic environments. Such deprived environments or other high risk factors may contribute to children's difficulties in socialisation, education and behaviour. In this respect, it may be incorrect to place all the blame on care (Little, 2008).

Next, high costs of institutional care are often viewed as a major factor for seeking housing alternatives to the existing care system. The financial reason for claiming institutional care as inferior influenced the widespread closure of State care in a significant part of Western Europe and in some states of the United States (Hellinckx, 2002).

Finally, the scandals around sexual and physical abuse of residents in care contribute to the negative impression of institutionalization (Hellinckx, 2002; Taylor, 2006).

Overall, the widespread stigma and status of marginalisation attached to both institutionalization and children in care represent fundamental barriers to thorough research

of institutional care as well as to the development of new policies and practice improving institutional care. Similarly, public labelling of the nature of institutionalization negatively affects the successful development of alternative placements such as adoption, foster and *patronat* placements (Schmidt, 2006). That said, institutional care "is not generally producing the difficulties that children in care exhibit" particularly those who enter care after experiencing damaging and high risk environments (Forrester, 2008: 210).

In order to remove stigma and provide an unbiased image of institutional care, it is important to investigate the complex nature of institutionalization followed by the exploration of its functions as parent first hand.

4.3.3 Biased Focus in the Research around Institutional Care

When investigating the phenomenon of institutionalization in the Russian context, the predominant body of existing research usually focuses on two isolated aspects of institutional care namely the nature of baby homes and psychoneurological boarding schools (UNICEF, 1997; Human Rights Watch, 1998; Tirella et *al.*, 2008; Groark et *al*., 2008; BBC, 2013). Conducting the research on only two sectors of institutional care the studies rarely highlight the limitations related to underrepresentation of State care including its residents. Most of the current evidence is derived from the exploration of the two most vulnerable and underprivileged groups of children in care namely children aged between birth and four and children and young people with severe physical and intellectual disabilities (Roy et *al*., 2000).

As a result, the findings are often used to define and conceptualize the whole nature of institutional care in Russia. In this respect, there is a significant gap in the research about institutional care units designed for children and young people aged between five and eighteen without or with slight disabilities.

According to the statistics available, out of the total number of children in care 30,000 children and young people with severe disabilities were housed in 156 psychoneurological boarding schools in Russia in 2001 (Detskie domiki, 2012). Similarly, 18,000 to 20,000 children in care aged under four resided in 252 baby homes (Human Rights Watch, 1998). This number is considered a rough estimate because of cases of misdiagnosis and out-of-date reports. Given the numbers presented above the research often focuses only on 19 per cent of children and young people in care followed by covering two types of institutional settings out

of six (408 out of 5,186 institutional units) (Human Rights Watch, 1998; Philanthropy, 2011; Detskie Domiki, 2012).

The limited research focus on the most vulnerable residents in institutional care contributes to biased perceptions of care. More sophisticated and extensive research on the understudied institutional care settings, namely shelters, social-rehabilitation centres, children's homes and boarding schools, is needed.

4.3.4 Shifting the Focus from How to Replace Institutional Care to How to Improve Institutional Care

In general, residential (institutional) care systems, for example in Romania, Russia, England, USA, and Germany, comprise many diverse elements, establishments and services (see Kaler and Freeman, 1994 for Romania; Nazarova, 2002 for Russia; Madge, 1994 for England; Groark *et al*,2008 for USA; and Janze, 1999 for Germany). These are matched by a variety of objectives and reasons which in turn determine the nature of care that children and young people receive. Furthermore, a major factor contributing to the quality and type of care provision is determined by those who guard and provide residential care (Moss, 1975). That said, recent studies of care systems for children and young people reveal that the existing policies and practices in child care are out of date ('Social Exclusion Task Force, 2009 for Britain; Mulheir *et al*., 2004 for Europe; and Misikhina, 2008 for Russia). This may be because, to date, no country has produced an ideal infrastructure for dealing with the wide-ranging issues associated with child care despite adopting a great variety of approaches. Alternatively, there may be no single solution for everybody provided that children and young people have a variety of different needs as well as prospects and wishes for the future (Bullock et *al*., 2006).

A significant proportion of practitioners, policy makers and academics (Bullock et *al*., 2006; Children Act, 1989; Nazarova, 2001) argue that institutional care needs to be replaced with family-type placements such as foster care or adoption. Although the ambition that 'every child should have a family' is a rewarding model to promote, the current situation cannot be changed in the near future in many countries in Central and Eastern Europe (UNICEF, 1997). As such, for example, it has taken more than 50 years for England to reduce the number of children's homes and implement the foster placement approach (Minty, 1999). However,

despite the fact that the foster care system in England is generally beneficial for children, currently the system is facing severe problems such as abuse by foster parents (Hobbs et *al.,* 1999), poor educational outcomes for children (Minty, 1999), high rates of emotional and behavioural disturbance (Colton et *al.,* 1990). Furthermore, Forrester (2008) highlighted how children can often equally benefit from both institutional care and foster care where family placements are not seen as a 'panacea'.

The failure to implement the practice of de-institutionalization as well as the unsuccessful attempts to widely promote family placement strategy in Russia show that institutional care may be the only available alternative. Thus, it may be postulated that, firstly, institutional care will continue to exist in countries like Russia and, secondly, a foster care approach might not be the universal solution to the pressing shortcomings of the care systems in general. Furthermore, it can be argued that in order to provide effective care provision for those who need it most we should acknowledge the complexity of the institutional system, its attributes and children instead of labelling care as uniformly damaging (Forrester, 2008).

Therefore, a practical view is to make the existing infrastructure work better while reforms for a better system are being considered. Here questions might be raised about the deeper understanding of the actual institutional care system and the related 'parenting' functions of the State which might be enhanced. As a result, exploration and explanation work on the phenomenon of institutional care is needed to ensure that the changes are meaningful and applicable in the context.

Conclusion

Institutional care provision for children in Russia constitutes a complex system. The chapter demonstrated that there has been a continuous and significant increase in the number of children requiring out-of-home care in Russia. The controversial promotion of the policy of de-institutionalization together with the increasing use of care puts the contemporary policy of child care in question. Due to ineffective and inadequate measures of care provision for children in Russia, institutional care remains the major type of substitute care with little to no focus on its improvement. Making a comparison with 'total institutions' the chapter outlines the central characteristics of care and institutionalization. Often the aforementioned provides

a bleak and patchy picture of care in Russia which is informed by limited and outdated research.

The next chapter continues to expose the nature of institutional care in Russia drawing on the characteristics of children in care and their backgrounds.

CHAPTER 5: EXPERIENCES OF INSTITUTIONALIZATION AND INSTITUTIONAL CARE IN RUSSIA

Introduction

This chapter consists of three sections. Section 1 focuses on a detailed description of a portrait of a child entering care. It starts by investigating the Russian knowledge base with regards to reasons for children entering care and age of children's admission into care followed by a discussion on the influence of high risk environments on a child's physical and intellectual development. Section 2 investigates a child's institutional trajectory starting from the point of entering care until the point of leaving care. There is a particular focus on the description of various institutional care settings existing in Russia. The next section provides an overview of profiles of care leavers who have resided in institutional care in Russia. Here the Russian research highlights the outcomes of institutional care through care leavers' behavioural characteristics and mental and physical development. The final section explores the rights of children in care emphasising the role of international and domestic child protection legislation.

Section 5.1 Background of Children who are Admitted into Institutional Care in Russia

In Russia there were 260,236 children and young people placed in institutional care in 2010 (Philanthropy, 2011). This is 35.6 per cent of the officially reported number of children and young people requiring out-of-home placement.30 per cent of children and young people placed in institutional care are reported to have physical and/or intellectual disabilities (Philanthropy, 2011). Out of the total number of children in out-of-home placement, 95 per cent are social orphans who have at least one living parent (Yarskaya-Smirnova and Antonova, 2009). Of the remainder 4 per cent are biological orphans and 1 per cent of children are 'refuseniks' ('*otkazniki*')[4]. With reference to the latter fact and due to the significance of the number in question it is necessary to determine the reasons that lead prevent biological parents from exercising their parental duties.

First of all, economic and social changes in the country have most severely impacted upon poor regions of Russia. In return, receiving little support from the local authorities and central governments, rates of social isolation and levels of deprivation among the society have affected the far flung territories. Consequently levels of poverty, unemployment, alcohol abuse and family violence have risen sharply (Yarskaya-Smirnova and Antonova, 2009). As such, the crisis of the nature of the family in Russia has led to rising levels of high risk environment for children. In these circumstances the governmental policy including the decision-making authorities of child protection are argued to be reactive rather than proactive, prescribing immediate removal of the child from the high-risk environments (Yarskaya-Smirnova and Antonova, 2009; Philanthropy, 2011). In other words, government policy does not have preventative and support services for families and children at risk (Alekseeva and Novoselskii, 2005; Balachova et *al.,* 2001). Annually nearly 60,000 families are affected by the removal of their parental rights (Philanthropy, 2011; Department of Children's Upbringing and Socialisation, 2011). Subsequently most of the children from these families are placed in institutional settings for long-term care.

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[4] Infants who are officially abandoned by their birth mothers at the birth centres by signing the documentation which takes away all the parental rights from a mother (Philanthropy, 2011).

5.2 Age of Child Admission into Institutional Care

The international body of research highlights that when investigating institutional experiences and profiles of children and young people in care, it is of particular importance to focus on the age of entering care as well as time spent in care (Biehal et *al.,* 1994; Pinkerton and Stein, 1995; Allen, 2003). Such characteristics as age of admission into care provide an insight into the extent of the child's exposure to 'high risk environments'.

Currently, the children's placement agencies as well as researchers in Russia focus predominantly on the duration of the children's stay in care and the age when children leave care (Astoyanc, 2009). In this respect, less attention has been paid to the age when children enter care. The research suggests that it is highly desirable for an infant or a toddler to be placed in a family-like environment (Bowlby, 1956). In the UK context for example, children without parental care are placed into foster or adoption families. The institutional sector also known as 'nurseries' where young children in care reside has been fully eliminated in the UK. In contrast, in Russia in 98 per cent of cases an alternative to institutional care does not exist (Human Rights Watch, 1998). However, Figure 4 shows that only 20.67 per cent of the total number of children enters care aged below three. The figures illustrate that the largest proportion of children who enter care are aged between four and seven. This represents as much as 57.33 per cent of the total number of children in care. The second largest group of children who enter care is from 8 to 14 years old. This stands at 22.67 per cent of the total figure of children in care (EveryChild, 2010). Here Astoyanc (2005) narrows the age range down to 10 to 14 years old. The conclusion that can be drawn from this is that more than a half of children in care spend their early childhood in family surroundings.

It is glaringly clear that children who have spent a significant amount of time within the high risk environment are more likely to have experienced a greater negative impact on their development and well-being (Robinson and Rhoden, 1998; Beckett, 2007; Hanks and Stratton, 2007). It has been suggested that all children have to wrestle with some degree of psychological adjustment while they are being brought up (Hanks and Stratton, 2007). However, confounds of everyday life in high risk environments are usually much more difficult to overcome (Robinson and Rhoden, 1998).

Figure 4: *Age of Children When They Enter Care in Russia, 2009*
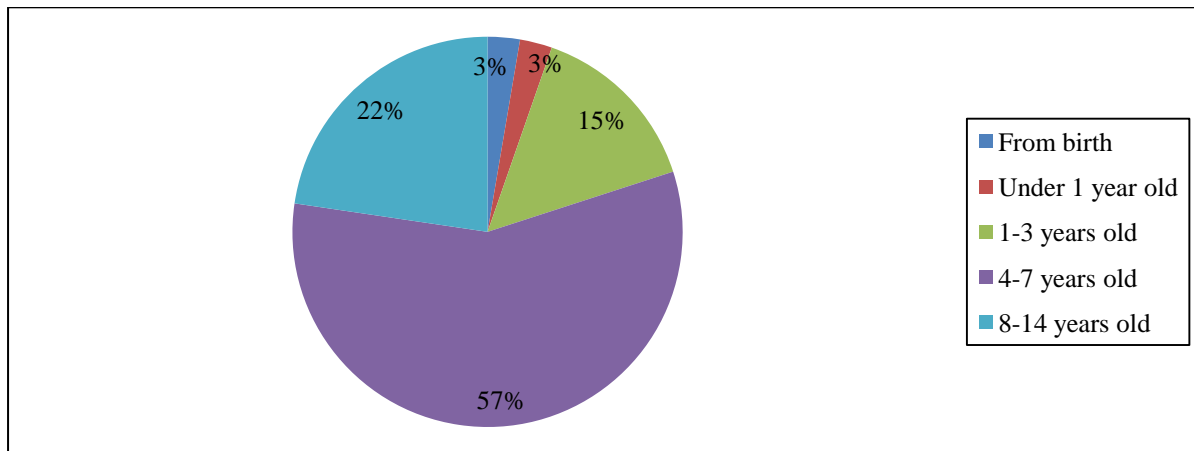
The presence of the high risk family environment may lead to strong psychological and physical stresses. Some of the negative outcomes may emerge immediately whereas others may appear after significant periods of time, often after being placed into institutional care (Hanks and Stratton, 2007).Thus it is argued that some outcomes relating to a child can be recognised only after placement into care and sometimes a considerable period after the high risk experience itself.

5.3 Children's and Young People's Being in Institutional Care Settings in the Russian Context

The child's placement process in the Russian context may be unpredictable and chaotic and is often associated with "luck" and "quality of local authorities' work" rather than with a legal and formal procedure which follows a certain guidance (Philanthropy, 2011:33).

According to Berezin and Evdokimova (2009), children who are removed from families, enter and subsequently reside in institutional settings, face and experience numerous traumatic and damaging events.

Figure 5: *Guidelines to child placement scheme in Russia*
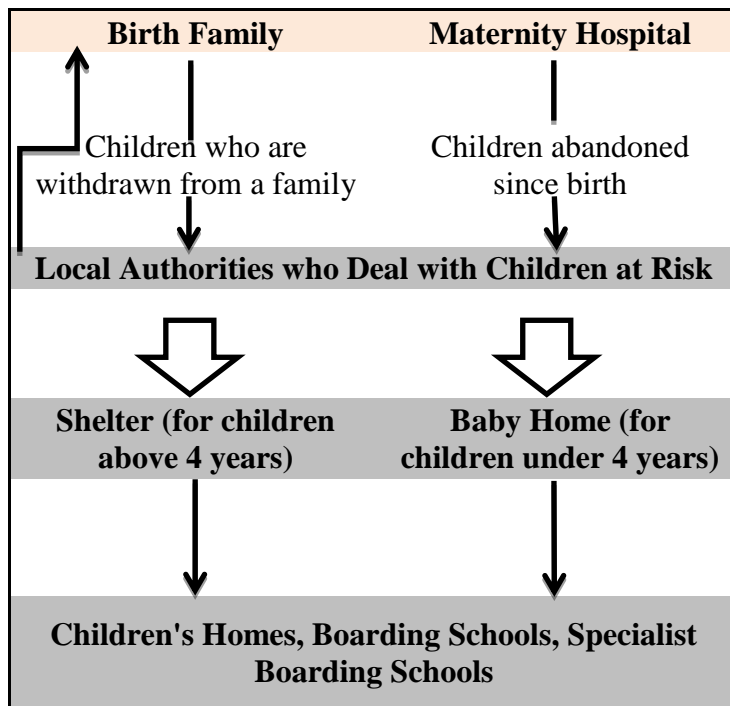
Source: Philanthropy (2011)

Despite the established guideline which is schematically provided in Figure 5, in reality the child placement procedure is far more complex than this. Indeed, due to high rates of both placement instability in care and family placement failure (up to 80 per cent of families return children back to institutional care settings), children are often required to follow established placement procedure several times (Gezalov, 2010). The complex nature of placement policy is particularly applicable to specialist institutions designed for children with intellectual and/or physical disabilities. Such institutions called 'Psychoneurological boarding schools' look after disabled children and young people from four to eighteen years old. It is worth mentioning difficulties associated with distinguishing between the English term and the Russian term 'intellectual/physical disability'. The key factors explaining this difference may result from approach to the terminology in the orphan social care:

...Russian professionals used strict criteria in performing psychological evaluations; they also recorded factors in the child's medical history which would be considered as 'risk' factors in the West, but commonly become labels of illness for an abandoned Russian child (Human Rights Watch, 1998:4).

Common factors of child illness include:

- children who were born to alcoholic mothers;

- children and young people who were diagnosed as 'mentally disabled';
- children and young people with at least one malformation such as speech impediment or a hare lip (Human Rights Watch, 1998).

Psychoneurological institutions are run by the Ministry of Labour and Social Care. Their primary role is to maintain the health conditions of the residents and therefore they are defined as non-educational. In addition to disabled residents there are children and young people who are temporarily placed in these institutions from general boarding schools or children's homes for rule-breaking behaviour such as running away from an orphanage (Human Rights Watch, 1998). Subsequently, children are either medically treated or are punished for their behaviour. The punishment may include working in the grounds of a psychoneurological boarding school, the child being placed in isolation until changes in behaviour or a child being left without food and attention (Human Rights Watch, 1998).

Section 5.4 Care Leavers who Resided in Institutional Care

The predominant number of young people in care in Russia who are given a status of 'ready for independent living' leave institutional settings between the ages of 16-18. In Russia there is no federal monitoring system which follows the pathways and life trajectories of children and young people after the point of their admission into institutional care. The research reports that the detailed information about each child in care and a care leaver can be found only in an initial institutional placement (Cinduk, 2012). The only, out-of-date report issued by the Federal Government on care leavers' pathways after gaining independent status claims that in 2000 out of 15,000 young people 5,000 care leavers got involved in criminal activities, 3,000 care leavers became homeless and 1,500 individuals committed suicide (Philanthropy, 2011). Some of the Russian researchers provide small-scale and unsystematic studies conducted in different regions across the country. As such, in Kaluga, out of the total number of care leavers only 10 per cent of young people were reported to become successfully socialized whereas 90 per cent were left socially excluded (Podolskaya and Vendina, 2008).

Prisyazhnaya (2007) and Podolskaya and Vendina (2008) argue that the existing institutional care provision in Russia makes it challenging, and in some cases impossible, to ensure high life chances for young people's successful independent living. Podolskaya and Vendina (2008) state that at the point of leaving institutional care young people feel lost and scared of

independent life. There is a considerable body of research which associates the successful independent living of care leavers with young people's skills and experiences developed and gained while being looked after (Courtney, 2008; Dixon, 2008; English et *al.*, 1994). Similarly, being exposed to long-term placements, such aspects as young people's identity and behaviour are formed in care (Nazarova, 2000; Anghel, 2011).

Existing research suggests that institutional experiences of young people may positively contribute to a development of a number of characteristics and skills critical to independent living namely acquired communication skills (Astoyanc, 2006); high levels of responsibility for individual actions and careful consideration of health and well-being issues (Podolskaya and Vendina; 2008). Conversely, institutional care may reduce care leavers' abilities to cope on their own (Stein, 2004) followed by placing the blame for failures and loss on others (Podolskaya and Vendina; 2008). Equally, institutionalization may increase care leavers' levels of aggressive behaviour towards others (Astoyanc, 2005). Podolskaya and Vendina (2008: 404) report that the most challenging characteristics to develop among children in care are "adequate self-perception", "independence"; "social responsibility" and "emotional stability". Additionally, lack of opportunity to exercise control over their own lives may trigger additional difficulties in independent living (Stein, 2004). Overall, a considerable body of researchers in Russia 'labels' care leavers as those who are not capable of living any other life but "the life of an orphan" (Nazarova, 2000: 77) and those who have shallow and superficial perceptions about the world (Efremova, 2011).

In order to explore the reasons for such effects of being looked after it is important to understand better the main characteristics, attributes and factors of institutionalization from the perspective of both care leavers and children in care (Stein, 2004; Anghel and Beckett, 2007).

On the other end of the spectrum the conditions and future prospects of those care leavers who are given the status 'not ready for independent living' are much worse. Those children who are looked after in specialist boarding schools for residents with disabilities are likely to remain there until they reach the age of eighteen. That said, the evidence suggests that *'approximately thirty percent of all severely disabled children […] die before they reach eighteen'*. Figures from Human Rights Watch (1998), a large American non-governmental organisation, along with the patchy statistics for the Ministry of Labour and Social Development in Russia demonstrate that the survival rate in these types of institutions for

disabled children is extremely low. The usual cause of high mortality rates is outlined as *"premature death' due to 'crowding, poor hygiene, and low standards of care"*. (Human Rights Watch, 1998: 23). Those care leavers who manage to 'survive' institutional care are usually transferred to adult psychoneurological institutions for the rest of their lives without any hope for non-institutional future (Human Rights Watch, 1998).

Section 5.5 Children's in Care Rights

In 1996 the Russian government released the first issue of the Family Code which acknowledged the rights of both children in general and those at risk. For children at risk placed in families, the Family Code referred to protection of children's rights against high risk environments at home. In 2008 the Russian newspaper RIA Novosti reported that approximately 2 million children are physically abused by their parents every day. This often is accompanied by subsequent escape from home. RIA Novosti also suggests that in Russia 9 per cent of all children under 14 are being abused by their parents. However, although some data exist, the abuse figures in the Russian context are considered to be under-reported. Allensworth (2010) argues that after the 'shocking crimes against children' in Russia by their parents, the publicity has finally resulted in the review of state policy in Russia. The ombudsman for children's rights[5] in Russia admitted that the modern Russia needs a "juvenile-justice system, along with a social services network that would intervene to protect children from dangerous situations" (Allensworth, 2010).

Under the Federal Law (The Federal Law N 223, 1995), the only solution and action against high risk situations described in the Family Code is "withdrawal" of a child (Astoyanc, 2009). In this respect there is a clear inconsistency between the Family Code (1995) and Article 8 of the European Convention on Human Rights[6] which promotes and advocates the institution of the family (Yarskaya-Smirnova and Antonova, 2009).

For children who are already placed in institutions, the Family Code (№ 159-FZ from 21.12. 1996) refers to various forms of State care available followed by a list of children's and

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[5] As part of child protection policy innovations, Russia established the office of children's ombudsmen in 2009 (Law of President of Russian Federation № 986 from 1st September 2009). The purposes of such policy change include the representation of children and protection of their rights and interests. The role of ombudsmen was introduced in large cities across Russia namely Moscow, St Petersburg, Vologda, etc. At present the principle children's rights ombudsman in Russia, Pavel Atakhov, is based in Moscow.

[6] Russia is a signatory to the convention since 13th March 1998.

young people's in-care rights. The Family Code includes the description of children's rights for education, health provision, protection, basic care provision and financial provision in the form of clothes, special equipment, etc.

That said, Altshuler (2006) argues that the Russian government has neglected both the Federal Laws and the main principles of the European Convention on Human Rights namely (a) establishment of youth justice; (b) improvement of the support system for children with behavioural problems; (c) foundation of effective supervision system of institutional care settings and finally (d) deinstitutionalization of children, for more than 12 years.

As such until recently both notions of youth justice and children's rights have been relatively new concepts in the context of child care in Russia. Well-being of children in care under the age of 18 placed both in families and institutions is maintained by 85 self-governing administrative units with 19 governmental agencies which develop and provide policy and practice (Schmidt, 2009). There is no existing single and major Federal Agency which protects children's rights in Russia. Instead, the system constitutes numerous authorities and agencies which results in a "complex, confusing and immobile" system of child protection which is often incapable to adequately respond to individual needs of children (Philanthropy, 2011: 51).

Section 6 Outlining the Gaps in Institutional Child Care Research: Limited Understanding of Institutional Impact on Children's and Young People's Being

Traditionally, the benchmark of the effectiveness and positive impact of institutional care in the international context included the outcomes of both children in care and care leavers (Coman and Devaney, 2011). In the first instance, the impact of State care among residents was measured through institutional placement characteristics such as length of stay or number of institutional placements instead of looking at the skills, knowledge and qualifications which enabled residents to "negotiate adult life" (Coman and Devaney, 2011: 39). In the second instance, the focus of much international and Russian research (Burke, 1995; Sellick, 1998; UNICEF, 1999; Astoyanc, 2005; Fond Detyam, 2010) on the effectiveness of institutional care has been on assessment and measurement of residents' outcomes compared with children and young people within general population (Forrester, 2008; Coman and Devaney, 2001). Similarly, it is often the case that care leavers' outcomes and well-being are compared with 'family' young people's success. Forrester (2008: 206) states that comparative

studies are "worthless" and inappropriate when exploring the impact of the institutional care system as well as its effectiveness.

In the first instance, direct comparisons may inevitably lead to the assessment of children's in care outcomes in a 'linear way' where each outcome is assigned to an exact feature or factor. For example, poor health outcomes of children in care are assigned to difficulties with medical issues or learning difficulties reflect educational difficulties (Bayer, 2008; Coman and Devaney, 2011). In this respect, the data collected in the research around institutional care is often directly related to the individual researcher's focus and interest. For instance, the research focusing on health issues of children in care includes data on health matters. Subsequently this may lead to development of policy and practice implications including interventions which address only a particular issue, omitting the holistic approach to institutionalization (Astoyanc, 2005; Coman and Devaney, 2011).

Next, comparative techniques implemented in the research often fail to consider the individual characteristics of children's in care experiences. This being the case, children with different placement histories and varieties of pre-care experiences are treated as a homogeneous group of residents. Generalising children's needs, such policy decisions as reduction of the use of institutional care or family placements for young children become widespread affecting all groups of children and young people in care (Forrester, 2008). In reality children in care represent a complex group with a variety of placement needs (Coman and Devaney, 2011). While foster care is appropriate and suitable for some individuals, it may be a damaging placement experience for others (Little et *al*., 2005).

Finally, limited focus on historical and cultural context hinders the effectiveness of comparative studies. As such the research demonstrates that it is often impossible to identify the original sources for mental health difficulties among children in care given that psychiatric disorders can be triggered by social adversity aspects existing in the society (Ford et *al*., 2007).

Undoubtedly, the comparative analysis of children in care and from the general population outlines the vulnerability and marginalized status of the institutionalized group. However, it is arguable whether such an approach is appropriate in exploring and determining the contribution and impact of institutionalization on residents' being. Furthermore, the comparative approach does not draw on holistic experiences of institutional care where such factors as context, culture, history, pre-care background and in-care experiences and

relationships are equally important. This in turn limits understanding of what actually happens in care and how an effective service can be developed. Hence, there would be value in developing a methodology which enables investigation of the nature of institutionalization through a variety of heterogeneous experiences and meanings.

Conclusion

This chapter highlights that children's institutional placement depends on the broader economic, social and political context of Russia. As such, children from poor regions and deprived communities are under higher risk of institutional placement. As a result, the predominant number of children in care represents the category of social orphans who have at least one living parent. Being exposed to high-risk environments, children may face a range of traumatic experiences prior to entering care. The analysis above highlights that the difficulties in behaviour or development which a child can show in care may be partially caused by the past family background rather than solely by institutional care. Being admitted into care, children face a long and complex system of institutional placement which includes placement moves, large institutional settings and often large groups of residents. Drawing on the profiles of care leavers, the limited Russian research base argues that institutional care does not have resources or facilities available to ensure successful development and future independent living. Here the need for further research on children in care and institutional care is outlined.

The next chapter is developed against the background provided in Chapters 3, 4 and 5. It includes a discussion of the gaps in the literature and the research questions which have been identified and explained.

CHAPTER 6: FOCUS OF THE RESEARCH AND RESEARCH QUESTIONS

Introduction

This chapter explores the focus of the research. Informed by the evidence base and identified gaps in the research, policy and practice internationally and more specifically in Russia, the chapter discusses the research aims and objectives. The chapter is concluded with the developed research questions.

This thesis studies the phenomenon of institutionalization in the Russian context. The emphasis is on institutional care for children and young people without or with mild disabilities aged between 5 and 18 years who experience long-term child placement with little or no parental contact. A central aim of the research is to explore, describe and explain the nature of institutionalization from various perspectives including those who are directly involved in care namely care leavers, children and young people in care, staff members and volunteers. The study intentionally narrows its focus down to the specific group of children and young people in care not covering residents with intellectual and physical disabilities. This is due to the fact that two groups of residents with and without disabilities have dramatically different contexts, needs, experiences and environments. Next, a study investigating all types of institutions including specialist units would provide a more limited and superficial picture on institutional system as a whole without much depth into examination of the nature of care provision. Finally, while some institutions have become more transparent, specialist boarding schools can be categorised as severely isolated and highly reminiscent of the 'total institutions'. This creates an information vacuum about the standard of care provision, nature of residents and implications for child development within these institutions.

Every year around forty thousand young people aged between sixteen and twenty three leave institutional care in Russia (Lerch and Stein, 2010). These care leavers represent a 'social capital' of the society (Sinclair et *al*., 2005 cited in Forrester, 2008). Despite its significant role in child upbringing, institutional care is usually stigmatised and labelled as a measure of 'last resort'. However there is a limited evidence base which would support the claims and conclusions against the practice of institutionalization in the Russian context. In the absence of relevant research, exploration and understanding of institutional care is of critical importance. In this respect the research aims to give primacy to the effectiveness of institutional care and the nature of institutional being in the Russian context.

Institutional care is run in the context of the country and society in question. In return the context is shaped through such broad factors as history, culture, ideology, legislation, economy and politics. Equally, the nature of institutional care is influenced by staff qualifications and meanings of looking after relationships between peers and staff, experiences of residents and the actual settings of institutional units. In order to explore, interpret and understand such complex interactions it is important to select a theoretical

framework through which it can be possible to explore and describe the phenomenon as well as explain the causalities embedded into it.

This study attempts to address the aforementioned gaps in the literature by conducting qualitative exploratory and explanatory research into experiences of institutional care in Russia through a questionnaire with care leavers followed by ethnographic participant observation with children, young people in care and staff members. This research is underpinned by the philosophy of critical realism. The critical realist-driven study will contribute to the exploration of deep causes of experiences and events so that new holistic understandings of institutional care can be developed.

The research aims and objectives are purposefully general in order to capture the complexity and interrelatedness of issues within the subject of institutionalization. Through seeking to explore the existing infrastructure of institutional care system in Russia, the study investigates the key factors and characteristics of institutions as well as examining the adequacy of acquired attributes vis-à-vis generally accepted norms of care provision. Having limited research on institutional care in Russia the thesis also aims to provide an overview of children in care, members of staff providing care and young people leaving care. A patchy landscape of research into care support for children and young people in Post-Soviet countries reveals that the existing policies and practices are severely out of date. As shown in Chapters 2, 3, 4 and 5 in the Russian context these practices were originally designed in response to a totally different economic, social, psychological and political environment. To make the existing infrastructure work better and subsequently be improved requires a deep understanding of what the system represents. Therefore, a comprehensive study with broad aims and objectives is essential.

The thesis aims to answer the following research questions:

1. What is Institutional Child Care in the Russian Context?
2. What are Children's and Young People's Experiences of Institutional Child Care in the Russian Context?
3. What are Staff Members' Experiences of Institutional Child Care in the Russian Context?
4. What Factors and Characteristics Determine Institutional Being for Children and Young People in the Russian Context?

Conclusion

This chapter has revisited four chapters of literature review that have shaped and informed the design of the research. The nature of institutionalization in Russia which requires extensive investigation has been identified as a central focus of this work. In light of the strength and limitations of the evidence base and theoretical development around institutional care in Russia provided in Chapters 2, 3 and 4, this chapter has outlined the research objectives for the research. The next chapter will look at the methodology and methods applied to address the research questions.

CHAPTER 7: METHODOLOGY

Introduction

This chapter explains how the research objectives and research questions are addressed, broadly informed by the philosophy of critical realism. The chapter consists of seven sections. The first section looks at critical realism as the suggested research philosophy for the study. It explores the philosophy as a way of viewing knowledge as well as an innovative approach to gaining deeper levels of understanding in a study around institutionalisation. Furthermore, section 1 discusses the application of the philosophy as a foundation of the research. Furthermore the research methodology looking at the compatibility of critical realism and methodology of triangulation is introduced. The section is concluded with the application of methodological triangulation in relation to multi-method research. Section 2 presents the methods of data collection which include questionnaires with care leavers and staff members and ethnographic participant observation in four institutional settings. Here the detailed discussion on the data collection procedure and the sampling strategy is provided separately in accordance with each research method. The data analysis is provided in the next section in accordance with both methods of data collection and stages of research. Also the section offers an explanation of the second stage of data analysis which includes retroduction technique through methodological triangulation. Section 4 discusses the process of data translation between two languages and the role of interpretation in data presentation and analysis. In section 5 I offer a detailed discussion on the ethical considerations which informed each method of data collection separately and the study as a whole. Particular emphasis is drawn on the research conducted with vulnerable and young groups of participants. The next section is devoted to the discussion of the issues of validity and generalizability of the study. Finally, the chapter is concluded with reflections on the researcher's role in the field and the impact of relationships between the researcher and participants in the critical realist study.

Section 7.1 Philosophical Underpinning

7.1.1 Research Philosophy: Critical Realism

There has traditionally been something of a polarized divide between research in favour of positivism or interpretivism (Clark et *al*., 2008). The debate around institutionalization and children in care has fallen into distinctive arguments framed by positivism or interpretivism accordingly (Holland, 2009). Despite the fact that the international research around institutional care has greatly expanded over the past decade, both the methodological and theoretical bases still remain weak aspects of the phenomenon.

There is an on-going debate about the selection of the middle ground (Robson, 2011) or a "third option" (Sayer, 2000: 2) between positivism which "reduces [the world] to the ways in which we know it" (Parker, 2001: 254), relativism where "the world is unknowable house" (Clark et *al*., 2008: E68) and idealism which claims that "the objects to which science refers are not fully objective but are consensual models that are not determined by the mind of any one individual" (Clark et *al*., 2008: E68). In choosing an underlying conceptual framework for this research, I was concerned to employ a paradigm which would enable me to problematize the current understanding of institutional care in Russia and the broader international context. Furthermore, I sought to explore and explain the deep social factors which influence the being of individuals placed into institutional environments. Here the significant emphasis was on individual holism, heterogeneity of human subjects and multilayered contexts.

This study is underpinned by a philosophical stance of critical realism. Critical realism has been argued to be a new bridge across the stereotypical divide between qualitative and quantitative studies. In accordance with this view of knowledge, the world is real and stratified (Houston, 2010). Here along with real social structures human subjects apply their own social constructions and create their meaning making of experiences when influenced by the former structures (Houston, 2010). In this respect, the philosophy of critical realism combines both positivistic and relativistic viewpoints of reality acknowledging the nature of 'being' followed by the emphasis on how knowledge is constructed (Jones-Devitt and Smith, 2007).

Through the lens of critical realism the phenomenon of institutional care is a product of human beings' existence. The being is shaped by the interplay between two central stances

introduced in critical realism, namely human agency and social structures. Human agency includes "choices, meanings, understandings, reasons, creative endeavors, intentions and motivations" of human subjects whereas social structures consist of "durable, enduring patterns, social rules, norms and law like configurations" (Houston, 2011: 75). Although the influence of both stances is recognized in research around institutional care, there has been scarcely any research which focuses on the interplay between the two stances. The research conducted along with critical realist paradigm emphasises the value of participants' accounts and experiences as well as contextual characteristics and attributes and focuses on the interactions between the two. Similarly, the critical realist paradigm acknowledges the dualism of individual independence and deeply embedded societal constraints existing in the nature of institutionalization (Clark et *al.,* 2008).

Critical realism suggests that the world is real and truth discovery is the major purpose of knowledge acquisition (Houston, 2010). However it is impossible to alienate ourselves from our own thoughts and perceptions of the real world and see the true picture of reality due to such confounds as language, culture, context and meaning making. In this respect Bryman (2012) states that the researcher's way of conceptualising reality is often provisional. According to Bhaskar (1989) reality exists independently of our thoughts and can be understood only partially through differentiating it into three main domains namely:

a) Empirical domain which constitutes the experienced events;
b) Actual domain which includes all the events both experienced and not experienced;
c) Causal (real) domain which represents underpinning mechanisms generating events (see Figure 6).

The empirical domain of reality represents all the experienced events which can be perceived and measured (Mingers, 2004b; Connelly, 2007). This level of reality is seen in everyday life of human subjects. Next, the actual domain of reality uncovers all the events regardless of whether they are experienced or not (Houston, 2010; Collier, 1994; Mingers, 2007). The events in the actual domain move beyond simple experiences by being triggered and generated by the interplay of multiple factors that exist in the real level of reality (Collier, 1994; Clark et *al*., 2008). Finally the latter domain i.e. the causal domain of reality, also known as the real domain, represents the key focus in the philosophy of critical realism. It is argued that in order to explore why the phenomenon occurs it is important to "go beyond the

surface of observable factors (the actual) to explore what is happening underneath (the real)" (Clark et *al.,* 2008: 70; Houston, 2010).

Figure 6: *Critical realism and three levels of reality*
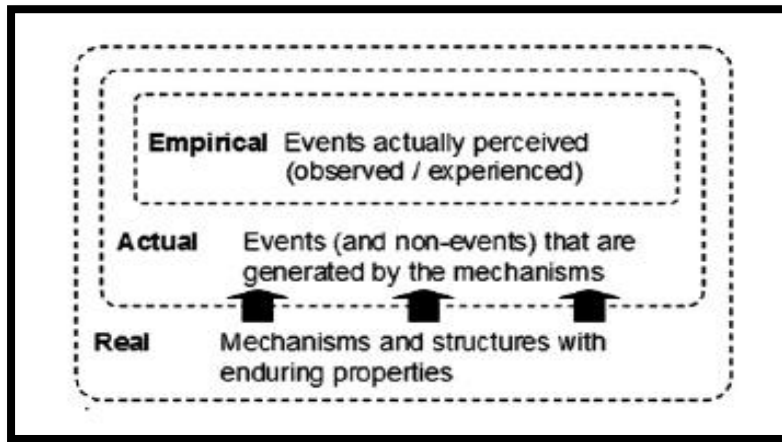
Source: Mingers (2004b:94)

The causal level of reality combines all aspects of reality including the unseen deep mechanisms which generate or commence the events and experiences and the previous domains. As such, the causally generated events are viewed as a result of a combination of factors accumulated together in a particular manner and in the right context or circumstances (Clark et *al*., 2008). The causal level of reality may include many deep mechanisms which are sometimes grouped into strata for clarity and for further conceptualisation of social life (Collier, 1994; Houston, 2010). As such, critical realists group the causal mechanisms in a variety of ways by stratifying social life into a variety of individual levels and categories which can generate the events separately or as an interaction between them. The categories can include "natural, social, human, physical chemical…" causal mechanisms (Collier, 1994:47; Houston (2010).

The suggested distinction between different mechanisms highlights that events and experiences are caused by interplay between human agents and social structures as well as by mechanisms. Clark et *al.* (2008: 72) argue that the new way of understanding the phenomenon "reflects long debate in the social sciences of the relative importance of individual ("agency") factors …and contextual ("structural") factors as well as the arguments that this weight of research must be taken into account".

Collier (1994) suggests that subject to human error in interpretation, the exploration of all three domains may be as challenging as one's attempt to distinguish between them. As such, critical realists argue that the world experienced by human subjects is 'transitive' as it is perceived and understood through a theoretical base which we develop about it. The real world is 'intransitive' which suggests that as the theories and perceptions about the world progress, both worlds become closer over time (Houston, 2011). Here the practice of arbitrating between existing theoretical base and seeking a new theory which has the most explanatory power is the essential part of a critical realist study (Fopp, 2008). The causal layer takes place in the 'open systems' which means that we can never determine and predict the reality and reach certainty but rather generate tendencies of the outcomes and events taking place. All human subjects can only achieve partial understanding of the real world avoiding the "cause-effect" explanation for phenomena (Houston, 2010:75). Here, the philosophy adapts the new form of understanding and explaining the studied phenomenon by investigating the tendencies instead of focusing on determination of outcomes (Bhaskar, 1989; Houston, 2010; Collier, 1994).

To sum up, it is only by exploring the deep causes of experiences and events that we can develop a holistic understanding of phenomena. Critical realism enables researchers to investigate and understand the tendencies of deep causal mechanisms. This in turn moves the knowledge around phenomena further and closer to the truth providing directions for actions (Houston, 2010; Cruickshank, 2003).

7.1.2 Critical Realist Research Design

Historically, research around social work including institutional care for children has been mainly based on correlational perspectives rather than examination of causation (Stein, 2006 cited in Holland, 2009; Trinder, 1996 cited in Walker, 2004). It is suggested that the research has moved its focus to explanatory studies only recently seeking causal mechanisms in the phenomena (Holland, 2009). Indeed, until recently there has been an on-going pursuit of administering surface solutions in the research based on lack of theoretical underpinning, overly simplified views of reality and use of unsophisticated sense of causation (Trinder, 1996). In support of the latter argument Little et *al.* (2005) suggest that studies which discern what triggers outcomes of institutionalization and predict or change outcomes at the individual level are limited. Indeed, research around out-of-home care has been principally

based on assessing service efficiency rather than investigating how the services come to be as they are (Trinder, 1996 cited in Walker, 2004). Therefore, despite the fact that the studied phenomenon can be explored through correlations and pattern regularities, it has little practicality and provides limited insight into how things can be changed. In this respect a critical realist paradigm is seen as a philosophy which addresses the limitations discussed above and creates a type of knowledge which is "prescriptively [more] useful" (Clark et *al*., 2008: E73). That said, this research does not aim to achieve generalizable, 'objective' truth but rather seeks to capture "practically adequate" explanations which can be reached at the time (Sayer, 2010 cited in Dobson et *al.,* 2007).

There is a substantial body of research aiming to explore the ways in which individual factors and contextual settings interplay to causally generate behaviours, experiences, events and institutional being of human agents driven by the philosophy of critical realism (Clark et *al.,* 2008). Madill (2008) argues that the philosophical stance of critical realism is applied to studies where both researchers' and participants' accounts are explored within the context aiming to identify potential causal mechanisms through which the experiences and events are linked. These studies aim to reach the particular type of knowledge which (a) explains the events in the context, (b) understands interventions or (c) evaluates programmes, interventions and outcomes (Clark et *al*., 2008).

In order to carry out the critical realist-driven study, one would argue that such knowledge as understanding of human subjects and insights into social structures need to be obtained prior to carrying out critical realist research (Jeppesen, 2005). Jeppesen (2005) suggests that the nature and amount of existing knowledge around the studied phenomenon has significant influence on the type of conducted research. As such research conducted in a new field tends to follow the traditional pathway of investigation i.e. starting with an explorative stage followed by gradually moving to prescriptive stage. However, projects driven by this view of designing research rarely incorporate all phases in a single study due to the constraints placed on a researcher (Jeppesen, 2005).

This study is the first empirical research investigating the phenomenon of institutionalization for children and young people in Russia. There has been little to no information elsewhere about institutionalization in Russia with the consequence that public child care has been a 'closed sector' until recently. At this point, the new field and new context partially dictate the research aims and knowledge to be generated. On the other end of the spectrum, the existing

body of research conducted around the phenomenon of institutional care in the international context gives a lot of ground to formulate and follow a set of objectives which seek to reach deeper levels of understanding of the phenomenon focusing on the interplay between human agents and social structure.

In order to meet the stated aims and objectives, the study adopts a multi-faceted approach combining exploratory, descriptive and explanatory insights into studied phenomenon (Clark et *al*., 2008). Here a traditional sequence of knowledge does not limit the researcher's abilities to conduct research which incorporates different phases. Instead, the study develops a complex research design where two cycles of investigation are carried out consecutively (Cronje, 2011; Jeppersen, 2005). Throughout two cycles questionnaires and ethnographic participant observation are used as key methods which explore the phenomenon from various institutional experiences of care leavers, children and young people in care, staff members and the researcher. As a result, the research (a) identifies the field and areas which need investigation; (b) explores the correlations (also known in critical realism as 'superficial causes') in the phenomenon and finally (c) investigates the tendencies in deep causes and mechanisms (Table 2).

Table 2: *Critical realist approach to first and second cycles of the research*
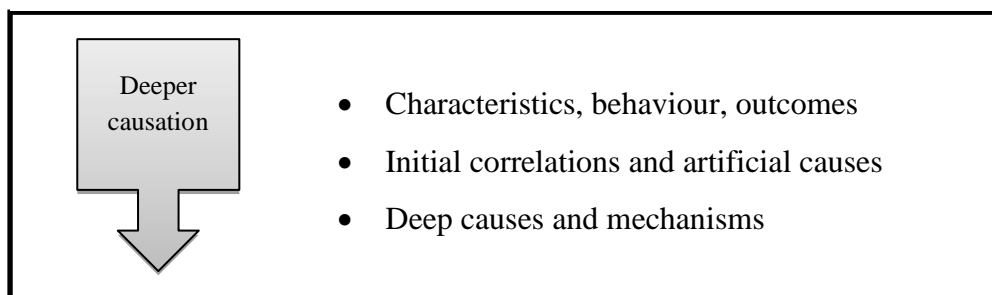
Source: Clark et *al*., 2008

The study has four research questions. Three research questions are explored within the first cycle of the research which aims to address the descriptive and correlational aims of the research. Clark et *al.* (2008) argue that in order to achieve causation, the primary aim is to examine regularities and patterns in the phenomenon. During the first cycle the methods of questionnaire and ethnographic participant observation were applied for exploration and to reach an understanding of context, participants' characteristics, experiences and events in empirical and actual domains.

Table 3: *Research Design*

Cycle	Research Question
First Cycle	**(1)** What is Institutional Child Care in the Russian Context? **(2)** What are Children's and Young People's Experiences of Institutional Child Care in the Russian Context? **(3)** What are Staff Members' Experiences of Institutional Child Care in the Russian Context?
Second Cycle	**(4)** What Factors and Characteristics Determine Institutional Being for Children and Young People in the Russian Context?

In the first cycle I separately explore the structure impact and agency factors. The research also emphasises the importance of the context viewing it as a factor causing "internal mechanisms within the child" (Pawson and Tilley, 1997 quoted in Houston, 2001: 225). Indeed, mechanisms and experiences do not exist in isolation from the environment but rather are closely interlinked and activated by everyday life. Although the first cycle in this study is of significant importance, the research does not intend to concentrate solely on the description of observed events and experiences. In order to move the knowledge further, critical realist study requires conducting the second cycle where the deeper structures and mechanisms are studied through methodological triangulation.

The second cycle focuses on the fourth research question, namely "What Factors and Characteristics Determine Institutional Being for Children and Young People in the Russian Context?" Here the research investigates why and how institutional care influences residents' being by going beyond the surface of observed factors and experiences (in the actual domain) in the first cycle to investigate what happens underneath (in the real domain). The approach of describing the phenomenon followed by the investigation of what produces the phenomenon is also known as "thinking backwards" from outcomes and effects to causes (Houston, 2010:82). By positing the last research question the study seeks to investigate the deep level structures and mechanisms which take place in order to trigger the experiences and events occurring in the studied phenomenon. According to Hedstrom's and Swedberg's

(1998) principles of examining the interplay between social structures and human agents, the study employs three analytical steps as follows:

        (a) Situational mechanisms (macro-micro level);

        (b) Action-formation mechanisms (micro-micro level);

        (c) Transformational mechanisms (micro-macro level).

Applying critical realist techniques of exploring the causal mechanism, the research revisits the data collected in the first cycle and examines it from the explanatory viewpoint.

In the second cycle both methods are utilized within the methodological triangulation which is discussed in the next section. The applied methodology is consistent with critical realist philosophy and is claimed to be the "the most effective approach" for conducting critical realist studies (McEvoy and Richards, 2006: 71).

Critical Realist Methodology: Methodological Triangulation

The philosophy of critical realism has been labelled as a 'philosophy in search of a method' (Yeung, 1997: 5). Indeed, critical realist philosophers are almost exclusively focused on the philosophical aspects of critical realism neglecting its practical aspects and do not privilege one methodology over any other.

Hence being genuinely pluralistic, the nature of critical realism leaves a lot of flexibility in applying the most suitable methodology depending on the research questions and the context of the study. In this instance, critical realism argues that the guideline for selecting a research methodology mainly follows three requirements. The first requirement is that the methodology needs to explore both the occurring events and the meanings given to them from a perspective of all participants. Here it is necessary to approach the data with "preconceived analytical concepts of emergence and generative mechanisms rather than merely descriptive goals" (Oliver, 2012: 378). Secondly, critical realism requires the methodology to conceptualize and reconceptualize the existing phenomena with the provision that all knowledge is partial. Finally, according to critical realism methodology should follow the idea of epistemic relativism i.e. consider the fact that there are many ways of knowing (Oliver, 2012).

Taking all the requirements into account, one of the suggestions of critical realists was in favour of applying a combination of methods in research as the most effective approach in

order to address the research questions and aims (Downward and Mearman, 2006). As a result this study introduces methodological triangulation as the combination of methods aiming to achieve the better validity of the findings as well as demonstrate deeper understanding and a more certain picture of the phenomenon.

Triangulation in the studies is used for the purpose of enhancement of the validity and reliability of the research findings. By means of combination of methods, particularly qualitative and quantitative methods, the phenomenon is supported by a more robust discussion based on findings which corroborate each other (McEvoy and Richards, 2006).

Furthermore, data obtained from multiple methods can serve as a way of gaining deeper levels of understanding of the phenomenon. Indeed, different methods approach and investigate the phenomenon differently which in return creates a more comprehensive picture in the study.

This research applies triangulation as a methodology of internal validation of the data where multiple methods produce converging findings. Triangulation incorporates two methods of data collection, namely a survey followed by ethnographic participant observation. The survey was designed to explore the context as well as identify the possible mechanisms and causal powers which are likely to generate particular events. (Modell, 2009) The survey was used as a starting point for exploration purposes rather than deep investigation of the phenomena. The survey data was used to provide stability to the explored phenomenon which was studied by means of ethnographic participant observation. The survey data helped not only to identify the patterns but also uncovered the causal mechanisms which were previously unseen. The survey was partially designed as a quantitative and qualitative method with a series of close-ended and open-ended questions. In this respect, the emerging themes have been outlined from the exploratory phase of the study which served as a key strength of the survey (McEvoy and Richards, 2006). The second method of data collection included the ethnographic participant observation which enriched the findings from the survey.

Figure 7: *Research Design: Critical Realist Methodological Triangulation*
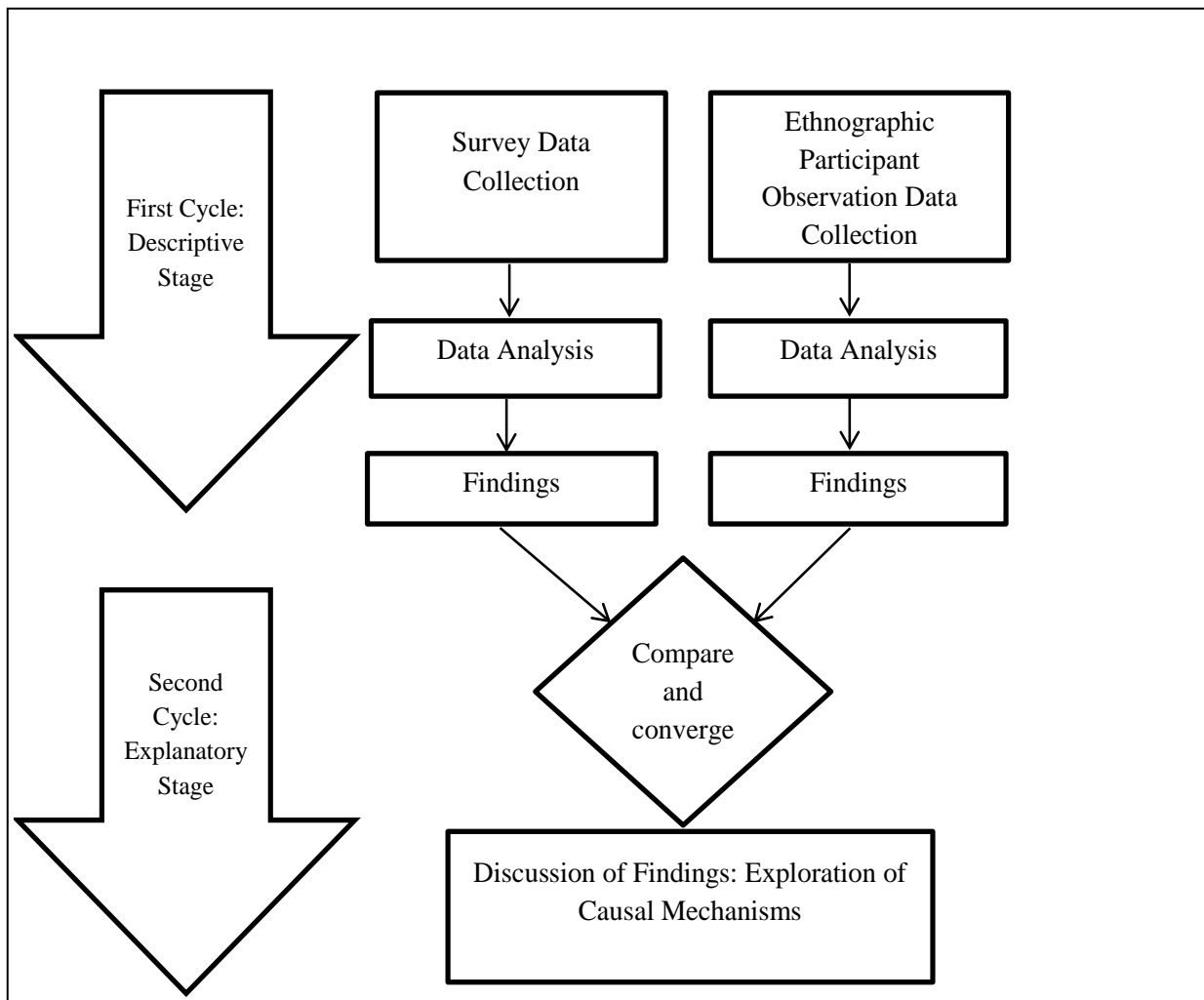
Overall, triangulation is applied in order to explore the phenomenon by looking at things from multiple perspectives (Mikkelsen, 2005). Provided that the participants from both methods of data collection are equally perceived as key participants in the phenomenon, triangulation is seen as a suitable methodology in the context of this research.

Section 7.2 Data Collection

7.2.1 Questionnaires

Following the principles of the methodological triangulation, two data collection methods were utilised to reveal different facets of the phenomenon (Yeung, 1997). Porter (1993) argues that in applying methodological triangulation within critical realist research the survey

method is usually given primacy. Taking into consideration the main research aims the first method seeks to explore and describe the main social structures and human agents constituting the phenomenon.

The first part of the research cycle was carried out by the means of a self-completion cross-sectional questionnaire. Holland (2009) reports that the questionnaire method is considered to be one of the three most popular methods used whist researching institutional care through care users' experiences. The use of a questionnaire as an extensive method enables the researcher to explore the initial aspects of the phenomenon from a broad perspective (Porter, 1993). Driven by the research questions a questionnaire was utilized as a highly focused method for exploring the central features of institutionalization previously identified in the relevant international literature (Aldridge and Levine, 2001).

Due to the lack of research around Russian institutional care, there is limited systematic knowledge existing around the phenomenon in the Russian context. Sayer (1992) argues that it is often the case that researchers investigate fields which have been previously studied by other scholars in a different context. In this respect, the questionnaire method seeks to address the knowledge gap in institutionalization in Russia as well as to identify the links with the existing relevant studies and theories internationally.

The method helped me to reach an understanding of the context where the phenomenon exists. As such, the placement and leaving care policies, staff qualifications and perceptions of care are broadly overviewed providing additional view on the nature of the State care in Russia.

According to Woods (2006: 21) *"questionnaires are not among the most prominent methods in qualitative research, because they commonly require subjects to respond to a stimulus, and thus they are not acting naturally".* This response is usually driven by the original purpose of the survey to examine a large-scale sample in order to provide generalizability in the subject. However, it is argued that the method of questionnaires can be widely applicable in non-quantitative research subject to research aims and objectives. The collected data in this study does not need to be generalizable. Instead, the questionnaire data aims to explore the clarity in general facts and verify the reliability of the research aspects. Where the nature of the data requires finding out factual details, the questionnaire is applied as well.

Overall, the method is based on respondents' perceptions and meaning making of complexities which underpin the socio-economic structures and processes.

Questionnaire Design

There has been a considerable body of research which argues in favour of 'giving voice' to children in care and care leavers as the key informants about their own experiences and perspectives (Oakley, 2000; Ridley and McCluskey, 2003; Ireland and Holloway, 1996). In the Russian context however, the care leavers' experiences and voices have not been heard nor explored prior to this study.

As the research was conducted with a vulnerable group of individuals and touched upon sensitive topics, one of the primary goals to achieve in questionnaire was the development of a 'user-friendly' questionnaire design seeking meaningful data for the research. The established design included self-completion questions which are claimed to be a useful technique in data collection in sensitive topics with young people (Ward et *al*., 2005; Ridley and McCluskey, 2003). Indeed, the use of this approach promoted more open views on care by care leavers where the omitting of negative care aspects is minimised. The reason for this level of openness may be the absence of "age and power differences between adults and children" which might occur if the data are collected by means of a face-to-face interview (Ward et *al*., 2005, p. 11). Bowling (2005: 284) reports that participants' willingness "to disclose sensitive information" reaches a very high level when the data is collected by the means of a questionnaire.

Due the lack of studies around Russian institutionalization available the questionnaire design was based on the relevant international literature. In transferring the concepts and findings from international literature, all the central themes were used in constructing the questionnaire. However it may be the case that some of the themes which emerged in the UK research would not correspond with Russian institutional care. This being the case, the respondents were asked to indicate the questions as of no relevance to them.

The nature of the questionnaire method required the concepts and areas measured to be included in the initial questionnaire design. This practice may affect participants' opportunities to express their personnel constructs of institutional experiences (Holland, 2009). With this limitation in mind, the questionnaire design was developed in order to provide participants with space where nuances from individual experiences could be shared similarly to pre-defined rating questions.

Following Dillman's content distinction of questions (Dillman, 1978: 80 cited in De Vaus, 2004), the designed survey was formulated to establish participants' behaviour, knowledge, attitudes and attributes. The questionnaire design was constructed in line with the main principles of reliability, validity, relevance, equality (all participants were treated with dignity and equally) and questionnaire clarity for all participants (De Vaus, 2004).

Two types of self-completion questionnaires were designed. The first type of questionnaire is designed to explore the care leaver's experiences of institutional care. The second type of questionnaire is focused on perceptions of staff who were invited to assess the main strengths and weaknesses of institutionalization and their experience of looking after children in institutional settings.

The questionnaire designs utilized Likert scales, close-ended and open-ended questions.

Professionals working in the centre with care leavers showed that the wide use of open-ended questions would have been challenging educationally for some care leavers. As such, the study aimed to construct more closed multiple choice and scaling items. Likert scales were utilised to enable the researcher to explore (a) opinions and beliefs on institutional care of young people and caregivers; (b) sensitive issues of in-care experiences avoiding categorical and direct questions and (c) aspects of institutionalisation which cannot be defined with precision (Chimi and Russel, 2009). Scott and Huskinsson (1977) argue that Likert scale-type questions help participants to respond by having categories to select from. Furthermore Likert scales were also used to capture a wide range of responses minimising the risk of false answers (Campbell and Mackie, 2011; Chimi and Russel, 2009)

Next, the design of the questionnaire sought to reach a balance between construction of open-ended and closed-ended questions. Open-ended questions were part of the questionnaire design in order to seek participants' responses without limiting their answer choices. Indeed, the influence of the researcher can serve as a critical factor for bias by suggesting the answers to participants. Similarly, the use of open-ended questions allowed the researcher to collect rich data on the topic discovering new themes on the phenomenon. Lastly, this type of question provides supplementary findings which assist in interpreting the closed-ended questions (Reja et *al.,* 2003).

Close-ended questions were applied to capture factual information about institutional care as well as about profile characteristics of respondents. By pre-determining the range of answers

to choose from participants provide an answer which can be measured accordingly (Buckingham and Saunders, 2004).

The care leavers' questionnaire consisted of four parts. Part one required participants to provide general information about themselves including age, gender, relationship status and number of children they have. Part two asked respondents to share their institutional history. The questions aimed at gathering care leavers' number of placements, type of placements, age of entering care and time spent in care. The next part was designed with the intention of collecting data on participants' views on relationships between peers and members of staff. Here care leavers were asked to rate 21 statements using four-point Likert scales (strongly agree/agree/disagree/strongly disagree). Also two closed questions were added clarifying the number of friends residents had in care and gender differences of residents. Part four was related to the institutional experience of care leavers. As in part three participants were required to share their views of institutionalization, rating 18 statements using four-point Likert scales (of great importance/of some importance/of little importance/of no importance). In the final open-ended questions participants were encouraged to share their personal comments on care including assessing times in care, suggesting ways for care improvement and giving advice to children who were being looked after.

The caregivers' questionnaire was divided into four parts as well. The first part sought general information about participants' age and gender. Part two invited participants to comment on their qualifications, professional background and training needs. Part three was designed with the intention of exploring typical characteristics of children in care with and without experience of living in a family. The next question examined the typical characteristics of care leavers with and without family living experience prior to entering care. Furthermore caregivers were asked to rate 30 statements using a four-point Likert scale (strongly agree/agree/disagree/strongly disagree). The statements were designed with the purpose of exploring the children's profiles in more detail. Part four was made up to investigate staff perceptions of institutionalization with the help of a four-point Likert scale (of great importance/of some importance/of little importance/of no importance) which was identical to the Likert scale provided to care leavers. Finally respondents were encouraged to share their professional views on possible improvements within institutional care.

Both questionnaires can be found in the Appendix for further details.

Detailed information about the research was included in the participant information sheet and was available to each individual during the investigation process. Furthermore, verbal explanation about the project was given by the Director and Manger of the non-governmental centre. Thorough instructions on how to complete the questionnaires were provided at the beginning of each questionnaire.

Pilot

Pilot studies may serve as an important measure of learning about the potential weaknesses and problems of the project. Also the pilot helps to confirm the appropriateness of the selected research method. Similarly, pilot studies contribute to clarification of research questions and research aims (Walker, 1997).

The questionnaires were piloted prior to the actual data collection process. Piloting the original version of the questionnaire was done with four volunteers from the participating organisation. All four volunteers have been working at least 2 years with care leavers and children in care in the non-governmental centre. All four candidates varied in age and gender. The volunteers were given two types of questionnaires, namely a questionnaire designed for care leavers and a questionnaire designed for caregivers. The participants were asked to complete the questionnaire designed for caregivers and to scrutinise the design of the questionnaire designed for care leavers.

Common critiques on both sets of questionnaires were that several open questions were unnecessary and repetitive. Also some of the statements were formulated in an unclear way which made them difficult to comprehend.

Sampling

The sample was selected pragmatically on the basis that all the respondents were members of one non-governmental centre. This non-probability sampling is known as convenience sampling. The study focused on care leavers who were receiving daily support in the non-governmental centre for care leavers in Central region of Russia. The group of care leavers was accessible and was willing to participate in the study. Similarly, caregivers showed their willingness to take part in the research. None of the participants within the centre were selected purposefully. As such, I endeavoured to conduct a cross-sectional study.

According to Bryman (2008) this strategy is not the most preferable in terms of generalizability of the findings. However, given that this study does not aim to generalize or generate the findings, but rather explore the phenomenon from multiple perspectives and provide different views on the same research questions, convenience sampling is suitable. The nonprobability sampling is argued to be an appropriate selecting strategy for a study which has difficulty of identifying the members of a group. Also, the selected strategy enables the researcher to identify and investigate the problematic areas which need further exploration within the studied phenomenon (Henry, 1990). Furthermore, Teddie and Yu (2007) report that convenience sampling allows the use of multi-methods where the sampling strategy for the second method may vary.

In Russia there are around forty thousand young people annually leaving institutional settings (Lerch and Stein, 2010). This figure remains the only information which is systematically monitored on the governmental level. This being the case, it is highly challenging to get access to care leavers without the help of any database. Murray (2005) suggests that access difficulties may lead to targeting biased samples due to the absence of any alternatives.

That said, the participants of this study come from various backgrounds having a range of institutional experiences (see Table 4). Furthermore, having an after care experience of educational and social provision offered by the centre serves as an advantage rather than as a limitation for this study. Indeed, extensive after care provision enables participants to reconsider their in-care experiences contrasting it with their current conditions (Stein and Verweijen-Slamnescu, 2012; Ward et *al*., 2005).

Overall 90 questionnaires were distributed among two groups of respondents i.e. 70 for care leavers and 20 for care givers. The response rate for care leavers' questionnaires is 64.2% which is 'acceptable' in accordance with classification of Mangione's (1995: 60-1) band of response rate to questionnaires (cited in Bryman, 2008). As per the response rate of questionnaires completed by caregivers, it reached 75 % which is classified as 'very good' (Mangione, 1995: 60-1) rate.

Selecting Participants

All the participants were recruited with assistance from the non-governmental centre for care leavers in the Central region, Russia. The first group of participants comprised forty-five care leavers. All care leavers graduated from Russian institutional care settings.

All participants from the care leavers' sample were aged between 16 and 32. Both female and male respondents took part in the study. At the point of completing a questionnaire all care leavers had been living independently for at least 1 year. Here the term 'independent living' refers to discharge or partial discharge (for example when a care leaver lives in accommodation provided by the vocational education system) from institutional care in Russia followed by the withdrawal of legal supervision by the local authorities.

Figure 8: *Care leavers completing the questionnaire at the centre in the Central region*

All participants were receiving extensive educational and social provision in the centre. As such, participants attended the centre on a daily basis aiming to revisit the secondary school programme with experienced school teachers working in the centre. Young people were studying a number of subjects, namely science, Russian language, literature and Art. As a part of social provision, members were offered an opportunity to take part in both sport and drama clubs. Further details on the young people are presented in Table 4.

Table 4: *Sample of young people participating in the questionnaire by gender, n=45*

Gender group	Age range	Relationship Status
Male Carer Leavers, n=27	15 - 25	Single; has a partner
Female Care Leavers, n=18	15 - 32	Single; has a partner; married

The second group included fifteen caregivers who have been working with children in care and/or care leavers for minimum of 2 years. Caregivers' ages varied between 21 and 50. I was unable to trace any male caregivers resulting in all-female sample. The sample included a heterogeneous group of professionals working with care users in several areas namely education, mental health, social well-being and practical preparation for independent living.

For all participants Russian was their first language so all questionnaires were translated and completed in their native language.

7.2.2 Ethnographic Participant Observation

The first method of data collection facilitates access to a wider sample of research subjects along with accumulating factual information about institutional care from the perspective of both care leavers and caregivers. Conversely, the second stage of the methodology seeks to approach the phenomenon from a different angle allowing a more in-depth and comprehensive investigation from a smaller sample of participants. The study aims to grasp the insights on the "lived reality" from the participants as well as explore the subcultures of the institutional and wider world within the studied context (Ten Have, 2004: 108; Hammersley, 1998). As well as being a widely utilised tool for different groups of society, this method has been widely applied in research conducted with marginalized groups and with institutionalized children in particular (Holland, 2009; Hobbs, 2002; Goffman, 1963). Tudge and Hogan (2005) argue that the method of participant observation (also known as 'ethnography') is seen as a critical tool for the purposes of exploring the experiences, meanings and social worlds of young human subjects.

Although the method of participant observation is widely recognised and applied in academic contexts, there are still a number of challenges existing in interpretation of the method, in defining terminology and in selecting appropriate methodology. For example, the method may also apply to "ethnographic approach to observer participation" (Berridge et *al*., 2010: 10), "ethnography" (Hammersley and Atkinson, 1995), "participant observation" (Gans, 1988:53-61; Goffman, 1989:125) and "fieldwork" (Gans, 1999: 540). In all these cases the method seeks to fully or partially explore the lives of a certain group of people or a community for an extended period of time for the purposes of exploring the everyday lives of human subjects and understanding their experiences and meanings (Hammersley and Atkinson, 1995).

This study interprets the method as 'ethnographic participant observation' which entails the combination of both notions namely 'participant observation' and 'ethnography'. Before looking at the further implications of the chosen method, it is necessary to establish my position behind the use of 'ethnographic participant observation'.

Looking at the interpretation of two stances such as 'participant observation' and 'ethnography' there is little evidence of a strict boundary between those two (Bryman, 2008; Atkinson et *al.*, 2001; Hammersley and Atkinson, 1995). Hammersley and Atkinson (1983) argue that the term participant observation may be applied to all types of social research provided that "we cannot study the social world without being part of it" (Hammersley and Atkinson, 1994: 249). This being the case, there is a tendency to embed the method of participant observation into ethnography claiming that the latter is an umbrella term covering a variety of qualitative methods (Gans, 1999). Bryman (2004; 2008) argues that whilst applying the method of participant observation there is a risk of interpreting the method as a tool limited to observation. Indeed, Fraser (2011) claims that the method of participant observation does not allow the researcher to explore the phenomenon completely because the method leaves the researcher in the position of informant. From this perspective being an informant does not allow the researcher to experience the environment nor understand the culture embedded in the studied phenomenon (Bryman, 2007).

At the other end of the spectrum, the notion of ethnography is used differently in relation to purposes and approaches of a researcher (Barron, 2012). Apart from using ethnography as a method of research which entails data collection through observation, in some studies the term refers to a philosophical paradigm or research methodology guiding the 'written product' of the research. (Barron, 2012; Bryman, 2004; 2008: 403; Hammersley and Atkinston, 1994).

Exploring ethnography as a methodology rather than a research method needs to outline its key characteristics. The ethnographic research is understood as a methodology which aims to reach the reproduction of the social world by means of description followed by the ability to generate theory around the 'true' reality (Hammersley, 1990 in Porter, 1993). That said there are a number of significant contradictions in the original model of ethnographic methodology from the epistemological perspective of critical realism. The main critique includes neglect of the ethnography to focus on the interconnections between the social structure and the human actors as the central aspect of critical realism. Also, Potter (1993) reports that there is a strong

disagreement between the perception of reality, theoretical underpinning and implications of the collected data between ethnographers and critical realists.

In addition to this, Gans (1999) proposes a critique against the contemporary understanding of ethnography. He argues that although the contemporary ethnographic studies are overwhelmed by the notion of researcher's reflexivity and self-knowledge, there is hardly any reference to the central idea of reflexivity existing in the initial participant observation studies. Indeed, the "rapport" established between phenomena, human subjects and a researcher would not be possible unless the notion of reflexivity was exercised (Gans, 1999: 541). Furthermore, Gans (1999: 543) puts forward a strong argument against the evolved developments of ethnographic studies such as introduction of autoethnography claiming that "in the long run, the only ethnography that will be useful to students and researchers is that enabling people to learn more about their society".

Undoubtedly, there is equally a significant body of research which clearly utilises a selected method or methodology defined by the focus of the research. This being the case, studies which incorporate either/both participant observation and ethnography aim to understand lived experiences and subjects' points of view through studying human subjects' everyday lives "for an extended period of time, watching what happens, listening to what is said, asking questions- in fact, collecting whatever data are available to throw light on the issues that are the focus of the research" (Emerson, Fretz, and Shaw, 1995; Shaffir, 1999; Gans, 1999; Hammersley and Atkinson, 1995:1).

Nevertheless, as Gans (1999) reports, conducting the research in the 'ethnographic' era' puts the notion of participant observation under attack and a lot of criticism by the scholars. This leads to reconsideration of the method and its outcomes contrasting it with the advantages of ethnographic studies and the potential merging of participant observation and ethnography.

This study aims to allocate the definition and meaning of the method between the listed extremes by utilising participant observation with the key elements of ethnographic approach defining it as 'ethnographic participant observation'. In doing this, this study follows the key idea of developing an appropriate 'dialectic relationship' between being a participant observer and a researcher (Gans, 1982: 54). Goffman (1989: 125) suggests that the method allows the researcher

'...to try to subject yourself ... to their [researched individuals'] life circumstances, which means that although, in fact you can leave at any time, you act as if you can't and you try to accept all of the desirable and undesirable things that are a feature of their life'.

Berridge et *al.* (2010: 10) suggest that the combination of the methods of participant observation and ethnographic approach conducted in institutional settings for children in care "enabled the researchers to enter into the social world of staff and residents in order to describe and analyse as accurately as possible how the homes functioned".

Although the notion of 'ethnographic approach' is again complex in its understanding, at its most basic this study includes its key aspects as follows:

- Investigation of the nature of the phenomenon;
- Collection of unstructured data;
- Exploration of a small number of cases;
- Inclusion of all the data (observation, oral, written accounts, visual materials) into the data analysis (Hammersley and Atkinson, 1994).

Ethnographic participant observation provides enough flexibility for the fieldwork. For this part, the research involves collecting thick descriptions of the observed phenomenon where appropriate, as well as observing my personal and others' experiences, events, meanings and the effects of the phenomenon (Geertz, 1973). Similarly, the application of an ethnographic approach towards participant observation contributes to gaining deeper levels of understanding between social processes and human subjects in the studied institutions.

The ethnographic approach allowed me to become emotionally engaged in the observed environment and in the living experiences of actors similarly to focusing on the understanding of the culture of the studied group (Tedlock, 1991). Furthermore, ethnographic participant observation enabled me to capture lives of children in care and members of staff and their experiences without removing any human subjects from the context. As such the combination of participant observation and ethnographic approach is an appropriate method for understanding both the micro context and the macro context of the phenomenon and uncovering the existing generative mechanisms instead of simple description of the regularities (Hammersley and Atkinson, 1995).

The method of ethnographic participant observation allowed me to become a member of the studied social group to witness as many events, interactions and activities in person as it was

possible. The observation provided me with the opportunity to enter the social and inner world of the studied social group through learning participants' verbal and non-verbal communication, specifics of the environment and attributes of 'symbolism' (Robson, 2002). Indeed, Greene and Hill (2005:6) claim that the most effective way of uncovering the meanings and experiences of participants particularly children, is to explore children's "active engagement with their material and social worlds, whether the focus is on actions or worlds, and from their own reports on their subjective world".

Being an essential part of ethnographic participant observation, communication and interaction played an important role during the process of data collection. Among the typical interaction types the study collected data from written accounts, naturally occurring talk and solicited oral accounts including interviews. The analysis of participants' accounts allows treating data as both a resource of information and the suggested themes occurring from the ideas of the participants (Hammersley and Atkinson, 1995). This practice coincides with the position of critical realists suggesting that the interpretation of the experiences need to be collected from the researcher's perspective as well as from the participants' views. Hence the research will seek the participants' truths and explanations of their behaviour operationalizing the idea that "reasons are causes" for actions (Giddens, 1984: 345; Bhaskar, 1986, quoted in Oliver, 2012).

Ethnographic Participant Observation with Children and Young People in Institutional Settings

Children and young people constitute the essential and central part of the institutional environment in Russia. In order to holistically explore the phenomenon of institutionalization all perspectives and knowledge including children need to be investigated and learnt. In line with this argument Punch (2002) suggests that the researcher's understanding of the studied phenomenon involving young participants largely depends on how children's roles and childhood are conceptualized (Punch, 2002).

Ethnographic participant observation is seen as an effective method of exploring the worlds of children and young people from the perspective of young individuals themselves (McKechnie, 2000). The method includes engagement with children and young people in interactions and activities, watching, listening and reflecting during the process (Christensen

and James, 2008). In order to include children's diversity as well as their varied knowledge, experiences and meanings, it is important to identify the most appropriate forms of data collection within ethnographic participant observation. Here the research does not seek to limit the data collection process to 'child-friendly' forms of data collection as all participants of the environment are seen as competent social actors. Conversely, a number of techniques namely 'audio recordings of naturally occurring talk', 'participant observation', 'drawings', 'crafts-making' and 'photographs' expand the flexibility of capturing young participants' accounts. Similarly, the adopted tools enable children and young people to share their experiences and views in an individual manner.

Such interactive techniques as 'drawing', 'craftsmaking' or 'photographs' are applied in the fieldwork as they are originally based on children's skills (Punch, 2002). As said earlier, the critical realist paradigm informs both approaches to data collection and perceptions of human subjects' roles in the field. The study aims to investigate the researcher's perceptions and experiences of the phenomena as well as exploring human subjects' understanding and interpretation of institutionalization and events embedded into it. That said there is still a number of existing limitations which do not allow the researcher to collect an equal number of freely expressed children's accounts in contrast to adults' perceptions.

First of all, one of the major difficulties for an adult in conducting research with children is to avoid the risk of imposing the researcher's own perceptions on young participants (Punch, 2002). Here Fine and Sandstorm (1988: 35) argue that researchers who impose meanings on children solely because the former used to be children is seen as a "methodological problem". According to Punch (2002) having been children adults are prone to forget and abandon the childhood culture. Being aware of these risks, I aimed to act naturally without putting pressure on children or dominating them through directly asking participants to express their views when they did not show willingness to do so.

Second, due to the sensitive nature of institutionalization, it was challenging to learn young participants' views on care simultaneously avoiding any form of threat or disturbance caused by the topics raised. As such, where children and young people facilitated the discussion and dialogue by introducing the sensitive topics themselves, the conversations were developed. Similarly, during the process of data collection, I realized that young participants felt less

uncomfortable and less anxious when they were accompanied by a friend, a volunteer they trusted or a close 'houseparent'.

Furthermore, although institutional care units are purposefully designed settings for children and young people, they are organised and regulated by adults. As such, according to Punch's (2002) definition, institutional settings are seen as adult spaces where children have less freedom and more pressure to act in a 'right' manner. Due to the isolated nature of institutional care, it was often challenging to find child spaces during ethnographic participant observation. In return, such conditions minimised participants' willingness and enthusiasm to share their experiences and views in a free and natural manner. In order to document childhood through young participants' knowledge, it was important to demonstrate to children that aspects of power and control are diluted (Christensen and James, 2008). Although it was possible to remove the notion of adult superiority during some interactions with children, it was difficult to downplay the aspects of power in others.

The use of such class-based activities as 'drawing' or 'craftsmaking' sought to focus on representational and self-explanatory aspects of children's and young people's in-care lives. The core of these techniques lies in creativity and interpretation. Whist some residents preferred verbal and more active interactions, other children enjoyed expressing themselves and their perceptions through visual approaches. Being aware of the dangers of possible misinterpretations of visual data, I asked each individual to explain and describe the meanings attached to the drawings and crafts children made. Where children demonstrated reluctance to discuss their drawings, a psychologist assisted me in their interpretation.

In retrospect, the acknowledgement of existing limitations in research with children and young people enabled me to utilize several techniques within the ethnographic participant observation method. The downsides of the method were minimised and where it was possible removed.

Data Recording and Transcribing during Ethnographic Participant Observation

All fieldwork visits were recorded by the means of an audio digital recorder. Also, each time before entering and after leaving the field, I made handwritten notes, took pictures using a digital camera and recorded my observations using an audio recorder. These four tools of

data recording were used in order to produce a more holistic and substantial version of what was observed in the field. Also the tools complement each other as well as addressing the downsides of other recording techniques such as solely written field notes and video recordings.

On the one hand, Emerson et *al.* (2001 quoted in Barron, 2012) argue that handwritten field notes are often recoded selectively. The researcher "writes about certain things which seem 'significant', ignoring and hence 'leaving out' other matters. In this sense, field notes never provide a complete record" (Emerson et *al*., 2001:353). On the other hand, studies using such techniques as video recording may become too invasive for research participants who are placed in "'private' sphere" such as one's home or any other intimate environment (Aarsand and Forsberg, 2010: 250). In home environment video cameras are problematic to be positioned in the 'right' spot and demeanour to get the most data from observation. Finally, even the portable versions of video equipment can be obtrusive.

In contrast, the audio recordings as the main technique of data recording are seen as a flexible and 'ideologically-friendly' tool where the distinctions between private and public environment for participants are respected and followed. It is known for its high accessibility and reliability of data collected (Willig and Stainton Rogers, 2008). Given that the tool of audio recording lacks visual representation of observed phenomenon, photography was included.

The recorded notes and observations were transcribed transforming the data into the categorised emerged themes using thematic analysis. The original records were repeatedly revisited in order to identify and produce detailed analysis of the collected data.

Use of Photographs as a Part of Ethnographic Participant Observation

The research uses photographs as a supplementary tool for generating visual representation of the studied phenomenon. Similarly photographs are used to support the ethnographic data collected through observation, conversations and interactions. Considering the impact of individual interpretation and process of "convention-bound" image making, the photographs were used as a product of "system of visualisation" rather than an objective evidence of observed phenomena (Woodiwiss, 2001: 3 cited in Gilhespy and Harris, 2011).

The research suggests that the use of photographs can be distinguished for artistic (Byers, 1964) and representational (Sekula, 1975) purposes. This research utilized photographs as a combination of aesthetic and representative means where photographs are seen as records reproducing researcher's views of reality in an immediate manner. Crowe (2003: 476) reports that *"'...photography—even the most severely illustrative examples— contains a sense of individual expression in either the taking of the photograph and/or the reproduction of the image"*. In this respect, the photographs are not viewed as independent parts of data, but instead complement other findings along with adding richness to the text.

Researcher's Role in Ethnographic Participant Observation

It is of great importance to define the researcher's role and the nature of established relationships between the researcher and human subjects given that these relationships "determine the outcomes of the research" (Graveling, 2009:1). Goffman (1989:127) claims that in order to conduct profound research on other's life it is required for the researcher to "cut to the bone*"* the personal lives*, "separate themselves from the world they know, and embrace the new world of their participants" (*Wilson, 2008: 3*).*

My role in the research is defined by three aspects. First of all, critical realist philosophy advocates that the researcher exercise a particular role in fieldwork. As such, the role needs to coincide with one's position to explore the phenomenon as 'transition "from actions through reasons through rules and thence to structure" (Sayer, 1992: 112, cited in Watts, 2010). In line with the latter argument, my role as a researcher was shaped by the aim to understand the way human subjects organise their experiences and what meanings they attach to events. In other words the experiences of participants are seen "to be created as an interaction of the researcher's concept system and the concept system of the object of the study" (Watts, 2010: 12). Within the field I aimed to conduct 'intensive research' by approaching the human subjects and the objects in a scrutinising way by going beyond directly observed phenomena, exploring real-life experiences.

Another perspective on the nature of my role as a researcher is influenced by the fact of having dual identity in the fields. Two equal and parallel roles of both volunteer and researcher were applied during the whole of the process of fieldwork.

My initial familiarisation with the research settings took place through being a volunteer for a non-governmental sector in North-western region of Russia. As a volunteer, my

commitments included occasional visits to institutions on the terms of 'caregivers' assistant' mainly to provide additional support for caregivers in the process of looking after children. The duties and responsibilities varied depending on the institutional facilities available, numbers of staff involved and needs of residents. More detailed description of the activities is provided in the Chapter entitled 'Setting the Scene'.

Hammersley and Atkinson (1995) argue that being familiar with the research settings brings up a vast number of difficulties such as developed preconceptions towards the field and lack of novelty and 'fresh look' at the phenomenon. Being mindful about the criticism regarding the familiar settings, I took action in order to address the suggested confounds.

Entering the familiar field, I exercised the 'researcher's role' by 'listening and 'seeing' "differently" with a particular attention to the routine activities which were taken for granted over time whilst being a volunteer (Watts, 2010: 9). Similarly, I intentionally applied as a volunteer to additional institutions which were alien to me in order to have utterly new environments to enter.

Exploring the researcher's role through relationships established within the method of ethnographic participant observation, there are a number of studies which introduce different types of social roles defined by the type of the research and research questions, nature of the fieldwork, access, researcher's status and circumstances of participants (Hammersley and Atkinson, 1995; Adler and Adler, 1987; Gans, 1982). Despite the diversity in terminology, the main categorisation in researcher's roles depended on the extent of researcher's involvement in the fieldwork and the circumstances of participants.

In this study I widely applied the role of researcher participant with the elements of total participant (also known as 'participant as observer'). In general terms, the role of researcher participant includes active participation in the social world of human subjects being partially emotionally detached from the phenomenon in order to exercise the researcher's functions. However, conducting the research with children leaves an element of unpredictability and flexibility in the research.

Apart from the distinction in researcher's role discussed, Herzfeld (1983) and Knupfer (2006) argue that participant observant in research with children is often placed in a marginal position in the studied phenomenon. Indeed, I found it to be the case in my fieldwork. In the highly populated institutional settings most children are left without adequate attention,

interaction and support. As a result, having an external visitor with time on their hands, both sides feel encouraged to spend time together being involved in different kinds of daily activities, entertainment and/or education. Promoting relaxed interaction, caregivers often negatively perceived it as me "encouraging misbehaviour among children in care" (female caregiver, institution № 1). With regard to the risks which may occur due to the marginality, I was mindful about the consequences of my behaviour and was careful whilst establishing rapport with participants.

It has been widely recognised that children's voices have not been heard as a result of "adult-centrism" culture in research (Knupfer, 2006: 139). Being the first researcher who entered these particular institutions for the purposes of empirical study, demonstrated a different perceptive on their institutional experiences to the human subjects. More specifically, the fieldwork enabled young participants (i.e. children and young people in care) to share their experiences and voices of being looked after.

For their part, the participants also played a significant role in my life by letting me experience their lives. Although there is a distinction between the roles listed above, in reality the categorisation is not that accurate when the researcher is emotionally involved in the studied phenomenon. Applying the role of a research participant for an extensive period of time can equally result in most fruitful data as well as in psychological affection of the researcher (Gans, 1982). In order to minimise the risk of psychological difficulties caused by the traumatising experience of institutionalization, particularly in most deprived settings, I regularly reduced the time of my stay in the field.

Although in one unit (institution № 1) emotional and psychological detachment was not possible at any time given the extremely poor status and health conditions of some children, it was beneficial for me to 'put myself in caregivers' shoes' (Gans, 1982). As such, this experience has immensely aided my ability to see the institutional world through the lens of participants including the "caregivers' emotional pathways of working with children in care" (institution № 3, Fieldwork 28 December 2010) and residents' "psychological detachment from all disturbing experiences which take place around you" (institution № 4).

Sampling

Selecting Institutional Settings

Punch (1998) suggests that the most important and difficult criteria of choosing the sample is its requirement to fit in with other parts of the study. Indeed, the purposes of sampling strategy need to go in line with research objectives (Palys, 2008). Exploring the nature of institutionalization in Russia it is important to study all forms of State care constituting the institutional system for children and young people above the age of four. Due to the interconnectedness between different units within a system as a whole, the study involved a sampling strategy which would enable the researcher to include a maximum variety of settings, context, experiences, participants and environments.

Coming from a Russian background and being an active member of two non-governmental organisations working with children in care in North-western region of Russia, I was familiar with a number of institutional settings which were potentially suitable for data collection.

Driven by the experiences and resources, this research adopts the strategy of purposeful sampling as the method which enabled me to sample institutional settings and participants in a strategic way and to coordinate the relevance of a sample to the research questions (Bryman, 2008).

Purposive sampling allows the researcher to focus on a particular group or sites which needs to be investigated in order to gain a deep understanding of the phenomenon. One of the advantages of purposive sampling strategies is seen in the opportunity to include a variety of informants and sites with a range of experiences and contexts all of which belong to the studied phenomenon. As the ethnographic participant observation process was divided into two time blocks within a period of six months, the study sequentially adopted two different variations of purposive sampling namely extreme case sampling following typical case sampling.

Extreme case sampling, also known as deviant case sampling, is usually used when the researcher is interested in unusual cases which particularly uncover notable outcomes and specific characteristics (Patton, 2002). It is suggested that extreme case sampling may often provide unusual insights into the phenomenon which can be used as a guideline for the subsequent data collection process.

The extreme case sampling was drawn from the one of the most deprived and largest institutional settings for children in care in Russia (institution № 1). Focusing on one of the most disadvantaged units which is seen as a product of the soviet structure and regime, the study aimed to uncover the weakest and most underprivileged conditions and facilities for children in care in the Russian context.

During the second time block the strategy of typical case sampling was applied. This strategy is known for exploring 'normal' cases, units, sites and individuals (Palys, 2008). This technique was purposefully chosen after the extreme case sampling as it explored both themes identified during the extreme sampling as well as studied settings which are seen as typical institutional units in the context of Russia. In order to adequately select average institutions in Russia, a number of typical characteristics identified in the relevant literature (for example: Human Rights Watch, 1998; Astoyanc, 2005) and by professionals was listed (Johnson and Christensen, 2012).

The criteria that defined the typical cases included as follows:

- Location (suburbs of the city in the North-western region of Russia);
- Age of residents (aged five and over);
- Gender of residents (mixed);
- Number of residents (50-100 residents per unit);
- Nature of care provision (a children's home, a boarding school, a shelter);
- Physical characteristics of a unit (medium);
- Levels of isolation (open to external visitors and volunteers);
- Financial provision (major source of financial support comes from the State).

Similarly, during the study using extreme case sampling several professionals were consulted on the subject of typical institutional units. Based on accumulated knowledge from the literature and professional expertise three institutional settings across the North-western region were selected. Each of the units represented a certain type of institutional care, namely a shelter, a children's home and a boarding school. All three settings met the listed criteria.

Selecting Participants

The research focus and questions influence the sampling strategy in the study. In order to effectively approach the fieldwork it is often expected to select and identify members of the sample in the targeted institutions (Fetterman, 2010).

That said, it is usually challenging to pre-define the number of participants during participant observation (Morse, 2003). Indeed being aware of the number of residents in each institutional unit at the point of entering fieldwork, it soon became apparent that the number of participants in the field changes regularly. Such cases as placement moves of residents, caregivers' shifts, visits of external individuals and volunteers represent only a small number of factors which influence the population in the institutional units. In this respect Fetterman (2010: 35) argues that one of the common strategies in selecting participant in ethnographic studies is to apply the "big-net approach". It enables the researcher to explore the scene from the wide perspective prior to scrutinising particular interactions, participants and events (Fetterman, 2010).

Aiming to develop an in-depth study including participants with various positions, roles and backgrounds I applied purposive sampling. This sampling strategy is utilised through maximum variation sampling, meaning that individuals are selected in order to represent the whole spectrum of perspectives and experiences within institutionalization in Russia. Palys (2008) states that the strategy of maximum variation sampling can be applied to both extreme cases sampling and typical cases sampling.

Section 7.3 Data Analysis: Research Questions One, Two and Three

The research utilises the concurrent form of data analysis meaning that both data sets are explored and analysed individually. The first cycle of data analysis adopts the technique of descriptive statistics for questionnaires and thematic analysis for ethnographic participant observation.

The findings from both methods of data collection are combined together through methodological triangulation in the second research cycle in order to explore the phenomenon. Here the research aims to complement and compare two data sets to identify the tendencies in causal mechanisms in the real domain. All the findings are explored from the perspective of their corroboration, or conversely of their differences, without the detailed and structural integration of two data sets into one (Creswell and Plano Clark, 2007).

7.3.1 Questionnaire Data Analysis: Descriptive Statistics

According to Moser and Kalton (1971) the focus of questionnaires defines the method of data analysis. The questionnaire data is analysed by the basic technique of descriptive statistics. Although descriptive analysis is generally perceived as part of a quantitative study, this research utilises it in a qualitative manner by using descriptive elements to identified themes and provide a deeper understanding of the elements embedded into the context (McEvoy and Richards, 2006).

The application of descriptive statistics in critical realist paradigm has been described as an "unobjectionable" and a very useful way of analysing the data (Mingers, 2003: 3). Indeed, providing a descriptive analysis of questionnaire data, this study identifies patterns and commonalities which may serve as points of departure for further investigation. Mingers (2003) suggests that the initial descriptive study serves as a good 'evidence' for existence of underlying mechanisms and structures.

I organised the analysis with particular focus on how each group of individuals responded to each research question. It is done with both open-ended and pre-coded questions. The questionnaire analysis was presented by identifying themes and organising them into coherent categories which helped to bring meaning to the responses.

7.3.2 Participant Observation Analysis: Thematic Analysis

Participant observation data is carried out by the means of the standard version of thematic analysis which is also known as a 'mainstream form' of analysis (Jones and Watt, 2010: 162). The thematic analysis was chosen as a flexible approach to data analysis compatible with multiple research methods (Braun and Clarke, 2006). As such, thematic analysis is advocated to be a "contexualist method" of data analysis which goes in line with critical realist philosophical underpinning (Borrel, 2008:195). The thematic analysis is applied to focus on the human agency and on individual meaning making as well as on social structures within the studied context (Borrel, 2008).

Overall, the process of thematic analysis was based and undertaken through six phases established by Braun and Clarke (2006) which are described in Table 5. It is noteworthy that throughout all the phases in thematic analysis I applied the technique of designing the data

matrix which included description of the context, participants, their behaviour, impressions in the field, quotes, key words and ideas and pictures taken in the field. The data matrix was constantly facing alterations during the process of analysis in relation to new ideas or developing themes (Jones and Watt, 2010).

Following the stated step-by-step guide of thematic analysis, I started transcribing the data including the verbally collected data and written accounts during participant observation. As advised, I repeatedly read my transcripts highlighting the initial ideas which emerged.

Table 5: *Stages of thematic analysis*

Phase	Description
Familiarising yourself with the data	Transcribing of the data (including verbal data), 'repeated reading', write initial ideas and themes emerging
Generating initial codes	Production of initial codes from the data (here themes may be theory-driven and data-driven)
Searching for themes	Refocus the analysis at the broader level of themes
Reviewing the themes	Refinement of themes
Defining and naming themes	Mapping the data
Producing the report	Final analysis and writing-up

Source: Braun and Clarke, 2006

Next, I generated the initial codes which were driven by both data and relevant literature. Then, I searched for themes separately focusing on each research question. After structuring the preliminary themes under research questions I reviewed the former in order to examine whether any themes needed to be broken down or others to be combined with each other. As a fifth stage, I indicated the meaning of each theme and attached the aspects of data each theme includes. As a result, I had a clear picture of all the themes included in my analysis and what they represent. Here I designed a visual thematic map which encompassed all the identified themes. As a final stage, I presented a written analysis of my data which was presented in accordance with each research question. It included data extracts from the observation as well as verbal accounts which were recorded and observed during the fieldwork.

7.3.3 Discussion of the Findings: Research Question Four

Retroduction through Methodological Triangulation

Retroduction (also known as "abductive inspiration", McEvoy and Richards, 2006: 72) allows the researcher to reach inferences about the causal mechanisms which are embedded in the studied phenomenon. The key idea of the retroduction technique as "the central tool of critical realist inquiry" informed the discussion of the findings in this study (Oliver, 2011: 379). The technique on its own can be described as "thinking backward from effect to cause" i.e. from experiences and observed phenomena to causal mechanisms. As such the observed experiences are placed under question namely 'What must be true for this to be the case?' (Oliver, 2011: 379) prior to formulating the causal mechanism related to the phenomena.

The critical realists claim that the explored mechanisms "do not speak for themselves [...], active thought experimentation is needed before research even begins (Hart et *al*., 2004:166 in Oliver, 2011:380). The typical scheme of applying the retroduction technique usually includes five steps including development of hypotheses which focus on the questions of causal mechanisms and interplay between agency and structure. This study does not follow the traditional scheme of retroduction suggesting that the building blocks used as the starting points of the conducted study are the existing theoretical knowledge around institutional care for children in care provided in Chapters 3, 4 and 5 (Oliver, 2011). Similarly, the questions addressing the generative mechanisms and relationships between human agency and social structures are embedded into the developed research questions which broadly explore the social worlds of the phenomenon.

As such, the technique of 'thinking backwards' is adopted with regard to research question four where methodological triangulation plays a central role in exploring the factors and causal mechanisms which may influence the being of children and young people in institutional care in the Russian context. The first research cycle developed a rich picture of institutional experiences and being by investigating the phenomenon from various converging perspectives. The discussion section, which looks at research question four, includes a comparison of findings across two data sets as well as in relation to the existing body of research and relevant theoretical base including Attachment theory and studies around Total Institutions.

Section 7.4 Role of Translation: Russian and English Languages

Conducting research in an international context often involves translation-related activities whilst collecting, interpreting and presenting the findings. Indeed, given that the whole process of data collection was carried out in Russia, it was essential to move between languages on a regular basis. Birbili (2000) argues that translation-related activities may have a strong impact on the validity of the study.

Philips (1960) reports that the quality of the translation and interpretation of the findings depends on the researcher's role in the study. Carrying out the research in English and being a native speaker of Russian enabled me to exercise the dual role of a researcher-translator (Birbili, 2000).

The translation involved:

(a) English-Russian-English translation of both the questionnaire package for conducting a survey and documents for ethnographic participant observation including written information about the study and the informed consent/assent forms;

(b) Translation and presentation of collected questionnaire data;

(c) Translation and presentation of data from ethnographic participant observation.

One of the biggest challenges in making full use of translation is the ability to gain conceptual equivalence between originally presented meanings and translated versions. Philips (1960: 291) states that gaining accurate meaning is almost an "unsolvable problem" as there are usually a considerable number of emotional states which the researched subjects are involved in. In order to overcome the difficulties of interpretation it is critical to be fluent in the used languages as well as to develop an insider's knowledge of the culture (Frey (1970) cited in Birbili (2000)).

In line with the latter argument, I aimed to retain comparable meanings through cultural awareness of the context. Where it was not possible to present the equivalent translation (concepts, slang, idiomatic expressions), I interpreted the information by seeking to find the closest meaning.

Section 7.5 Ethical Considerations

7.5.1 General Ethical Considerations

Ethical approval was gained from Durham University's Internal Ethics Committee. As the data collection consisted of two phases, the ethical dimensions of the research were assessed two times.

During both times, the main ethical considerations included (a) issues of research transparency, quality and integrity; (b) questions of informed consent; (c) confidentiality and anonymity; (d) avoidance of harm to participants; (e) secure data storage and (f) independence of the research (Economic and Social Research Council, 2012). Ethical documents, namely consent form and information sheet form, can be found at Appendices A, B and E.

Whilst carrying out research around sensitive topics it is critical for a researcher to prevent any harm and risk to participants (Bowling, 2002; Dickson-Swift, 2003). Liamputtong (2007) makes a strong argument advocating that a researcher conducting a sensitive study with vulnerable groups needs to exercise the principles of morality and consider potential ramifications on the participants from the research conducted. In line with the last argument, prior to commencing the fieldwork I extensively discussed the implications of the research with the participants and their guardians where appropriate. The Code of Ethics and Conduct (British Psychological Society, 2009:19) states that it is essential to "consider all research from the standpoint of research participants, for the purpose of eliminating potential risks to psychological well-being, physical health, personal values, or dignity". Furthermore, Oliver (2003) argues that while participating in the research may serve as a valuable experience for some groups receiving care, it may be a disturbing experience for others. When the risks of negative impact of the research have been raised and widely discussed, the participants and their guardians concluded that it would be "morally acceptable" to conduct the research (Liamputtong, 2007: 27).

In line with the acknowledgement of risk and harm factors related to vulnerable participants, there has been on on-going debate concerning children's and young people's involvement in the research. Heptinstall (2000: 868) reports that due to the tendency to regard children as

particularly vulnerable participants it is often the case that "some children may be prevented from taking part in research despite having expressed a personal wish to do so". Davis (1998) argues that children are able to make their own decisions whether to participate. This being the case this study aimed to provide all the necessary support and expertise available from care workers and the research team to let children and young people make their own decisions about involvement in the research.

7.5.2 Ethical Considerations whilst Conducting a Survey

The information about my study was provided to the staff members of the non-governmental centre at a video conference prior to commencing any research activities in the centre. Subsequently, staff of the centre presented the research overview to care leavers where the invitation to take part was announced. Where potential respondents demonstrated their willingness to take part in the research, they were individually approached and consulted by a General Manager of the supporting organisation. This practice provided participants with a comfortable and trusting environment where they were able to ask questions about the research and make a decision about their participation.

The staff who volunteered to assist me in the study distributed the written information along with giving verbal explanations about the study to the potential respondents. The information sheet included details on the research and its focus. In the event of participants having any questions or concerns about the study, the information sheets included both my and my primary supervisor's contact details for further information.

The final copy of the questionnaire was approved by the Director and psychologist who permanently worked with participants of the study. For sensitivity reasons copies of care leavers' questionnaires do not ask about family background or the reason why children came into care.

By the time the questionnaires were distributed the participants were well informed about the research. Before completion of questionnaires all care leavers and caregivers were asked to complete a consent form attached to the copy of the questionnaire which set out the participants' right to withdraw from the study any time, the levels of confidentiality and anonymity. Given that some of young people were under the age of 18 (the youngest were 16 years old), the Director of the centre was asked for consent to enable them to participate in

the research. Simultaneously, care leavers were asked for their individual consent. During the process and after completion of the questionnaire all participants were supported by a psychologist permanently working in the centre.

Liamputtong (2007) emphasises that the nature of confidentiality is crucial particularly when researching marginalized and stigmatised groups in society. As a researcher I aimed to be fully committed to maintain the confidentiality and anonymity of respondents. That said, upon agreement with caregivers in the centre, the participants of the study were informed up front that where incidents of abusive behaviour witnessed and/or experienced by young people were described the levels of confidentiality might not be guaranteed. The information sheet provided full details on the procedure of disclosing information to the psychologist in the centre unless an individual who mentioned cases of abuse could not be contacted first.

Upon completion of the questionnaire, the psychologist of the centre offered her help to those individuals who felt uncomfortable after taking part in the research.

7.5.3 Ethical Considerations whilst Conducting Ethnographic Participant Observation

The second part of the research was conducted by means of ethnographic participant observation which engaged both children in care and caregivers as key participants of institutional settings. Greig et *al.* (2007) argue that the ethical considerations in relation to research with children include the acknowledgement of both general ethics theory and general principles of conducting research with human subjects. Furthermore, critical to the case for ethically sound research practice with children are autonomy of participants; beneficence and justice (Greig et *al.,* 2007*:* 170).

Heads of the institutions where I hoped to carry out the research were approached. I ensured that all the information about my research was thoroughly presented through the flyers and verbally. When the consent from the Heads of institutions as main gatekeepers of children in care was obtained, I was given permission to approach all the participants of the environment including children, staff members and volunteers. It is noteworthy that in accordance with Russian legislation (Khlinovskaya Rockhill, 2010) no parental consent is required as the legal guardian of all residents is the institution.

All the participants were clearly informed of all the details of my research through written information sheets and verbal presentation. In order to create accessible information for

children the information sheet for young participants was specifically developed using simple and short sentence structures omitting complex words and terms. Also, the information sheets for children were significantly shorter highlighting key details of the research, confidentiality, anonymity and choice of participation. Where the participants required further details of the research, I was available to discuss any issues related. Also, given that institutional care involved frequent movements of residents, staff and external visitors, I was always ready to invite new participants to the research providing them with all the necessary information.

UNICEF (2002) reports that gatekeeper's consent is 'not adequate standard in light of the rights of the child'. As such, those children who were not legally competent to provide consent were offered the opinion to give informed assent. Research suggests that children may be particularly vulnerable to being pressurized to participation in the studies (Hill, 2005). In line with this, I asked members of staff to provide children with a comfortable place where their willingness to participate could be discussed with a psychologist on the ward. Also, I ensured that during the whole observation process all the participants were aware of their right to withdraw from the study at any point either temporarily or permanently (Hill, 2005). Children's behaviour and interactions were closely and carefully monitored by members of staff within the observation process. If a child showed any unusual signs of disturbance or discomfort the interactions between a child and researcher were immediately minimized.

Given the circumstances where the child cannot completely withdraw from the research process as the observation may take place on the ward where he or she resides, an alternative to this was created. The procedure of minimizing the interactions was developed in cooperation with staff members. As such, two types of minimizing interactions were introduced namely (a) activities where a researcher has an opportunity to minimize the interactions and contact with a child and (b) activities where a child has an opportunity to minimize the interactions and contact with a researcher. The details are provided in Table 6.

I ensured that all participants were provided with confidentiality and anonymity. All institutional settings including children's homes are given code numbers. The names and any other 'evidence' of participants' identities were treated according to the principles of confidentiality and anonymity. Whilst recording quotes, taking pictures and collecting drawings made by participants I consulted the participants as to whether I was allowed to use these qualitative findings. Levin (1995) cited in Hill (2005) stated that illustrative materials

may be particularly difficult to make anonymous. In this respect, I was careful to maintain confidentiality when using the collected data.

After leaving the field I ensured that the members of staff and volunteers who were permanently working in the settings provided support for children and young people in care who experienced any possible discomfort. I also provided children and caregivers my first supervisor's and my own contact information including telephone and email details in case any individual wanted to seek any advice or information on the research.

Table 6: *The ways of minimizing the interactions between the researcher and a child*

Activities where researcher has an opportunity to minimize the interactions and contact with a child upon the request of a child	Activities where a child has an opportunity to minimize the interactions and contact with a researcher
Physical care (location: bedroom, dining room, bathroom) a) Waking up; b) Bathing; c) Feeding; d) Getting dressed; f) Getting to bed.	Education (location: hall, gym, volunteers' office, yard) a) Academic skills (reading, writing, counting, etc.); b) Interpersonal skills (etiquette, social skills, behaviour)
Health care (location: bedroom, bathroom, gym, yard) a) Therapeutic gymnastics; b) Therapeutic walking; c) Taking medicine; d) Massage.	Entertainment (location: hall, gym, yard, playground) a) Play (for the purposes of enjoyment or development); b) Walking; c) Parties; d) Workshops.

Limitations of the Dual Role of the Researcher with Children and Young People

One of the most challenging ethical dilemmas I encountered during the research was related to residents' involvement in volunteer-child interactions whilst being withdrawn from the

ethnographic participant observation. As mentioned earlier, the dual role of researcher and volunteer was acknowledged throughout the data collection process. In my primary role as a volunteer I provided care and support to children and young people placed in institutions. Subsequently, in my second role I aimed to act as a researcher from Durham University who sought to understand institutional being through participants' experiences.

Despite my effort to ensure that my dual role would not impact upon participants, their behaviour and the nature of data collected there was an existing tension between the researcher's role and my voluntary responsibilities in institutional care. My long-term status of a volunteer allowed me to develop trusting and close relationships with residents prior to commencing the research. These relationships may have affected participants' objectivity in taking part in the study. This could have happened through the participants' fear of reducing the contact with me as a volunteer unless they agreed to take part in the research. In this respect I anticipated that some of the residents, being afraid of minimising volunteer-child interactions, might feel some pressure to participate in the study. According to Punch (1994) fieldwork needs to be conducted within common sense prioritising the responsibility for the participants. May (1989) argues that researchers' decisions about ethical considerations can be made on the basis of what happens in the field. Being particularly mindful about prioritising residents' comfort and well-being, I aimed to balance the need to conduct the research and my voluntary responsibilities.

Within my roles I aimed to minimise the power imbalance with participants as well as to reduce the risk of any child being excluded from the activities and care routine supported by me as a volunteer. Knupfer (2006) argues that although there can be several general roles whilst carrying out research with children the most appropriate is not to establish strict boundaries between them. In this respect, all participants were informed that when any residents wanted to interact with me as a volunteer avoiding participation in the research, they could do it by approaching me or any of their caregivers. That said, given that participant observation often took place in the open space of institutional settings it was not always possible to limit the observation process to a particular group of children excluding some individuals. In this case, children's oral accounts and activities were not recorded where possible.

I also discussed this issue with caregivers emphasising residents' potential vulnerability status making sure that all the participants were informed about available flexibility between

voluntary activities and participation in the research. Although the practice of taking part in the research was a new experience for the majority of residents, the nature of my dual role enabled me to reduce the possible sense of vulnerability for children. Provided that institutional settings selected in my study were a common place for volunteers, children felt less pressure and less discomfort through being familiar with at least one of my roles.

Section 7.6 Validity and Generalizability of Research

Maxwell (1990) argues that truth in scientific research is futile. In qualitative studies researchers, being interpreters of observed reality, cannot isolate themselves from their own experiences to produce 'objective' and researcher-independent accounts of studied phenomena. In line with this argument, different accounts of what is experienced, studied from different perspectives, may be equally valid (Maxwell, 1992). The notion of validity is understood as truthfulness of findings where validity criteria may demonstrate legitimacy of research (Altheide and Johnson, 1994; Whittemore et *al*., 2001). On the other end of the spectrum, in quantitative studies validity is often determined through testing of hypotheses and quantitative assessment or measurement. Using quantitative means of assuring findings' validity, proponents of quantitative research often criticise qualitative approaches to validity (Maxwell, 1992). Overall, research in positivist and interpretivist traditions is considerably influenced by the scientific world view where all valid knowledge is considered empirical or alternatively derived from observed experiences (Hamlyn, 1967).

From a critical realist perspective of validity human subjects can neither reach the absolute truth about the world nor have knowledge about an independent entity to which to compare individuals' accounts (Maxwell, 1990a, b cited in Maxwell, 1992: 283). Instead, validity in critical realism is related to relationship between "an account and something outside of that account, whether this something is constructed as objective reality, the constructions of actors, or a variety of other possible interpretations" (Maxwell, 1992: 283). In other words, validity in critical realist studies is relative and depends on individual purposes and circumstances of research being informed by subjectivity. Research validity is often closely related to the data investigated which subsequently informs policy and practice (Maxwell, 1992; Kearney, 2001). That said Hammersley and Atkinson (1983: 191) argue that "data in themselves cannot be valid or invalid; what is at issue are the inferences drawn from them". In this respect all stages of the study need to coherently reflect research objectives as well as be unbiased and free from distortion (Creswell, 2007).

Despite the slipperiness of validity and the challenging task of reaching the absolute truth, there is still a number of choices we make as researchers aiming to approach the objective reality as closely as possible. Whilst I cannot claim the validity of my findings, I did an attempt to incorporate some general principles of validity when conducting my research. Stages of data collection, data presentation, analysis and discussion were developed and structured in accordance with the critical realist perspective. By going through every stage of the research I made an effort to provide researcher-independent reality where possible. Maxwell (1992) states that although all stages of research are interconnected in order to produce valid accounts, descriptive accuracy of data collected plays the critical role in research. In the first instance, the data collection process is distinguished into two steps, namely the long-term exploration of the field prior to conducting the research and the actual data collection. Creswell (2007) argues that the pre-fieldwork experience of natural settings contributes to researchers' familiarisation and development of contextual knowledge. Being a social work assistant for an extended period of time in several children's homes enabled me to gain a sense of the broad social and economic context of the field. Such long-term engagement in the field is suggested to represent contextual validation (Lincoln and Guba, 1985). Second of all, the methods selected contributed to my attempt to reach a more objective picture of the phenomenon. The survey questions administered to both care leavers and caregivers were carefully considered and reviewed by supervisors as well as scrutinised by a group of caregivers working with care leavers. Here, the assessment criteria included the contextual relevance, appropriateness and structure of questions. The ethnographic participant observation attempts to follow the principles of validity through systematic exploration of phenomena by on-the-spot examination and reflection on collected data. Here, naturalistic settings of institutional settings provide an unbiased access to interplay between various variables (LeCompte and Goetz, 1982). Furthermore, the applied methodology of triangulation goes along with my attempts to reach validity of the accounts in the critical realist research as well as adding completeness to data collected (Yeung, 1997; Donward and Mearman, 2006). Here the concordance and comparison of findings from both sets of data collection strengthen the validity of discussion of the findings. The methodological triangulation enables me to provide a holistic picture of the research context, participants, experiences and events.

Despite the aforementioned research stages aiming to contribute rather than reach the truth of the findings of the study, critical realism does not seek to establish generalizability to

populations (Clark et *al.*, 2008; Whittemore et *al.*, 2001). Instead of producing law-like statements, this study aims to reach deep levels of reality within the studied phenomenon and propose a new way of understanding it. The proposed causal mechanisms provide a broader perspective on institutionalization taking into consideration context, time, participants as well as immediate environment. Consistent with the philosophy of critical realism, this study suggests that along with specific context of Russia participants have a range of different realities followed by individual circumstances and personal characteristics. These factors hinder researchers' opportunities to ensure whether experiences in other institutional settings will be different without further investigation. By providing new theoretical insights, I suggest that current conceptualization of institutional care is incomplete and inadequate to some extent. This new knowledge broadens practitioners', policy makers' and researchers' views on institutionalization in the Russian context.

Section 7.7 Reflective Researcher

Despite my aim to conduct the research free from underlying bias, critical realists argue that objective research can never be completely achieved. There is an on-going debate around the influences of the researcher's role, researcher's identity and relationships in research. All these considerations contribute to the discussion around the reflexivity which is seen as a critical factor in the in the qualitative research (Finlay, 2002). The notion of reflexivity is usually applied to "explore and deal with the relationship between the researcher and the object of research" (Brannick and Coghlan, 2006: 143 cited in De Vaujany, 2008). There are a diverse number of approaches and views which are utilized in the context of the research. Broadly speaking, positivists are prone to adopt the position that researcher's identity and subjectivity are both irrelevant aspects which require measures of control in order to reduce the risk of bias towards the research. Conversely, constructionists may argue that the researcher's subjectivity and constitute the reality which is studied (Maxwell, 2002).

Critical realism, which is the adopted philosophical underpinning for this research introduces the new way of understanding the researcher's role and knowledge produced. Indeed, critical realists argue that it is not possible to capture a 'real' image of the phenomenon thus achieving "God's eye view" on the knowledge (Putnam, 1999: 9 cited in Maxwell, 2002; Harvey, 2004b cited in Finlay, 2002). Instead, knowledge achieved is always partial and has an "interpretive nature of our understanding of the former" (Maxwell, 2002: 17) through physical and mental ways of perceiving the world (Putnam, 1987 cited in Maxwell, 2002).

The central focus in exploring the nature of knowledge and researcher's role in the study is to "understand the causal mechanisms by which the researcher's roles influence both the researcher's actions and the research setting and participants" (Maxwell, 2002: 20). Here, Maxwell (2002) identified two factors which influence the nature of knowledge produced and researcher's reflexivity namely (a) personal aspects including researcher's experiences, beliefs, values and purposes and (b) nature of relationships between the researcher and the studied human subjects.

In the following section I will discuss both factors in relation to the research in more detail.

7.7.1 Researcher's Biography

Bunge (1993 cited in Madill et *al*., 2000) argues that the studied phenomenon needs to be understood through the lens of the researcher considering their individual beliefs, values and expectations. Indeed, by ignoring personal factors in the study there is a risk of creating an illusion that research is conducted with an impersonal rationale. Furthermore there is a danger of achieving incorrect research outcomes (Maxwell, 2002). Being an 'instrument' of the study, I was aware of the personal properties which may influence this research (Hammersley and Atkinson, 1995). The biographical characteristics included my role as an active volunteer in the sector of institutional care for children over the past five years, former care worker and international student. Furthermore, each of these factors were shaped and influenced by the cultural, social and historical context of Russia.

In order to provide a detailed insight into my personal characteristics and background, I aimed to chronologically draw on the experiences, events and identity aspects which demonstrate an opening into my perceptions of the studied phenomena.

The story begins when I was an undergraduate student studying Economics and Finance in one of the Russian State Universities. As part of an optional activity the University introduced a vacancy for a leader of a social project supported by the international non-governmental youth organisation. Being interested in expanding my knowledge and experience beyond the studied subjects I applied for the post of a project leader which I subsequently was accepted to.

The flexibility of the project theme allowed me to choose from a range of topics which were potentially of interest to me and the recruited project team. One of the suggested themes was

related to the promotion of adoptive practice among potential parents across the North-western region. The reasons for selecting this topic were rooted in the individual experience of adopting a child from an institution by one of the team members. From the point of commencing the project we developed links with one of the children's homes and an adoption agency in the North-western region. There, in addition to working on a project, we were able to develop and deliver a series of workshops improving social skills among residents in the institution.

Prior to entering the unit, I did not have any systematic knowledge about institutional care. Aiming to collect some information on the subject, I realized that the only widely available materials were directly related to public stigma attached to 'orphanages' and 'orphans'. Being a taboo topic in Soviet times, institutions remained an unexplored and unknown area of public service until recently. This primary knowledge, shaped by historical and social perspective created the preliminary image of institutions in my head which were associated with prisons and closed army facilities. Indeed, many people from my surroundings tried to persuade me to give up this idea being afraid of the 'institutional dangers'.

When I entered the unit, I realized that all the knowledge which I had previously learnt about institutionalization was speculative and created by moral panic caused by public ignorance rather than factual information. Indeed, residents did not demonstrate any 'predicted' signs of harm or risk nor aggressive forms of behaviour. Instead, I saw a whole world which I was unable to grasp or understand. I saw residents come and leave, captured the moments of their happiness and sorrow, experienced their living conditions and learnt their expectations and values. As the time progressed, I became a regular visitor in the settings getting close with residents and staff members. The sense of responsibility for the residents as well as for their well-being became a strong influential factor which defined my further decisions. Looking back I realize that it was a natural step to the research I am doing now – a strong will to understand what institutional care is and what it does to its residents.

When the project time frame was coming to an end, I decided to continue my visits to the institution in a role of a volunteer. As a result I volunteered for two children's homes in the North-western region for the next two years. My duties included assistance in physical and medical provision as well as in different forms of interactions and educational activities.

Throughout my voluntary experience I have been both a participant and an observer shaping my views on children in care and the environment they resided in. Aiming to develop my

skills in order to understand and address children's needs in care I started seeking help and knowledge among both practitioners and literature available on the subject. Whilst I was interested in the best practices available in working with children I realized that most of the staff members I worked with had never been professionally educated in the area of looking after children. Indeed, what I began to observe was practice triggered by staff experiences and intuition rather than knowledge about best practices, children's needs and their potential outcomes. Furthermore, the limited amount of literature available in the Russian context did not provide me with any substantial knowledge on institutionalization. At that point I started questioning my understanding of children in care, the factors which defined their well-being in care and the way institutional care operated. The more I reflected on both my knowledge on institutions and staff members' expertise in looking after children the clearer it became that systematic reflection and wide appreciation of care users' and staff members' experiences is needed.

On-going interest in the nature of institutionalization, public ignorance and narrow view of State care in Russia, the complex nature of institutionalization and the pressing need for a research around institutional care led me to get involved in an extensive and in-depth research. Emotional and personal involvement in every stage of the research shaped and affected my identity of a researcher. Indeed, I implemented the practice of "living the fieldwork" (Sands, 2002: xvi) by becoming part of the studied phenomenon.

By acknowledging the impact of my personal characteristics, I was aware of the potential 'traps' caused by my emotional feelings and prior experiences. In order to identify these preconceptions I used the "bracketing" technique during the whole process of the research (Husserl, 1970; Heron, 1988, pp. 58-59; Hawkins, 1988, pp. 61, 70-71). The adopted technique helped me to highlight my personal experiences and values as well as their influences in order to perceive the research through them in a in a clarified manner (Maxwell, 2002).

7.7.2 Relationships in the Field

In line with the discussion about the contribution of the researcher's identity, this section explores the second aspect of the researcher's role in dealing with the established relationships in the field. Bosk (1979: ix cited in Maxwell, 2002) highlights that the fieldwork process in qualitative studies is "a 'body-contact' sport" where all the actors of the field have

causal influences on the research and its outcomes. Maxwell (2002) states that relationships established between participants and researcher constitute real and complex phenomena which shape and construct the data. That said the relationships in this study are not perceived as a technique for collecting data or gaining access to participants or as a series of constructions that are produced by both researcher and participants (Maxwell, 2002). Instead critical realist perspective sees relationships as "real, complex processes that have profound and often unanticipated consequences for the research (Maxwell, 2002: 25).

Alderson (1995) suggests that research which is based on adequate and engaging relationships between a researcher and participants leads to valid and reliable data. Despite the challenging and complex nature of relationships in the field with diverse groups of participants I sought to establish collaborative relationship practice. In return this practice enabled me to create knowledge which was valuable to informants and me to stimulate personal and social development (Tolman and Brydon-Miller, 2001 cited in Maxwell, 2002).

One of the difficulties encountered during the process of the fieldwork was related to age and social status barriers existing between researcher and participants. Indeed, Eckert (1997) reports that such factors as age may have a strong influence on the nature of relationships particularly when the research is conducted with children and young people. Institutional care comprises a complex system of relationships where adults' and residents' roles are highly distinctive. As such, adults, i.e. staff members, are usually perceived as individuals who control and monitor children teaching them appropriate behaviour. These interactions may cause conflicts of power and freedom (Eckert, 1997). In this respect, when I first entered the institutional care as an adult who wanted to assist caregivers in looking after children, residents automatically labelled me as an 'adult' also known as a "carrier and enforcer of norms" (Eckert, 1997). In order to minimise this barrier which stood between me and residents, I spent significant amounts of time with children "appearing young" by positioning myself as in the similar "life stage" (Cheshire, 1982 cited in Eckert, 1997: 9). That said my intention was not to disregard or hide the existing differences between participants and myself by creating an illusion of gaining intimacy. Conversely, I used my individual characteristics as a way of demonstrating to participants that despite the existing diversity in the society individuals treat each with equal respect. Here the equality is based on the nature of interactions rather than on the universally accepted values and "abstract properties" of each actor (Maxwell, 2002: 27).

As the research design included two methods of data collection with two different groups of participants, the relationships experienced in the field need to be explored separately.

The first group of informants included care leavers and caregivers who worked with the former group. Although the selected method of a survey did not allow or require establishing intimacy with participants, it was still central to the research to create rapport between informants and the researcher. Being protective of the care leavers in the centre, caregivers created 'a psychological shield' between me and the vulnerable participants. In order to generate reciprocity and trust I sought to demonstrate and convince the caregivers that my intentions in conducting research had an altruistic nature and were potentially beneficial for the community. My practice showed that the experience of establishing 'rapport' was not a one-off event but rather a continuous process which shaped the relationships in a long-term perspective. The second stage of data collection required a more complex and profound practice in establishing relationships between the researcher and the participants.

Conclusion

Throughout the research, the philosophy of critical realism forms a fundamental platform for all stages of research design. The major principles of critical realism which inform the study have been presented and discussed in the chapter. They include:

(a) The dual research role including exploratory, descriptive and explanation strategies;
(b) Research emphasis on interplay between social structures and human agency;
(c) Critical realist focus on the context and settings of the phenomenon;
(d) Ontological depth of the critical realist study with recognition of multi-layered reality;
(e) Researcher's role in collection, interpretation and analysis of the findings.

Along with the discussion of critical realism, in this chapter I have considered ethical issues throughout data collection and data analysis processes to ensure safety, confidentiality and a comfortable environment for all the participants. I have also discussed the potential emerging challenges related to validity and generalizability of the findings of the study along with the philosophy of critical realism. Finally, I have explored the experiences and influence of being a reflective researcher and a volunteer whilst undertaking the study.

Followed by the detailed discussion of research design and methodology, the next chapter provides the analysed data in relation to research question 1 within the first exploratory and descriptive cycle of research.

CHAPTER 8: INSTITUTIONAL CHILD CARE IN THE RUSSIAN CONTEXT

Introduction

This chapter consists of two sections both aiming to answer the first research questions as follows:

- What is Institutional Child Care in the Russian Context?

This chapter begins by drawing on care leavers' accounts of institutionalization highlighting the critical factors which defined and shaped the nature of institutional care for them. The findings are presented from the questionnaires which asked care leavers and care givers to give their views on the nature of institutional care. This is followed by the findings from ethnographic participant observation conducted in four different institutions located in the North-western region. Here the technique of "descriptive scene-setting" has been widely introduced in exploring the individual experiences of institutional care as well as wider context (Humphreys and Watson, 2009: 43-47). First impressions of the settings play a significant role in conceptualisation of the field. The findings provided in accordance with the subjects' experiences and meanings would be partial without coherent understanding of the physical and organisational contexts and the insights into the reality of institutional care in Russia. As such, in order to make sense of the data and approach it in a logical way the chapter draws on the exploration of the institutional context including description of the units, their roles, aims and physical characteristics. Furthermore section 2 provides findings structured in accordance with organisational characteristics of institutional care where main aspects of how institutional care operates are described. Finally the discussion on how institutions in Russia operate is introduced.

Figure 9 provides an overview of the central themes developed and discussed in the chapter.

Figure 9: *Institutional Child Care in the Russian Context*
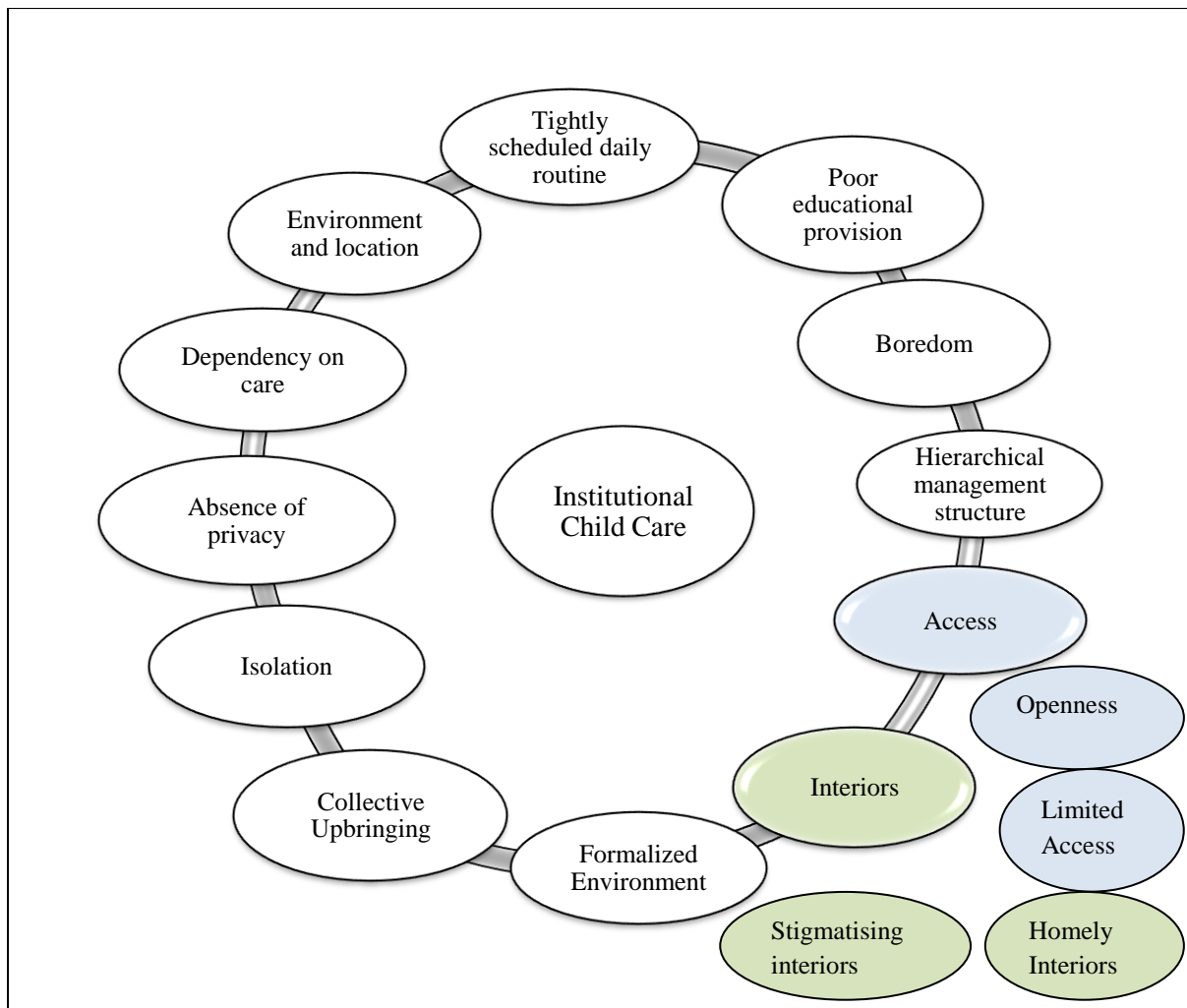
Section 8.1 Results from Questionnaires with Care Leavers

8.1.1 Institutional Context

Interiors, Facilities and Location

Twenty six care leavers (57.8 per cent) highlighted the problems caused by poor institutional facilities such as industrial type furniture, stigmatising interiors and designs as 'of great importance' for them. In addition to this, three respondents emphasised the factor of poor quality food as they wrote on the margins of the questionnaires that that "food was bad" (male care leaver aged 16); "no variety in food-boring" (male care leaver aged 17) and "I did not like food in care most" (male care leaver aged 16).

Following the care leavers' concern with institutional facilities, the next statement was specifically focused on adequate provision of personal space for residents provided that the number of residents occasionally exceeds the capacity of units (Human Rights Watch, 1998). The predominant number of care leavers (57.8 per cent) however did not identify this factor as of any importance to them.

Another factor which was identified by thirty-two care leavers (71 per cent) as 'of great importance' to them was isolation from the outside world. The isolation here may reflect the location and neighbourhood of institutions as well as little or absence of communication and interaction with the wider community outside institutions. One of the respondents added that "absence of interaction with people outside the institution" (female care leaver aged 18) was one of the most negative factors in care.

Figure 10: *Care leavers' responses on institutional characteristics, n=45*
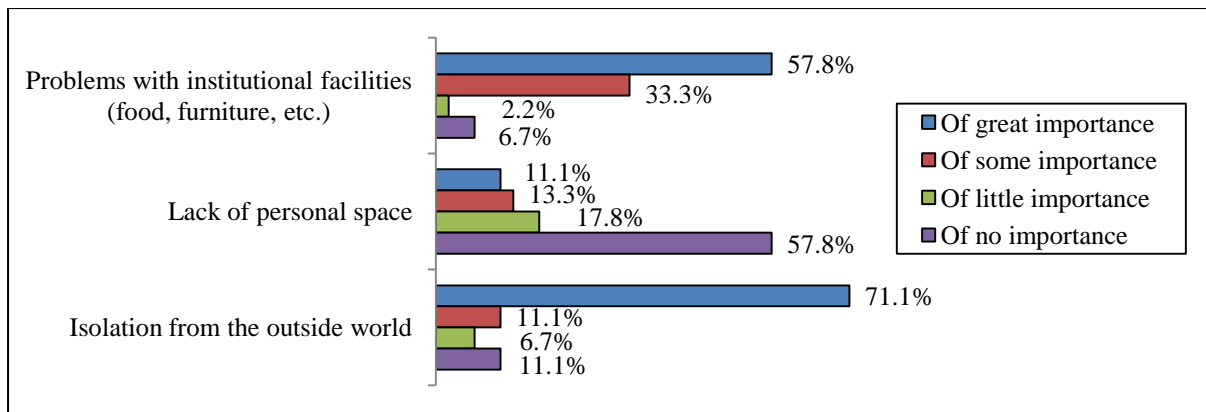
According to an open-ended question about the most valuable things in care, six respondents (13.3 per cent) highlighted "good catering" as one of the central factors they liked in institutional care most. Here, all six respondents entered care after the age of 5, previously experiencing non-institutional living. Similarly four residents (8.8 per cent) viewed "the opportunity to wander around freely" as the most valued institutional factor. Among the latter group of respondents three residents highlighted "smoking" and "drinking" as the second valuable thing in care. Conversely, such factor as "limited time for wandering around" (male care leaver aged 18) was reported by five care leavers (11.1 per cent) to be one of the most disliked aspects of institutional context.

Daily Routine

The predominant number of care leavers (28.9 per cent and 62.2.per cent) identified factors of boredom and monotony of everyday life in institutional care as 'of some importance' and 'of great importance' to them respectively. Among the reasons for boredom in institutional life care leavers emphasized "daily routine" (male care leaver aged 16); "caregivers' control and prevention of us having fun" (female care leaver aged 16) and "limited time for hanging out" (male care leaver aged 17). Conversely, three care leavers highlighted that despite everyday routine, institutional care provides a lot of free time for "reading"(female care leaver aged 18), "developing yourself"(male care leaver aged 21) and "thinking about your future"(male care leaver aged 20). Two care leavers added that "it is important not to waste your time in care but to use it wisely" (female care leaver aged 18) and that "regrettably children usually waste all the invaluable time and opportunities during institutional placement" (male care leaver aged 18).

In addition to this, results from an open-ended question outlined that four respondents (8.8 per cent) viewed "daily routine" in care as the worst thing about institutionalization.

Related to the nature of everyday institutional life, twenty-three care leavers (51.1 per cent) reported that the general sense of depression in units was 'of great importance' to them. This may be potentially influenced by a variety of institutional features including the mentioned aspects of isolation, monotony of everyday life and poor facilities in care. In addition to this, the psychological state of residents, the nature of relationships within care and uncertainty about the future can also serve as additional pressing factors for the emotional state of individuals and the environment in care.

That said, three care leavers (6.6 per cent) who highlighted that they had a lot of friends in care, reported that the factor of "positive and happy environment" (male care leaver aged 17) in care was the most valuable feature of institutionalization. Similarly, other aspects of daily routine such as "cultural outings", "summer camps", "sport events" and "trips" were reported by care leavers to be the most valuable features of institutional care. In support of the latter argument one of the respondents added that "regular cultural outings make life in care fun" (male care leaver aged 16).

Figure 11: *Care leavers' responses to psychological and organisational aspects of institutionalization, n=45*
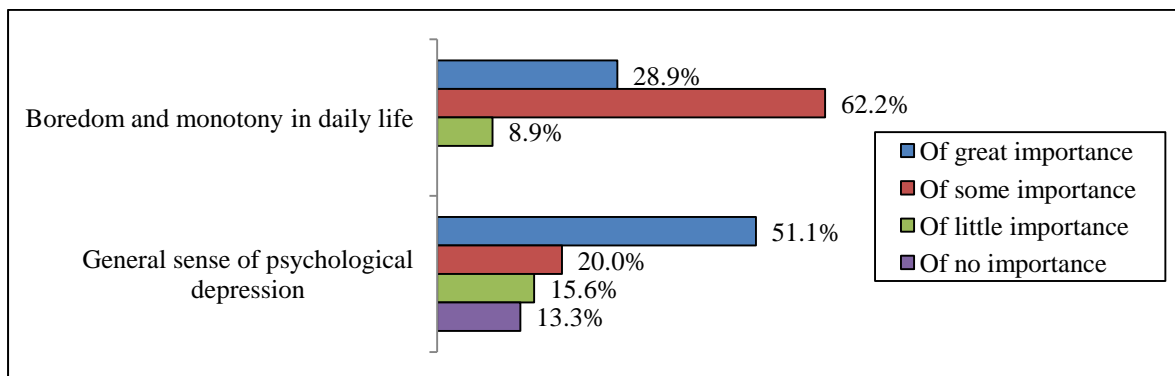
Educational Provision

The educational provision in care was highlighted by a significant proportion of care leavers.

Low levels of educational provision in institutions was ranked as 'of high importance' by thirty-two care leavers (71.1. per cent). A number of respondents blamed their caregivers for poor educational outcomes due to lack of care givers' qualification for example: "How are we

expected to learn if the education and qualification levels of caregivers are so poor?" (male care leaver aged 17). Another reason for low educational achievements was provided by a female care giver (aged 19) who argued that "absence of motivation affected our desire to learn". Another factor which may contribute to the perception of education in care was related to participants who were exposed to most frequent placement moves. As such, twenty residents (44.4 per cent) who experienced three or more placements highlighted the aspect of 'low education' as of high importance.

Another aspect of education is related to learning and development of practical skills for independent living such as budgeting or cooking. Twenty-nine care leavers (64.4 per cent) ranked the factor of poor practical preparation for leaving care as 'of great importance'. This factor is particularly critical for respondents given that all of them have left care and now live an independent life. The realm of Russian aftercare support provision shows that care leavers hardly receive any systematic or coordinated support being left on their own after 'growing out of care'. As such, there should be a particular focus on improving the well-being of care leavers and those who are about to enter the independent world.

Figure 12: *Care leavers' responses to other aspects of institutionalization, n=45*
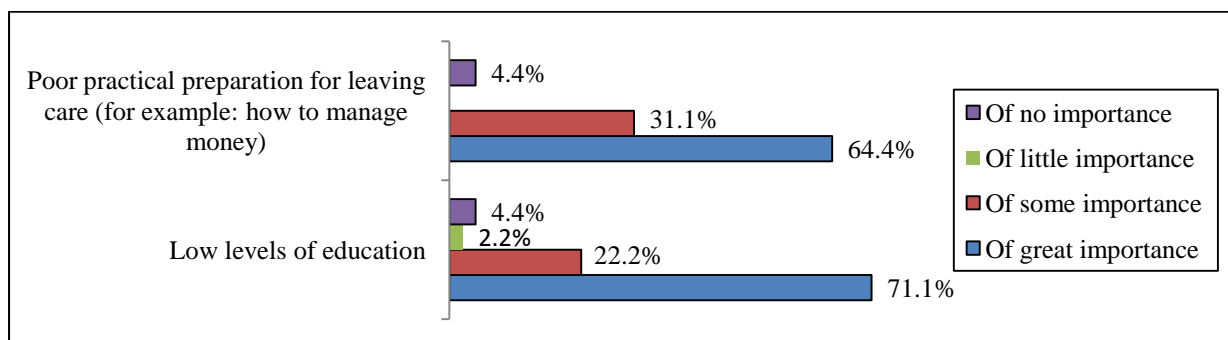
Section 8.2 Results from Ethnographic Participant Observation

8.2.1 Economic and Political context

The contextual characteristics such as the economic and political climate in Russia were regularly highlighted to be of significant importance throughout the whole process of fieldwork. Every observed institution including its participants, namely staff members, residents, care leavers and parents were experiencing the effects of the political and economic context in Russia. The observation revealed that each institution was highly affected by the State policy in different ways starting from the lack of supplies to address children's basic needs (institution 1) to merging of two large institutions into one even larger unit (institution 2). Each case of State influence demonstrated the government and policy dominance over individuals in each institutional setting.

The beginning of the ethnographic participant observation coincided with the national-scale scandal triggered by investigation of the case of severe maltreatment and malnutrition of one of the residents in institution № 1. The details of the case showed that due to poor practices of looking after involving child neglect and abuse the resident was reported to be found under high risk of death[7]. The fact that the fieldwork process took place in this institution led to a rich insight into the institutional environment when disturbed by policy interference as well as long-term investigation conducted by local authorities in the North-western region and the State Ministry of Health. During the observation the institution was regularly 'bombarded' by social authority checks, unplanned visits by local administration and formally organised inspections:

"During each of such visits the institutional life 'froze'. All the attention was given to the visitors and the reports leaving children behind the scene. Visitors walked down the halls, asked questions, walked into every room even when children were asleep."(Field notes, institution № 1, 26th December 2011)

Such regular institutional visits created *"intense environment in the institution where staff members as well as volunteers were cautious about their actions and responsibilities in care"* (Fieldwork notes, institution № 1). This careful consideration of institutional roles was caused by careers' realization about their responsibilities and possible consequences of their actions:

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[7] Due to confidentiality reasons, the further details of the case of a child cannot be revealed here.

After the case with Vanya [a boy who was reported to be a victim of maltreatment and malnutrition] *all of us suddenly realized that internat became transparent – each move is watched now. I write reports about my actions almost every day now. Everything has become procedural, more bureaucratized and even more institutionalized (female caregiver, institution № 1)*

Another institution (institution № 2) was affected by State policy and practice changes which were related to the government decision to merge two children's homes (housing 152 and 57 residents respectively) into one. These changes included the closure of the smaller children's home and placement of all the residents into the institution with bigger capacity. The actions towards the merging of two institutions were caused by the extreme lack of buildings suitable for nurseries which provide day care for children in the area.

The Head of the institution № 2 comments on the process of merging:

It came as a real shock to all of us when we received a formal document signed by local administration saying that the government made a decision to turn two children's homes into one. Our children were happy living in the children's home: they made friends with local children at school; most of the children were located in the same area as their parents; they got used to the institutional environment and routine. And now what? They were forcibly removed from their comfortable environment without any consultancy. It has been three months since the change but children are still experiencing traumatic experiences of living in a new place. (Head of an institution, institution № 2)

Across all four settings the findings outlined that institutional participants were very concerned with the role and impact of the State on the institutional well-being. Such words as "government", "the State", "administration", "local administration", "the President", "economic deprivation" and "country crisis" were regularly used in conversations and discussions. Throughout the fieldwork process it became a common practice to listen to criticism of political regime in Russia "affecting the lives of most vulnerable groups of society" (female caregiver, institution № 1). Any question related to the efficiency of care provision in institutions would often end up with staff members and volunteers 'scapegoating' the government and its representatives as follows:

We simply cannot work in these conditions: we do not have a single diaper for our 162 children and this is given that the majority of children cannot use the toilet. Undoubtedly, the nurse is not able to take all 12 children she is responsible for to the bathroom. I suggest we invite the governor who 'provides us with all the necessary supplies' to our ward and make him see what his 'all the necessary supplies' mean. (male social work manager, institution № 1)

<p style="text-align:center">or</p>

We are aware of the fact that some of the children require more attention and human resources that we provide. But is it our fault that there are not enough staff members who can provide more careful attention to children? If you ask me, I would say that it is the government that is to blame.(female caregiver, institution № 1)

Similarly to care providers' behaviour and attitudes residents were observed to blame the government for "stealing our benefits" (male child in care, institution № 2), "hiding us from the society" (male young person in care, institution № 3) and "ruining our lives" (female child in care, institution № 1).

In the meantime the State interference was highlighted as going beyond the territories of institutional care having its impact on residents' parents and the reasons of child placements:

The State has always had a 'generous' practice of admitting children into care. It is not a secret for anybody that mothers who 'seem' incapable of looking after their children due to giving birth to 'abnormal' babies or being teenagers themselves are thoroughly convinced by the medical staff of birth centres to give up their children immediately. In practice signing the papers to refuse from the parental rights is perhaps one of the least bureaucratized procedures (female caregiver, institution № 1).

Physical Arrangements

Purpose of Institutions

All four observed institutions were established during Soviet times for the purposes of full-time care child provision. Institutions №1, №2 and №3 aim to provide long-term institutional care provision until a resident reaches an age of between 18 and 23. Short-term care is provided by an institution № 4 where the centre consists of different 4 branches scattered around one of the cities in the North-western region. Each branch is designed in response to age and specifics of care provision. The ethnographic participant observation was carried out in a social-rehabilitation centre for children and young people aged between 5 and 18. As well as basic care provision, the institutions are designed to ensure the extensive educational and medical support for children for the duration of their placement. Following broad principles applicable for all child care institutions in Russia, each observed unit is also established in response to a particular group of residents including their health and educational needs.

Table 7: *Brief description of institutions*

Type and name of institutional unit	Number of residents	Brief description of institution
Institution N 1	495 children and young people	One of the largest among institutional units for looked after children in Russia. Located in a very large physical site with several separate buildings. Caters for children with different types of disabilities aged between 5 and 18.
Institution N 2	189 children and young people	Two former children's homes hosting 50 and 150 children respectively have been reorganised into one children's home. The residents vary from 5 to 18 years old. Children and young people attend 5 local public schools together with family children. The residents are split into groups of 7 to 9 children according to the age and gender.
Institution N 3	80 children and young people	A boarding school which hosts children and young people aged 5 until 18 years. The boarding school provides both permanent placement and school education on site. The school is licenced to provide primary and secondary education for residents.
Institution N 4	Varies from 25 to 40 children	The shelter provides short-term residence for children and young people who enter care for the following reasons: - neglected and homeless children who are found on the streets; - 'social orphans' who are waiting for a court decision regarding their future placement. The shelter seeks to provide rehabilitation facilities mostly oriented towards art therapy for children including additional psychological support.

Institution № 1 aims to host children and young people with slight and/or severe disabilities providing full-time long term housing for residents aged between four and twenty three. The housing is available 24 hours 7 days a week throughout the year. According to institutional service regulations of institution № 1, the unit is responsible for guardianship on behalf of the State. Its main responsibilities include maintenance of health and safety of residents as well as special medical provision in accordance to residents' needs. In 2012 the institution introduced an educational scheme for residents where children are taken to two local schools for educational provision.

Figure 13: *Housing block of institution № 1*

Source: Author

Institution № 2 is designed to equally support residents' health as well as provide efficient educational development by creating several sectors within one unit where each sector focuses on separate residents' needs. Institution № 2 includes housing sector where basic physical needs of residents are addressed; medical department; sport centre including swimming pool which provides physical education and department of extra curriculum education where the focus is on creative learning, personal development and preparation for independent living. Since 2011 the institution has introduced one more sector where children are religiously educated. The school education is provided outside the unit with five available public schools in the area.

Figure 14: *Housing block of institution № 2*

Source: Author

In contrast to the previously described institutions, institution № 3 was initially designed for educational purposes. At present the major role of the unit is to provide children and young people with primary and secondary school education followed by the provision of long-term accommodation. Although the institution is responsible for maintaining the health of residents, no special medical facilities are available.

Finally, institution № 4 was founded for the purposes of providing immediate short-term care for children and young people after their withdrawal from high-risk environments. Individuals are housed in the institution until the court decision around child placement is made. The purposes of the institution include rehabilitation services including psychological, medical and juridical support. On a voluntary basis institution № 4 provides support in seeking alternative forms of placement for children and young people to institutional settings. The institution has one of the highest family adoption and foster care rates in the city.

Location and Neighbourhood

At the point of entering care children and young people should be placed into institutions which are closely located to residents' pre-care communities and families (The Federal Law No. 223). The findings across all four institutions reveal that this regulation is frequently

dismissed and neglected. Indeed low capacity of institutions, absence of specialized facilities for children and young people in the required community may often lead to a child being placed in a new and unfamiliar area and neighbourhood.

Each of the observed institutions is located in different areas of the city. Institution № 1 is located in the suburbs of one of the cities in the North-western region. Traditionally, the institution is known by its location rather than the name and the unit number. The neighbourhood around the institution is underdeveloped and sparsely populated. Purpose-built in the green rural area, the institution borders motorway on one side and forest on the other. The nearest bus stop is located around 700 meters from the institution with "*chaotic bus table followed by regular delays*" (*Field notes, 29th December 2011*). Such isolated and underprivileged location affects volunteers who visit the institution as follows:

I do not even know how on earth I am going to get out of this place. Could this be any further? When I was given the directions I thought "Hang on a second. This must be wrong". But when it took me 2 hours to get here using 3 different kinds of public transport no wonder this place looks so isolated and abandoned. (Female volunteer, institution № 1)

Apart from visitors, caregivers also feel negative towards the institutional location:

I am very lucky to live in the neighbourhood. I would find another place of work if I did not live here. It is a nightmare for some of the staff to get to the internat. (female nurse, institution № 1)

Like carers, residents associated their institutional location with "end of the world" (male child in care, institution № 1), "damp hole" (female young person in care, institution № 1) and "slums" (female young person in care, institution № 1). One of the residents complained about the absence of shops in the area:

I can't even go to the supermarket to buy a snack or some nibbles because there are no supermarkets in the area! (male young person in care, institution № 1)

Figure 15: *Neighbourhood of institution № 1*

Source: Author

The deprived neighbourhood may be not the most suitable and stimulating community for successful development and well-being of residents. The findings reveal that conversely to the lack of shops emphasised by a resident, the community was a source of an easy access to drugs, tobacco and alcohol. Indeed, this issue is highlighted by one of the caregivers from the institution № 1:

We cannot look after each child when they are on the streets. Boys often find ways to nick the bottle of liquor and cigarettes from somewhere without having any pocket money. It is a massive problem among boys especially when they grow older. (Female caregiver, institute № 1)

Institution № 2 was established within commuting distance of four schools, a church, sport centre and a number of leisure centres including cinema, shops, cafeterias, a bakery and several grocery stores. Although similar to the institution № 1, it is also located in the heart of suburbs, it is easily accessible by three types of public transport such as buses, trolleybuses and trams. Easy access to institution № 2 attracts many external visitors including volunteers to the unit.

I live in the different district but I thought that I could easily visit the children's home, spend several hours with kids and then just go out with my friends- there is shopping mall and a cinema nearby (female volunteer, institution № 2).

I live not far away - it has been my second year since I started visiting this children's home (female volunteer, institution № 2).

These two quotes indicate that the convenient location of the settings encourage volunteers to visit the unit provided that it does not create extra difficulties in accessing it.

As for the residents in the institution № 2, some of them looked very enthusiastic about the opportunity to wander around in the neighbourhood. Considering the set of rules and regulations in care where children are usually supervised and observed 24/7, time outside can be perceived as the only opportunity to be unaccompanied by caregivers. Although older residents are allowed to spend time away from the institution, sometimes residents' behaviour and actions cause suspicion among caregivers:

Two boys were five seconds away from leaving the building. The caregiver saw them running to the entrance door and shouted their names which made the boys stop. They started giggling and stumbling over their words explaining that they wanted to go outside for "just a little while". It was obvious that the boys were hiding something behind their backs. The caregiver saw it as well. After several arguments between a caregiver and the boys, residents finally showed what they were hiding. One of the boys was holding a two litre plastic bottle with a Coca-Cola name tag on it. Another boy was more reluctant to show what he was hiding. When he was finally made to show his hands it turned out that he was holding a glass bottle of some alcohol looking like some cheap cognac. The caregivers' comment "not again" made me think that it was not the first time when the boys were caught red-handed. (Field notes, institution № 2, 7th April 2012)

This observation shows that residents were going outside the institution where they planned to spend time. The supervised environment of the institution neither leaves private space nor allows drinking alcohol in the unit. According to the observation the regulations prohibiting drinking alcohol do not stop residents from drinking but rather make them seek out opportunities and places where they can be unsupervised and drink freely.

Figure 16: *Neighbourhood of institution № 2*

Source: Author

Although it was relatively easy to recognise the institutional features in the first and second units, it was not as obvious with institution № 3. Berridge and Brodie (1998: 87) argue that it is usually challenging "to spot the children's home" provided that buildings do not have any particular differences from surrounding buildings. Institution № 3 is located in the highly built-up industrial area. The location has a rich public transport network including bus and trolleybus routes and an underground. In the city of the North-western region the underground is considered to be the most regular and widely used public transport, the institution is easily accessible. Given the specifics of this industrial area, the neighbourhood is busy during day time and deserted at night and over weekends. The territory of the institution is neither fenced nor restricted creating an impression that the institution belongs to one of the industrial constructions.

Located in the centre of the city, institution № 4 occupies a basement and three floors of a house. This accommodation arrangement was very unusual and dramatically different from the previous three institutions. The differences are explained by the shortage of buildings which are suitable for housing facilities. The institution is located in the bedsit community of the city with good public transport network. The neighbourhood is built-up with blocks of apartments which makes the area quiet during the day and busy at evening hours as well as

over the weekends. Like the previous institution, the institution № 4 is difficult to recognise. Having a private entrance and a back yard located in the block of apartments makes the institution invisible to strangers. Some residents felt that such institutional structure contributes to their sense of home as it did not include any 'institutional' attributes:

Personally I enjoy staying here. It feels like living in a house rather than in an internat. (male young person in care aged 14)

The findings reveal that the nature of institutional location including its neighbourhood influences all participants of institutionalization including staff members, volunteers, parents and residents. Such location features as the accessibility, rates of isolation and deprivation in the area and local community may affect participants' well-being and safety as well as levels of socialisation and openness within each unit.

Access

The territory of institution № 1 is partially surrounded by brick wall and by metal fencing leaving no opportunity for external visitors to access or leave the institutional territory freely. In order to access the territory, one needs to have access permission which is usually issued either by administration of the institution or by the director of the non-governmental sector. During my visits to the institution the administration and director of voluntary organisation occasionally forgot to issue a pass for me. Although the access regularities aimed to constrain the access of visitors including volunteers, staff members were lax about security rules. As such, access was regularly gained by the easy persuasion of the porter. Being used to young people in their 20's entering the institution the porter felt quite at ease about letting the individuals on the institutional territory neglect the formal procedure:

There are so many of you coming and leaving all the time. I cannot even remember all your faces. Ok, if you are saying that you are a volunteer then give me your passport details and I will let you in (female porter, institution № 1).

According to the experiences of volunteers, this example of easy access has a striking difference with the practice which took place three years ago, before the former director had been fired:

It was a nightmare getting entry permission to the Shushari internat [institution № 1]. *There were several guards standing in from of the entrance who did not let anyone in. I remember times when even parents were not permitted to visit their children more than once a week (female volunteer, institution №1).*

Institution № 2 is fenced with steel wire with a number of CCTV's attached to posts holding the fence. During the day time, the external gate is unlocked enabling free movement of external visitors and residents. That said the porter who is located at the entrance 24/7 is regulating all the visitors' and residents' movements by the means of CCTV and a registration journal. It is impossible to enter or leave the institution without being noticed. However, provided that the institution advocates the policy of flexible visits and movement meaning that the institution is open, it is challenging to monitor all residents and visitors. As such, when a caregiver was looking for one of the residents she asked the porter whether the child was outside:

Porter: Misha? I haven't seen him leaving.

(pause)

Caregiver: Are you sure? His roommate said that Misha went outside.

Porter: Oh now I remember. Yes, he has left. If my memory serves me right, he left 20 minutes ago oh so.(female porter and female caregiver, institution № 2)

This quote shows that although all residents are supervised by their caregivers, they are not kept in isolation and their movement is not highly restricted during the day.

Institution № 3 does not include any borders or signs which could restrict or limit the access of visitors and residents to and from the institution. Although there is a porter on the first floor who regulates access to the building 24/7, the main entrance is often left unsupervised providing free movement. As such, this particular incident occurred with a group of volunteers including myself who arrived to the unit to conduct a number of workshops for residents. As soon as the building was approached, two of the volunteers shared their views on entering the unit without any identification document:

Volunteer 1: Shall we just come inside? I do not have any ID with me.

Volunteer 2: I have been here several times already-nobody has ever asked for any ID proof. So I guess we can just go inside and ask some staff member there (female and male volunteers, institution № 3).

The observation below suggests that residents of institution № 3 are used to external visitors. When the group of volunteers entered the unit, none of four playing and talking young people expressed any interest in the visitors:

It is so unusual that upon entering somebody's home, its residents do not turn their heads to look at the visitors. The boys just kept talking to each other discussing something related to

music. In several minutes when we followed the member of staff heading to the second floor occupied by children aged between 8 and 12, we passed by the boys. When we approached them, just one of the boys glanced at us indifferently and continued playing with his peers (Field notes, institution № 3, 8ᵗʰ April 2012).

This example demonstrated that residents were used to strangers visiting their unit. Later one of the volunteers who as a child lived for more than 10 years in an institution explained why children did not pay attention to those who entered their housing settings as follows:

What children really need is a place which they can call home. But what kind of home lets strangers wonder around the house without even saying hello to its residents? Children see the unit as a public place. When we are in the supermarket we rarely look at those who enter it. Same is here. Children are not bothered with anyone entering institutional supermarket. (male volunteer, institution № 3)

The quote powerfully compares of the institution with a supermarket. The main characteristics which were emphasised by the volunteer during the comparison were related to impersonal nature of institutional settings as well as lack of involvement and power among residents which subsequently results in residents' indifference towards external visitors.

In order to access institution № 4 it is necessary to ring the doorbell or to have a key provided that the door is locked. As such, no external visitors are allowed to enter the centre unsupervised. The centre does not own its own territory outside which means that there are neither barriers nor fences which would protect or restrict the area. However, being a relatively small unit simultaneously operating as a number of social flats, the access to the unit depends on individual responsibility monitored by the caregivers who have 24-hour shifts.

Physical Characteristics and Interiors

Institution № 1 is allocated on a large piece of land consisting of six buildings four of which operate as housing blocks. The whole construction gives an impression of a small autonomous community created behind the fence. Each housing block is designed as a two-storey brick building[8]. The building structure is developed on the basis of State regulations requiring that each housing unit designed for residents with special needs must include two floors. The first floor is usually occupied by residents with physical disabilities who are not able to access the second floor due to stairs. Also, the first floor contains all major operational

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[8] In Russian context a two-storey building views the ground floor as the first floor.

and administrative facilities including administration, non-governmental sector, medical cabinets, a kitchen and a storage area. Those residents who can get upstairs without additional help occupy the second floor. Although it is usually the case that the housing policy follows this guideline, sometimes staff are forced to place children in accordance to the facilities available rather than to residents' special needs. The absence of special equipment including lifts makes it challenging for some of the residents to be mobile within the institution.

Figure 17: *Territory of institution № 1 (1)*

Source: Author

One of the caregivers reveals that due to insufficient facilities and capacity in the institution, residents face difficulties and inconvenience following their everyday life:

On the one hand there is a lack of space, rooms, equipment. On the other hand, there are large numbers of residents. In the end, we simple stop paying attention to their needs if we want to provide placement for them. After all, our children learn to cope with these predicaments- they can easily climb up the stairs by themselves on their hands. It is just a matter of practice (female nurse, institution № 1).

Figure 18: *Territory of institution № 1(2)*

Source: Author

Apart from bedrooms for residents, the second floor includes a gym, residential hall and a number of caregivers' rooms. Given that the residential hall is located on the second floor, all children in care need to access it for social events and parties which take place in the institution. Facilities inside the housing blocks create a number of controversial feelings. First of all, since its foundation, the institution has predominantly hosted disabled children with a range of impairments from intellectual disabilities to physical developmental difficulties. That said all the buildings, including the interiors, do not have any special equipment or facilities addressing residents' needs:

Entering the institutional territory, the first few things to notice are uneven pavements around housing blocks, broken benches, and stairs to get into buildings. At the same time, the institution has a fully equipped gym with running machines, exercise bikes, weight training equipment.(Field notes, institution № 1, 29th December 2011)

Figure 19: *Ground floor of a housing unit in institution № 1*
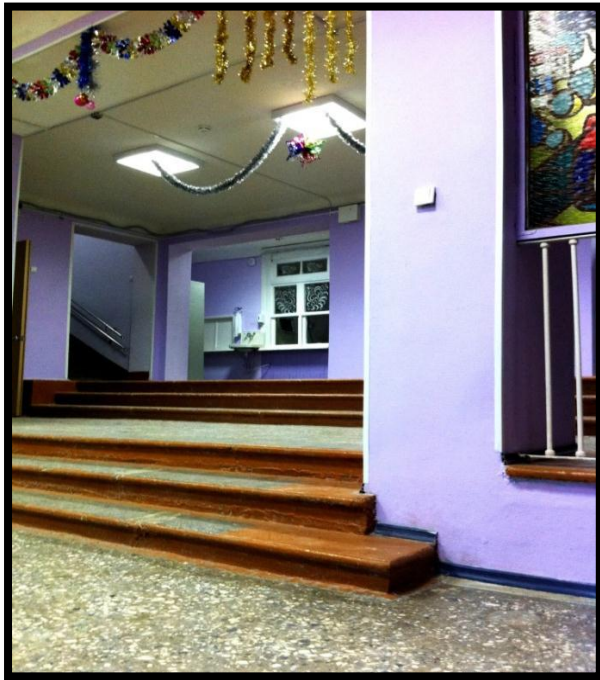
Source: Author

The rooms and communal area of the block looked clean. The walls around the institution included a mixture of bright colours which created a positive feeling inside the institution. Residents' rooms, communal areas and playrooms were all provided with new furniture. The only rooms which lacked individuality and fell into the category of 'institutionalized' were found to be the residents' bedrooms. Bedrooms contained ten to twelve beds per room where all beds had identical bed linen without any individual pieces of furniture which in return created a de-personalized feeling. The findings found several residents complaining about the institutional facilities criticising "the absence of private space" (male young person in care, institution № 1) and "lack of choice" (male young person in care, institution № 1). Every time some of the observed residents wanted to decorate their sleeping places by bringing a toy or attaching a balloon to the bed, the caregivers removed such individual attributes "for hygiene purposes" (female nurse, institution № 1). Another feature identified was the fact that bedrooms lacked individual possessions such as toys, books or clothes which could show that bedrooms belonged to children. The absence of entertainment, individual possessions and other means of stimulation in bedroom caused a sense of boredom and loneliness in bedrooms. Although the problem of absence of entertainment provision in bedrooms is seen as of vast importance to residents, caregivers do not emphasize it as an issue. As a result of this, male residents are often accused by nurses of demonstrating deviant behaviour through

masturbation on a regular basis in their bedrooms. Addressing this problem, a volunteer, who is also a former, resident of the institution, criticized the nature of looked after care as well as poor levels of facilities in residents' bedrooms suggesting as follows:

Of course they [male residents] *do! Can you imagine yourself being put to bed at 19:30 without any toys, TV, books? To make matters worse these children are not allowed to talk. What else is left to them? (male volunteer, institution № 1)*

Along with decorations, interiors and other physical features, the institutional environment was usually full of strong odours which included a mixture of food aromas, medical and toilet smells. Due to weak heath conditions of some residents, the windows were closed most of the days which in return maintained the strong smells in. One of the residents comments on the smells as follows:

I feel that after living here for so many years my skin now smells the same. These smells are just a part of a bigger picture – the picture which has no future. (male young person in care aged 17)

Institution № 2 is split into a number of wards in relation to children's age and gender. Boys and girls reside on separate floors with a restricted access to other wards. Each ward includes a small dining room and kitchen area where children can have a tea break or lunch during the day. The institution typically produces a positive impression on external visitors including myself. Although there is no warm or homely atmosphere in the main hall, the living spaces are designed with a particular focus on creating a cosy environment. As soon as one enters the living area, the interiors change dramatically. The interiors include coloured walls, brand new furniture, and different elements of home design such as plants, toys, TV sets and a variety of residents' personal belongings scattered around the area. The walls contain children's pictures and their sport and academic achievements (certificates, medals), different art works and decorations. Although the interiors on the ward resemble home atmosphere and individual approach, the bedrooms of residents look impersonal (see Figure 21). The photograph reveals that residents' bedrooms lack individual approach, furniture, decorations or personal possessions. Even though each bedroom is shared by only three residents in contrast with children from institution № 1 the bedrooms lack privacy in both cases. Indeed, hardly any children were observed to spend any time in their rooms during daytime where the institutional regulations asked to "keep bedroom doors open during the day" (Field notes, institution №2, 14th April 2012).

Figure 20: *Ward for girls aged between 8 and 12, institution № 2*

Source: Author

According to one of the houseparents such attributes as identical bed linens, absence of possessions, bare walls and absence of shutters are parts of the 'bedroom format' which needs to be followed according to local administration. Similar to the de-personalization in institution № 1, children from the second institution are not allowed to design their bedrooms in accordance with their tastes and personality. The absence of personal possessions and lack of signs of individuals' presence in return may create a sense of 'temporality' (limbo) in children. As such, some residents find it difficult to "live in care" (female child in care, institution № 2) enjoying their time but instead are waiting for their life to begin as soon as they leave institutional care. This idea was supported by an observation where two girls were asked by a volunteer to help her in painting a wall in one of communal areas:

Girls looked reluctant to help a volunteer explaining that they did not want to do any extra work around the house. When the volunteer tried to persuade them by saying that it would be interesting and "fun" experience, one of the girls returned the brushes to her peer saying that she did not care "about either fun or better look for the children's home"(female child, institution № 2). When the girl left, her peer explained that this children's home was the sixth institutional placement for her and that all she cared about was "leaving" (female child in care). (Field notes, institution №2, 7th April 2012)

Figure 21: *Bedroom for boys aged between 8 and 12, institution № 2*

Source: Author

The example above demonstrates that a child who suffered from significant placement instability does not show any signs of enthusiasm for contributing to their current placement. Indeed, numerous breakdowns related to relationships, attachment and stability influenced the child's vulnerability in care followed by lack of involvement in the life of the unit. The suggested factor contributes to a broad body of research around the impact of placement instability on children's well-being, their educational achievements and sense of security (for example: McAuley and Davis, 2009). The sense of morality and stability in the institution was advocated through the establishment of close relationships between the unit and the Church. Indeed, a significant part of the communal area was occupied by icons, praying corner and other church attributes designed for religious purposes. The church entered the institution in 2011. The roles of church and religion in care are relatively new and are widespread only in those units which are directly supported or funded by the Church.

Some of the residents demonstrated their excitement of being introduced to the religious studies and to the Church:

One of the residents could not stop telling me about the construction of a religious centre group giving me a lot of details about God and sharing her knowledge about the Bible. She looked both enthusiastic and proud claiming that she wears a cross all the time: "The church member visits us every Sunday and sometimes we go to church. All of us have to pray and

wear a cross all the time.'' (Female child in care) (Field notes, institution № 2, 15th April 2012).

The quote indicates that children feel enthusiastic and curious about this novelty introduced into their lives. As such, residents have a regular Sunday class with a priest which contributes to the everyday routine in the institution. Whereas institution № 2 aimed to address various residents' needs through physical provision including elements of decoration, a church group and colourful interiors removing the stigmatising environment and soviet atmosphere, the next observed unit was different.

Figure 22: *Church sector, institution № 2*

Source: Author

Institution № 3 was originally designed as a four-storey building for the purposes of primary and secondary education. Since its foundation, the building had been altered by the construction of corridors and small areas which serve as connecting parts between two major units. One sector functions as an on-site school with the second sector operating as a housing area for residents.

Children are placed in accordance with age and gender differences. Each floor hosts similar age groups with girls' section in left wing and boys' section in right wing. As such, boys and girls both share the same floor and can easily access each other's' rooms without any restrictions. Each floor is locked during day time and at night hence isolating different age

groups from each other. Indeed, residents of different age groups scarcely interact with each other (Field notes, institution № 3, 12ᵗʰ April 2012).

The description of placements within the institution followed by the notion of locking the doors was also emphasized in another study of children's homes conducted by Berridge and Brodie (1998: 88) who argue that "the use of keys sometimes seemed to become the essence of the work rather than an incidental feature". Indeed, during the process of observation staff were mindful about leaving all doors, particularly those which separated the floors, closed. Overall, the physical conditions inside the institution create a stigmatising impression. The rooms and hall area are sparsely furnished. The existing furniture can be labelled as "institutional" according to the significant damage to fabric and worn-out conditions. The absence of both decorations and any interior design inside the unit is completed by damaged empty walls covered by old paint. Each floor reeks of cigarettes. After investigating the source of smoking, I realized that the greater number of male residents smoke in toilets which is against institutional regulations. Members of staff confess that they feel restless when it comes to preventing residents from smoking:

We cannot do anything about it even though we try to stop them smoking. They simply lock themselves in the cabins so we cannot get to them (female caregiver, institution № 3).

Another example demonstrating both residents' actions towards institutional property and caregivers' power in preventing any damage was observed through a number of cases where residents used to stub out cigarettes using walls in toilets and communal areas. Both examples reveal the how residents treat the environment and property they reside in.

Figure 23: *Communal area, institution № 3*

Source: Author

Institution № 4 has a long history of moving places which in return mirrored the interiors and design of the current location. Rooms have a messy and untidy look due to piles of boxes with clothes, books and other institutional belongings. Despite the lack of tidiness however the place creates a friendly impression with a comfortable atmosphere. The institution is busting with art works produced by children and young people, their pictures, art and academic achievements, trips and crafts. Despite the fact that the place operates as a short-term accommodation, residents develop a sense of belonging towards this place after a while as suggested by one of the residents:

I enjoy being here. Everything is great about this place: staff, housing, the way we are treated and perceived (young person in care aged 16).

The institution adopted a flexible policy which advocates a mixed practice of discipline, order and flexibility. Residents are allowed to decorate their own rooms initially negotiating the changes with caregivers. This strategy allows residents to feel empowered and be in charge of the place they reside in simultaneously taking responsibility for their own actions. Another factor contributing to domestic atmosphere in the institution was the fact that the setting had a pet. This was unusual given that there is hardly any research focus or evidence exploring the issue of institutions having pets.

The art psychologist commented on their institution having a house pet:

All children are so in love with this cat. I believe that this is not the cat itself which brings joy, but the fact of touching him, caressing him and the opportunity to hug him. They enjoy being on a therapeutic sessions when the cat is wandering around the tables and finally jumps on somebodies lap (female art psychologist, institution № 4).

The quote reveals the staff's view on the positive impact of the cat towards children. This positive experience goes in line with the research around relationships between children and non-human companions suggesting that such companions as animals enrich children's experiences, improve their development and "play a role in perceptual, cognitive and language development" of children (Melson, 2003: 33).

Organisational Characteristics

Formally Administered Institutions and Social Structure

All the observed institutional settings are found to be formally organised units with a centralized authority where the power and control dependencies are well-defined and organised. Indeed, throughout observation such aspects as hierarchical organisation of relationships in care, formal roles of staff members, bureaucratized practice of organising child care shape the formally administered nature of the observed institutions. In line with the latter argument the director of institution № 1 explained that "the influence of power which comes from the State is contagious and nobody among staff can resist its impact" (male director, institution № 1). The diverse "influence of power" was observed through a number of events and experiences throughout institutional units namely (a) centralized inspections; (b) State control of institutional welfare (c) practice of 'ticking the box' and (d) hierarchical and bureaucratised nature of relationships. It is noteworthy that, apart from the aforementioned observed events, the notions of power and control are acknowledged across other findings' sections.

Inspections were observed to be one of the representations of centralized power in institutional care. Centralized inspections take place in every institutional setting as a part of authority-control routines which aim to assess the quality of care provision in a unit as well as the well-being of residents. These inspections are usually carried out on an annual basis with the exception of any cases of emergency. Given that institution № 1 was facing serious changes in its management and structure since the scandal with one of the residents (see the

'Political and Economic Context' section), the unit was under close surveillance by the authorities. In order to ensure adequate levels of care quality in the institution the decision-making authorities organised regular inspections. Throughout the ethnographic participant observation two cases of inspections took place.

Legislation around control and regulations of institutional care (The Federal Law No 223) aims to ensure that institutional units in Russia provide care services in accordance with "human rights of each individual residing in the sector of the institutional care system on the territory of Russian Federation". That said the actual practice stands in contrast to the legislation according to staff members' views. The social work manager who had experience working in both decision-making authorities and in a children's home argues that:

... it is highly unlikely that even a half of the people working in the local administration realize that human rights of children exist. The whole existence of local authorities and their actions is based on the idea of bureaucratized state. In other words, inspections take place because local authorities are told by the Ministry to carry out these inspections as part of the procedure rather than as a necessity (male social work manager, institution № 1).

Being ignorant about the human rights of children and the main roles of authorities may reduce the effectiveness of the authorities' roles and actions in institutional care. Findings revealing the degree of insight into the management and regulation of institutionalization including maintenance of its standards are provided below in paragraphs describing my observations of one of the inspections:

The inspection consisted of several representatives of decision-making authorities including the national governor who was aiming to supervise the assessment of care effectiveness in the institution. The general aim of the assessment included evaluation of the 'adequacy' of physical characteristics of institutional settings for the needs of children and young people. As soon as the committee arrived, they started visiting different living blocks one by one. Entering each block, the secretary made notes for the governor who listed the number of things which need to be replaced, changed or added.

"These rooms need double glazing. All of them. Next, I want all the walls be painted again-the paint is old.",-the governor said.

After summing up all the institutional weaknesses to be addressed, he suddenly turned to the director of the institution and wondered how residents get to the second floor. The director explained that normally children, who are not physically capable of getting to the second floor, simply do not go there. The director also added that sometimes volunteers carry children to the second floor when there are enough people to do it. Governor looked surprised wondering if the director considered the option of allocating the special lifts in the

buildings. Judging by the director's reply, the lifts were not installed due to financial reasons. Then the governor explained that the lifts need to be installed in each building at the earliest in order to provide mobility to all residents of every living block. After two and a half hours when the inspection was coming to an end, the representative of the committee passed all the papers to the director to sign making sure that each amendment was confirmed by both parties. (Field notes, institution № 1, 10th April 2012)

From the case described above, inspection is a complex process. The findings demonstrated that although the committee sought to improve physical conditions of the unit, the assessment of current care facilities was conducted on a basic level of what was easily observed from the first glance such as wall paint, absence of lifts, furniture or windows. Aiming to improve physical conditions in the institution, the committee did not learn children's or staff's needs by asking them what changes they wanted to have. Instead, the members of the inspection committee examined the institutional conditions by themselves relying on their "professional expertise of knowing what was best" (male social work manager, institution № 1). This example of inspection is supported by the quote of the social work manager who criticises local authorities for creating the "beautiful cover" around their actions instead of "improving institutional care" (female volunteer, institution № 1).

Following the aforementioned inspection and the set of changes which was scheduled to take place in the institution № 1 it was particularly interesting to learn how the actions towards the improvement took place and what the results were. In a few months' time when the second data collection took place, the changes were noticeable across the unit. As such, the desks were replaced with new ones, double glazed windows were installed on each floor and the floors were replaced in some of the communal areas. However neither the director nor staff members showed any signs of excitement related to the changes:

They [constructing companies hired by local authority] *installed cheap windows and painted the floors all of which is not the priority at all. What children need is new equipment including wheelchairs, special stilts for walking, walking boots for disabled children etc. Instead, the authority replaces the desks, furniture and other miscellaneous things. The truth is that they change things on a trivial, visible level, creating a good impression instead of focusing on actual problems. And the most ridiculous thing is that we do not have a right to object or express out opinion about this – nobody is interested in it (male director, institution № 1).*

In relation to this example, the findings demonstrate that the State has exerts power and control over institutions and participants' views on institutional welfare are not taken seriously. The criticism expressed by members of staff may seem groundless providing that

even little changes improve living conditions of residents. However the findings presented below go in line with the criticism of the director suggesting that "the actual problems" remain unresolved:

A month after the inspection took place, the lifts were purchased and supplied. In order to make lifts work, it was necessary to conduct a number of works related to their installation. However, the company which provided the lifts did not install them. It has been three months from the delivery, but the situation remains the same. (Field note, institution № 1, 24ᵈ April 2011)

The social work manager expressed his own views on why lifts were never working as follows:

It is not a surprise that lifts are not working. They were installed to 'tick the box' rather than to support residents' mobility around institutional settings. The lifts were just brought inside the institution and left. It has been several months and yet nobody responded to our requests for installing the lifts properly (male social work manager, institution № 1).

This example with the lifts demonstrates that even though the actions for improvement took place in institutional settings they were not effective enough in addressing the residents' needs. Being openly displayed in institutions, lifts attracted a lot of attention from children and young people in care who are still left in need for an equipment to help them reach the second floor where all the social events usually take place.

Another example of authorities "ticking the box" (male social work manager, institution № 1) instead of improving the actual conditions in the institutional settings was explored during the process of introducing educational provision in institution №1. The local authorities arrived at the institution in order to assess residents "capability for learning" who had previously been diagnosed as 'uneducable' (male social work manager, institution № 1).

We [volunteers] *were playing and studying with children in care when the nurses and caregivers warned us that the authorities were coming for the inspection in an hour and a half. "We need to dress up all children and move them* [children in care] *to the classroom", - commented one of the caregivers. As soon as the caregiver said this, both members of staff and volunteers started looking for fancy clothes which were put on children shortly after. After that, following the caregiver, all the children were moved to a classroom where each of the residents was attached to a volunteer. After all children were in the classroom, the caregiver asked the volunteers to open books and take toys from the shelves "as if you are studying with them". She did not realize that this was precisely what volunteers usually included in their practice of interactions with children. (Field notes, institution № 1, 23ʳᵈ December 2011).*

The example above demonstrates how the preparations for the inspection to arrive were usually made in the institution. Careful attention was paid towards the residents who had to be neatly dressed, supervised and occupied. Similarly, the wards where children resided were cleaned up. When the local authorities arrived, they entered each room along the hall in order to see the 'real' picture of how residents lived. Entering the classroom people from local authorities looked impressed at seeing volunteers being occupied working together with children in care. Based on the picture observed in the room one of the inspectors commented that children in the institution were "wonderful" and "fully capable of learning" (female representative from local authority).

The experiences of centralized institutional care were observed through the power of decision-making authorities as well as the control and hierarchy within institutions. Practicing this centralized nature of institutionalization, the relationships within units were vastly dependent on segregation of roles and role structures. Indeed, both directors from institutions №1 and № 2 were observed to be the central and most important figures in the settings where all power was in their hands. The observation demonstrated that residents do not have a right to see the director unless the director wants to meet the child in person:

Our director, Vladimir Sergeevich, is a man with a beard. He is very kind. I have seen him three times: when I was admitted to care, when I ran away and was caught by the nurses and when we had guests from administration. (female child in care, institution№ 2)

Following the limited contact between the director and residents, staff find the administration of an institution intimidating and hard to get access to:

I suppose… Every time when I have any issue, I prefer to resolve it myself at my own risk because it is practically impossible to reach the director (female caregiver, institution № 2).

and

I have been working here less than a year but I heard different stories about our director. Mostly I learnt that he is quite a harsh man and that it is better to avoid him if one does not want to get into trouble (female caregiver, institution № 2).

Another level of subordination existing in observed institutions №1 and № 3 was related to rigid relationships between medical staff and residents. The observation in institution №1 took place during one of the organised medical examinations on the ward:

A doctor always stayed in her room carrying out all medical examinations in her office. As she explained later, she did not like to work on the ward as she felt that she was losing

control over children. During centralized medical examinations, each resident entered the doctor's room one by one. After a resident left the room, the doctor opened the door shouting another resident's surname. In the middle of the examination, the doctor left her room with the full list of names looking for three residents. She stayed in the hall looking at all the residents (42 residents in total) and wondering who the surnames "Shishkind", "Vasil'eva" and "Morozov" belonged to. The doctor did not show any signs of recognition when two of the called residents raised their hands (Field notes, institution №1, 9th April 2012).

Following this observation in institution №1, medical personnel from institution №3 showed similar behaviour of segregated communication with residents by ignoring children in their wards and addressing residents by their surnames. On the caregiver's request to conduct an unplanned examination of one of the residents due to health problems, the doctor said that "it is necessary to consult the nurse attached to the group first to ensure that the medical examination is needed"(female doctor, institution №3).

The findings reveal that staff members, administration and residents are prone to rigidly segregate their interactions depending on their roles in care. Such subordination and dependency on a vertical ladder of relationships is experienced on a daily basis within institutions.

Collective Upbringing

As previously mentioned, the notion of collective upbringing was introduced in the 1930's in the Soviet Union claiming that group rearing "can do more to inculcate the best social habits than the most sympathetic and loving mother" (Lapidus, 1978: 241). Whilst the principles of child rearing have been gradually changing, particularly in family environments, since the collapse of the Soviet Union, the institutional child rearing practices have not been tampered with. According to the findings, institutional settings widely advocate collective rearing where children are looked after as a group rather than as individuals. During the process of fieldwork the practices of collective upbringing were explored and experienced throughout all four institutional settings. All the actions and decisions were made collectively limiting the roles and power of individuals. Such central features as highly regulated daily patterns; enforced actives which are designed to be followed by all participants of an institution; public property and absence of personal possessions shape the practice of collective care in institutions.

Tightly scheduled daily routines can be seen as one of the central features forming collective upbringing. Daily routine is a set of pre-arranged activities which are developed and introduced in institutional environments in order to regulate everyday life in institutions and manage residents. Residents often feel reluctant to follow the established everyday pattern which occasionally results in protests, particularly among older residents. On one of the occasions I observed a young person aged 16 demonstrating his disagreement with the whole system of daily routine as presented in my field notes:

The boy was standing in the middle of a hall looking angry and upset. He obviously did not want to go to the theatre and tried to demonstrate it by his actions. The housemother approached him and grabbed his hand saying "we are going in 15 minutes, Petrov. Get dressed now". But the boy did not react standing still which made the caregiver even more annoyed than she already was. "Have you not heard what I said?"- asked the housemother. Petrov looked at her and responded: "I do not want to go. Why if everyone is going I need to go? Can't I stay with other peers at home?" At that second the caregiver looked at him surprisingly and said "Stay with others? Of course not. You do not possibly think that I will leave you here unsupervised? We are all going" Then the caregiver turned and walked away adding that she was waiting for the boy in 10 minutes. As soon as she said the last words, the boy showed her the inappropriate sign by his finger and murmured an insulting word addressed to his houseparent whilst going to his room to change. (Field notes, institution №2, 7th April 2012).

This example reveals that each resident, being a part of a group, is required to follow the routine together with other residents not only to be kept together but also to be under caregivers' supervision. Russian academic Astoyanc (2005) argues that imposing on residents the practice of collective upbringing followed by highly organised life in care triggers children to fight against the system usually losing. Indeed, several residents across the institutions tried to protest the collective living "trying to run way" (male social work manager, institution №1); "fight the caregivers" (field notes, institution №3, 8th April 2012) and "trick houseparent to avoid doing something residents did not want to do" (filed notes, institution №2, 7th April 2012).

Collective rearing can be explored through public property and institutional interiors. Figure 22 and Figure 23 represent examples from two different institutional settings (institution №2 and institution №1 respectively) where toothbrushes and potties for younger children are signed by a resident's name or resident's number in order to identify the possessions. Being identical in their shape, size and even colour both types of belongings are placed altogether.

This being a case, numbers and names are written down in order to make sure that residents do not take others' things.

Figure 24: *Bathroom of children in care aged between 8 and 10, institution № 2*

Figure 25: *Bathroom of children in care aged between 8 and 10, institution № 1*

Source: Author

The photos represent the phenomenon of "public property" which is argued to be a typical attribute of institutional system in Russia (Sloutsky, 2000). As such, Russian academic Sloutsky argues that "a child in care residing in a children's home does not have anything which would belong to him or her which would subsequently help a child to claim his or her being in this world. Instead, a room where a child resides is full of public furniture, public books, public toys, and public clothes. All residents perceive all possessions in the institution as well as all events and relationships as public." (Astoyanc, 2005: 55).

Another form of collective upbringing is observed through caregivers' behaviour towards children in care and perceptions of residents:

I was leading a workshop which took place on a ward of 12 children aged between 10 and 12. The workshop was around the special technique of decorating wooden frames with different paint, coloured glue, stones and other decorative attributes. The caregiver was not always with us, leaving the room from time to time. When after an hour and a half most children finished their frames, each of them was offered to take a picture together with their frames. At that moment the caregiver entered the room to check on us. When she saw that most of us have already finished she came closer to see the results. "Marina Aleksandrovna, look, look at my frame. Do you like it?"- one of the girls aged 10 jumped in front of her housemother. The caregiver looked at the girl, praised her by hugging her saying "All your frames are so beautiful". This seemed strange provided that one girl asked for her view on it. Another girl repeated the act by asked whether the caregiver liked her frame. The caregiver again smiled, touched the girl's hair and said "I am so proud of you all. You all worked hard at this session". After that, she turned to the rest of the children, approached the table and continued addressing children's achievements in a plural rather than individual form" (Field notes, institution № 2, 7th April 2012)

This case demonstrates that the caregiver naturally avoided praising one particular child instead concentrating on the achievements of the group as a whole. This case goes in line with the quote of Sloutsky (2000) in the previous paragraph saying that not only possessions have a public nature but also relationships and events. As such, the observation demonstrated that children in care rarely receive any individual approach or attention from adults.

Although observations showed that caregivers in all four institutions rarely praise children individually, there is a different case when a caregiver is scolding or criticising a child for something. In three different cases when three boys behaved badly, members of staff called them by their family names in an angry and loud manner in order to capture their attention as well as the attention of others. By doing so, caregivers' practice looked very similar to the

way of addressing children in school settings in order to emphasize the focus on particular individuals.

Another way of addressing children is exercised among caregivers whilst discussing residents. Staff members tend to use different identification forms such as 'family name of a child'; 'number attached to each resident'; 'number of a group' and 'given name'. Members of staff use numbers in everyday practice in order to identify the particular residents in a group or in an institution as follows:

Number four is taken to the hospital today. Could you make sure that he is ready for the ambulance by 10 o'clock? (female nurse, institution № 1)

Masha from group nine is having a grandmother visiting her today. So we are going to the theatre without her (female caregiver, institution № 4)

Which Sasha did you mean? It is the one from group 3 or the one from 5th group with a broken arm? (female caregiver, institution № 3)

Addressing children by numbers, interacting with residents as a group, criticising residents publicly may contribute to the practice of collective upbringing where residents have limited experiences of individuality.

Absence of Privacy

As already mentioned earlier the observed institutional settings exceed the number of residents in accordance with their stated capacity. Residents are placed in bedrooms of three (institution № 2), four (institution № 3) or ten to twelve individuals (institution № 1) per room which hardly leaves any opportunity for getting any personal space or privacy. Here, all doors to bedrooms or bathrooms are open most of the time during the day to "enhance supervision of all territories" (female nurse, institution № 1). These conditions are representative with the study of a shelter conducted by a Russian academic Astoyanc (2005: 59) revealing that "a child does not have a single opportunity for privacy".

Residents regularly demonstrated their need to have individual time arguing that "we [children and young people] are never left alone on our own" (male child in care, institution № 3). Being in situation where there is a lack of opportunities to create personal space children and young people in care need to adjust by implementing different 'coping' techniques of their own. One of the most effective ways of having privacy whilst living in a

group is to adopt the practice of ignoring others. One child in care is commenting on this practice:

I am not able to find a quiet place living in the internat. I am tired of others sometimes so I simply create a 'mental wall' around myself which blocks everything which happens around me. It helps, you know (male child in care, institution № 3).

The notion of a 'mental wall' which was mentioned by the child was explored through a range of events and occasions when (a) children ignored each other completely even if the words were addressed directly to a particular person; (b) when children talked simultaneously not listening or hearing to each other or (c) when children do not react to provocations (such as insults or calling manes) from peers.

I have been living in the internat for most of my life. My house parents taught me to ignore any kind of insults from other residents otherwise our life would be one big fighting club (male child in care, institution № 2).

Another attribute of lack of space in care is provides more positive experiences for children and young people in care. Residents, due to the nature of institutional settings, tend to initiate the grouping practice themselves which deliberately reduced the opportunity to create personal space. This experience was observed in both male and female residents who instead of looking for time of their own, sought company:

On several occasions when a child was left alone with volunteers or caregivers, they felt anxious to reunite with their peers. None of the children who were observed felt comfortable staying on their own or with adults. As such, two unrelated residents were offered board games and they rejected the offer immediately saying that "I do not want to play without others"(female child in care) and "I want to know what other kids are doing-may be it is better if we do something together" (female child in care) (Field notes, institution № 2, 15th April 2012).

This kind of group behaviour suggests that children feel comfortable being part of a group despite the inevitable experiences of lacking privacy and space. Subsequently permanent living in a group for a significant period of time followed by group behaviour may result in intentional seperation of residents from others. With reference to this, Nazarova (2001: 77) argues that after leaving care young people maintain the tendency of keeping together equally to isolating themselves from "others" as follows:

It is often the case that children and young people in care do not associate themselves with the rest of the society, people around, but instead oppose themselves to the community. Having got a degree, profession, creating a family of their own, giving birth to children and

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raising grandchildren, they keep calling themselves 'orphans', once again proving a theory that being a part of a subgroup is a destiny.

Daily Routine

The practice of regulated daily routine is often introduced to large institutions as an essential part of formally organised child care. Being a participant observer in all four institutions enabled me to capture and partially experience everyday life of all four units. The ethnographic participant observation viewed patterned daily life as a series of procedural pre-arranged activities followed by structurally organised living within a unit. Activities and time arranged for the activities varied in accordance with residents' characteristics and needs as well as institutional facilities and functions.

Overall, daily routine in each institutional unit can be split into several major intervals, namely sleep times, meal times, study times and leisure times. Whereas sleep intervals do not usually include much interaction among residents, the rest of daily life can be seen as points of bringing residents, staff and external visitors together. Another perspective on daily routine can be taken from caregivers' who do not have breaks for sleep particularly during day time. As such, interactions between members of staff do not terminate when residents have rest. These findings are presented from both perspectives of residents and of caregivers aiming to reach a more holistic picture of daily life in care.

According to caregivers, as soon as each child enters an institution, he or she is introduced to daily routine and everyday regulations which need to be followed. Indeed, aiming to avoid disruptions in managing and control, each resident is disciplined from early days after the arrival. Apart from face-to-face introduction to the schedule by an attached caregiver, each resident can find daily timetables in every communal room, classroom and living room. Russian researcher Astoyanc (2005) argues that this drastic transformation from flexible everyday patterns to regulated daily routine is particularly difficult for children withdrawn from families.

Institution № 1 operates on the basis of several guiding principles namely (a) children need to be provided with secure and safe accommodation (b) children's health should be under careful supervision of members of institutional staff and (c) children need to be provided with a comfortable environment which would have a positive impact on the physical, social and emotional state of residents. Given that one of these central principles focuses on the health

of residents, daily routine pays particular attention to bed rest of residents. According to the institutional timetable, children spend 13 hours out of 24 hours in bed. This policy does not seem to be appreciated by residents who comment their sleep as follows:

I find this stupid. I do not have that many activities during the day to feel exhausted in order to have a 'quiet hour' for 2,5 hours. Most of us are just lying in bed without any sleep whilst caregivers and nurses are having a tea break (male child in care, institution № 1).

In response to this comment about staff purposefully forcing children to go to bed to have a break a nurse explains that *"we cannot entertain children all day long. There is one member of staff for 10 to 12 children. We need at least a couple of hours to have rest" (female nurse, institution № 1).* This example demonstrates the existing controversial attitudes towards upbringing practices from a position of children and staff. The inability to see and understand each other's experience leads to difficulties in interactions and in relationships. During day hours residents in institution № 1 were observed to have limited interactions with their houseparents. The lack of interactions in the institution № 1 were mainly caused by the absence of educational provision in specialist care, the policy which was established during Soviet times stating that children with slight or severe disabilities were labelled as 'uneducable' (Human Rights Watch, 1998). In 2011 however there was a dramatic change in the whole structure of the institution caused by campaigns in the non-governmental sector and an initiative by a group of staff members in the institution. Although institutional settings are still in the transition phase of introducing education into residents' lives, it is viewed as the first attempt to improve children's conditions and increase their future chances for independent living. One of the caregivers commented on the recent changes in the institutional life:

All human beings should be given a chance in life. For these children it has been a dead end when entering the settings as they were stuck in the system forever. Now everything is changing. We are looking forward to seeing great outcomes for children. It won't take too long to wait for first results (male social work manager, institution № 1).

Two of the blocks operated in collaboration with non-governmental organisations. One of the main reasons for not implementing the practice in the other two blocks was "the severe conditions of children" (female volunteer, institution № 1). Another staff member supports the quote about children's conditions providing further details on their health as follows:

You know, our children from the blocks number X and X are very difficult. By this I mean, that their health conditions are so extreme and poor that no one apart from trained personnel is advised to enter the buildings (male social work manager, institution № 1).

As well as regulations, the daily regime is also developed in response to residents' physical conditions. As such, for children who are not "*lezhachie*"[9], the routine is more active than for children who are "tied to bed" (Field notes, institution № 1, 24rd December 2011).

In contrast with the first unit, institutions № 2 and № 3 adopted daily routines which prioritise personal development over focusing on health conditions, claiming that residents of institutions do not require special medical attention. Having a compulsory primary and secondary school educational provision, institutional routines in settings №2 and №3 includes less time for sleep and more time for personal development in comparison with institution № 1.

In institution № 2 residents have 9 hours of sleep per day and 5 and half hours for compulsory schooling. In addition to this, residents spend between 2 to 3 hours per day taking part in extra curriculum activities including sports and social clubs. There is however, a slight difference in daily pattern for younger children under age of 10. Instead of having 9 hours they sleep 11 hours without having a 'quiet hours' during the week. Also, the schooling hours are reduced to 3 hours.

Given that institution № 3 has an on-site school, there is no time spent travelling to school. Hence, residents are given an extra hour of sleep in contrast with residents from institution № 2. In terms of personal development, residents have less time devoted to social and sport clubs, having only one hour a day. Time which is not occupied by either school or social and developmental activities children prefer to spend outside institutions "wandering around in the neighbourhoods and hanging out with peers" (female caregiver, institution № 3). Children enjoy spending time outside as it allows them to "be unsupervised by staff" (male young person in care, institute № 2), "hang out with friends" (female young person in care, institution № 4), "do what we want to do" (female young person, institution № 2), "smoke" (male young person in care, institution № 3) and "feel freedom and independence" (female young person, institution № 4). In addition to scheduled free time intervals, residents may '"be awarded" (male young person in care, institution № 3) to go outside during restricted times. The observation showed that this practice takes place when residents demonstrate good

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[9] The term '*lezhachie*' is widely used in the Russian context in order to identify the group of people who are seriously ill and spend all their time in bed having little or no movements (UNICEF, 1999).

achievements at school, help staff members or show excellent behaviour. Usually, children are praised by being sent to the local supermarket to buy something for the unit or to local administration to deliver some documents. In order to promote social life for residents, children and young people are regularly taken to cultural outings such as cinema, theatre, exhibitions and museums. Cultural outings usually take place at the weekends. The weekend programme also includes visits by volunteers who lead workshops focusing on crafts for both boys and girls.

In contrast with the highly organised daily routine in three institutions for long-term care, the daily life in institution № 4 constitutes a rather chaotic combination of rules. Due to placement specifics where children are placed on a temporary basis the daily regime is rather unregulated and does not follow a tight pattern. Residents are usually accommodated in social flats which are designed to host 4 to 6 residents per flat. There residents are asked to introduce the daily routine themselves followed by organisation of shifts among residents themselves. Following this practice every resident, in accordance with their roles around the house, is responsible for meals, cleaning and other housework functions. Residents are allowed to seek staff's assistance but should remain responsible for the whole process. At first being scared and new to managing the housework, residents showed reluctance in implementing this scheme. However having tried it, they wanted to continue the practice of being in charge. Based on residents' practice, a caregiver comments on the novelty in the institution as follows:

Residents truly love this practice. For most of them this is the first time they have ever done anything by themselves. Once they realize that they can be in charge of something important like cooking or cleaning the whole place, children start appreciating not only their hard work but the work of others. This creates values such as respect of other's work, other's property. In addition to this, this experience helps residents to learn that they are not useless as they were usually labelled by their parents before but on the contrary are capable of doing something important. (Female psychologist, institution № 4)

This policy of the institution demonstrates that residents are encouraged to learn to live on their own instead of relying on others' settled schedules and daily routines. That said, this practice is implemented and exercised along with advocating a sense of security where children know that in case of making a mistake they have a member of staff to help. Apart from exercising semi-independent living, days are organised around provision of therapeutic care provision and education. The therapeutic practice has proved to be helpful among residents since first being introduced in 2000. Subsequently, given the successful results, the

institution created a special sector within the unit which provides therapy as well as developing creative skills among residents. More than 25 residents for the last 3 years left care and demonstrated high achievements in the sphere of art and culture.

Status of Dependant

The sector of State care provides long-term housing for children in care along with care provision aiming to be a substitute for home placement. However, although residents are provided with accommodation, care, medical and educational provision, these factors scarcely develop a sense of homely environment. One of the aspects of institutional environments which is immediately noticeable is related to its segregation of responsibilities where children are treated as 'complete users' and staff members are represented as 'service providers'. As such, children are not only left uninvolved, they are also forbidden to help in any housework. The research suggests that one of the reasons for this practice lies in "following hygienic and sanitary regulations" preventing residents cooking, laying the table, doing the dishes, washing their clothes (Astoyanc, 2005: 59).

As a result a lot of children found themselves in a situation where everything is done for them:

When we were setting out lunch with young people aged between 14 and 16 and carer givers, I observed a picture which reminded me of 'hotel' relationships where visitors are took care of by personnel. All children sat at the table when the nurse brought all the plates and cutlery on the tray. One by one she put a plate and cutlery on the table in front of each resident, asking them whether they wanted a slice of bread with it. When the nurse ran out of bread and a child asked for another slice she told him that he could get it himself if he wanted to, but after the young man grimaced, she sighed and walked away to the kitchen to bring more bread as asked (Field notes, institution № 1, 27th December 2011).

This example goes in line with the findings from another institution where one of the caregivers argued that "after leaving care young people are hardly aware of the way a whole loaf of bread looks like-everything is served and done for them" (female caregiver aged 47, institution № 4).

Indeed, the lack of engagement from residents is evident in a significant part of their institutional life:

When the workshop began, there was a necessity to bring several bowls filled with warm water. When a volunteer asked a group of 12 female residents where she could find bowls or any saucepans to fill water with, none of residents had a slightest idea about this. "Do you

not help with cleaning and washing?",-wondered the volunteer. "We never help with anything", - was the response of several girls.(Field notes, institution № 2, 7th April 2012)

The practice of dependency and absence of engagement in the everyday life activities around the home may lead to different outcomes in residents including the strong establishment of a dependency status among residents. Used to being a dependant, residents exercise this practice even after leaving care, advocating that the State and society owe care leavers provision and further support (Prisyazhnaya, 2007).

The lack of engagement observed in several institutional settings served as a basis for introducing a new practice into care implemented in institution №4. The psychologist comments on the rationale behind establishing a new engagement policy within the unit as follows:

Our team was just tired of children being passive dependants in care. First upon entering care they find it amusing and uncomfortable that everything is done for them. After a while they get used to it and accept is as a norm. Finally when they are about to leave care they perceive it is a rule which should apply to everyone around even after leaving care. This causes a myriad of problems in their lives. (female psychologist, institution № 4)

Based on the introduced policy, all children became engaged in the housework process on a daily basis. As such each resident was on duty in the kitchen and in the bedroom in accordance to their shifts. Young people initially did not take this policy seriously and "were left without both lunch and dinner two days in a row because nobody had cooked it" (male young person aged 15).

Observing the new strategy in full operation, I was surprised by the way residents felt about their duties. Several residents were very encouraged by the engagement policy arguing that "it is amazing that we being looked after have power and responsibility for something real" (male young person aged 15) and "being a hostess feels much better than being a child in care" (female young person aged 14).

Children frequently enter care in vulnerable states followed by lack of trust in themselves. It is suggested that the implemented practice of engagement has a positive impact on individual's confidence and self-faith levels:

I was invited for tea by several young people. The resident on duty was cooking his first pancakes in life. When he first started mixing the ingredients, he looked very reluctant to go through the whole process on his own complaining about "absence of knowledge and skills". However the rest of the group reassured him that he would be able to succeed and that each

of them were beginners and none of them could do anything before entering the institution. At that moment the door opened and an unknown woman entered the kitchen. The boy immediately recognised the visitor as a mother. "I was told by a caregiver that you were making pancakes which I could not believe you could possible make. Are you really capable of cooking something, especially that complicated?".

When the boy served tea with pancakes with he made from scratch on his own, he looked very pleased with himself saying that "it was the first time cooking anything".(Field notes, institution № 4, 11th April 2012)

This example demonstrates that this mother did not know about her son's ability to cook and his willingness to help in the kitchen. She was astonished by the fact that her own son was doing something on his own.

The caregiver commented on the particular event arguing that due to regular cases of parental neglect in high risk environments, families are not aware of the full potential of their children as follows:

...even parents do not know about the abilities and interests of their own children, not to mention caregivers. This kind of ignorance affects a child's confidence in commencing any activity provided that they do not have enough faith in accomplishing it. (female psychologist, institution № 4)

Another caregiver added that:

When children come from families, they usually have low self-esteem (parents insult their children calling them stupid and useless) (female caregiver, institution № 2).

In summarising the above findings, I discovered that the notion of engagement plays a crucial role in forming the experiences of being looked after as well as in shaping the identity of individuals. Thus being part of the environment and having a responsibility for what happens within units empowers residents and provides them with the opportunities to develop skills such as confidence, leadership and self-faith. Similarly, practice of engagement on a regular basis develops a set of basic skills which will be useful for young people after leaving care.

Conclusion

In this chapter I have explored and presented the descriptive analysis of what institutional care in Russia is. In the first instance I have analysed care leavers' responses on general characteristics of care including their attitudes towards institutional facilities, location, everyday routine and educational provision. Care leavers highlighted that a number of institutional factors influenced their experiences of institutionalization as well as affecting their well-being in care including poor interiors in care, institutional isolation, deprived location, poor levels of education and finally monotony in daily routine.

The further analysis of ethnographic participant observation data demonstrated the detailed exploration of four institutional settings in the North-western region, Russia. I opened the discussion with the introduction of broader economic and political context explored within the institutional facilities. The influence and power of the State was highlighted as a central force shaping and informing institutionalization in the units. Next the chapter presented an analysis of physical arrangements of institutions emphasising the significance of locations and neighbourhood, access to institutional settings and institutional facilities. Throughout the observed physical and organisational arrangements of institutional life such aspects of care as collective upbringing, dependency on care, absence of privacy and formalized environment were of vast importance to both children in care and caregivers.

In the next chapter I continue exploring the phenomenon of institutionalization through children's and young people's experiences of institutional care in the Russian context.

CHAPTER 9: CHILDREN'S AND YOUNG PEOPLE'S EXPERIENCES OF INSTITUTIONAL CHILD CARE IN THE RUSSIAN CONTEXT

Introduction

Following on from the previous chapter, this chapter addresses the second research question namely:

- What are Children's and Young People's Experiences of Institutional Child Care in the Russian Context?

In order to understand institutional care further this chapter looks into participants' views and experiences of care. Through the analysis of two sets of data the chapter aims to investigate the institutional pathways of individuals starting from the time of entering care and moving to long-term care placements. Section 1 explores residents' experiences of entering care. Here the questionnaire findings provide an overview of care leavers' placement profiles including the number and type of placements as well as age of entering care. The caregivers' perspectives on the typical portraits of children who experienced living in a family prior to entering care and those who lived in care since birth are explored. Next, the section explores institutionalization through discussion of the experiences of relationships with adults and peers. Here a particular focus is placed on the nature of relationships and their impact on children's well-being in care. The next section follows a similar structure, providing findings from ethnographic participant observation. Starting from the exploration of the experiences of entering institutional care, the section moves to the other three institutions which are designed for long-term living. Here the relationships with caregivers, parents, strangers and volunteers are provided. The chapter is concluded with an extensive analysis of findings looking at relationships with peers. A particular focus on positive and negative aspects of relationships is presented in every section.

Figure 26 provides an overview of the central themes developed and discussed in the chapter.

Figure 26: *Children's and Young People's Experiences of Institutional Child Care in the Russian Context*
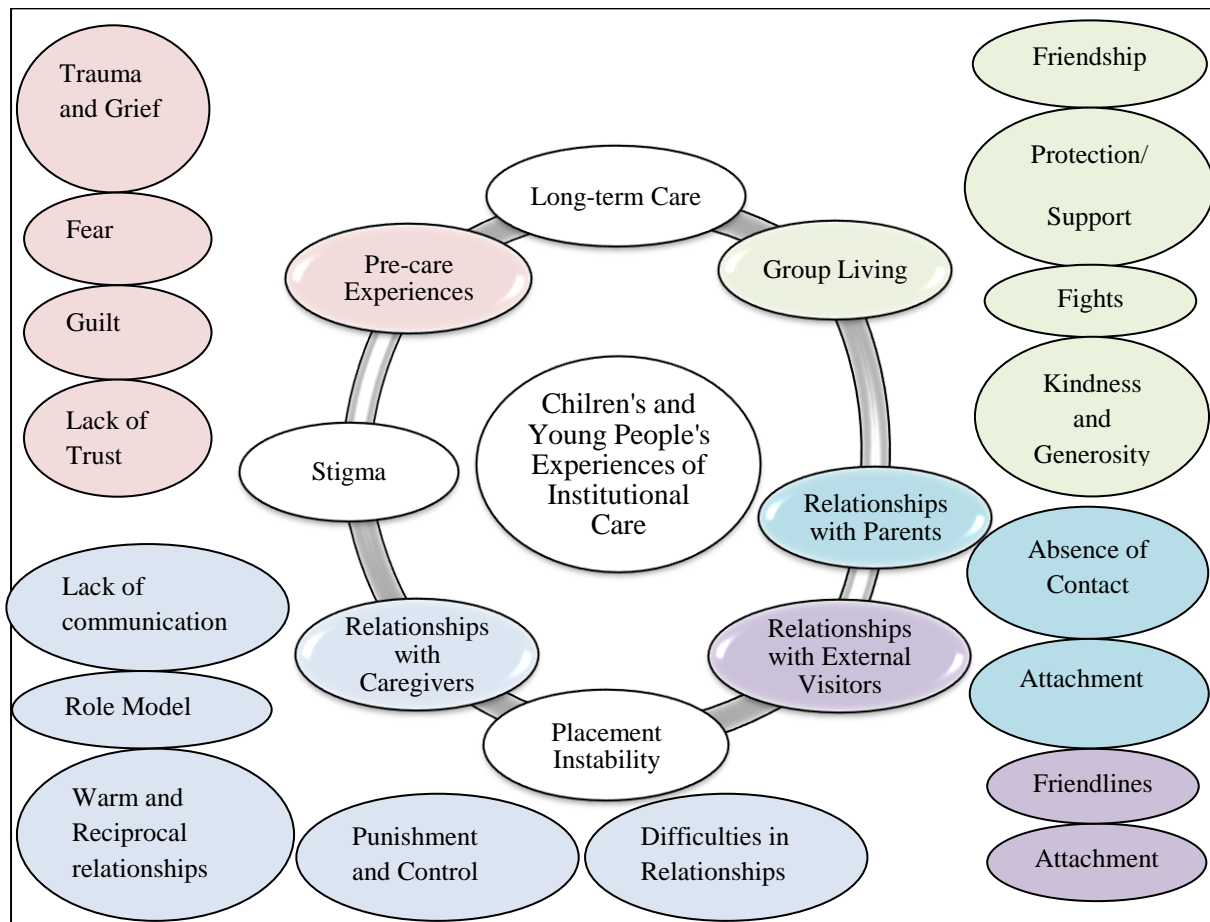
Section 9.1 Results from Questionnaires with Caregivers and Care Leavers

9.1.1 Experiences of Entering Care

Age of entering care

Thirty-four care leavers entered the institutional care after the age of 5 years old. This figure is representative of the existing age range of children entering care in Russia (Everychild, 2010).

The most common age of being admitted to care is between 5 and 7 years old. Among those who entered care during this age range, 12 respondents evaluated their time in care as 'mostly positive' (70.5 per cent[10]) and "very good" (female care leaver aged of 21).

Table 8: *Care leavers' age of entering institutional care, n=45*

Age of entering care, years	Frequency	Percentage
Under 1	5	11.1
1 - 4	6	13.3
5 - 7	17	37.8
8 - 10	8	17.8
10 +	9	20.0
Total	**45**	**100.0**

Time spent in care

Sixteen participants (35.6 per cent) spent between ten and thirteen years in care which is the longest time being institutionalized among the sample. Overall, only six care leavers (13.3 per cent) were institutionalized less than 3 years each. None of the participants experienced short term placements. Two care leavers who spent only a year in care each had one placement.

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[10] The percentage rate is counted from 17 care leavers who entered the care between the age of 5 and 7.

Table 9: *Years in total spent by care leavers in institutional care, n=45*

Years spent in institutional care	Frequency	Percentage
1 - 3	6	13.3%
4 -6	4	8.9%
7 - 9	12	26.7%
10 -13	16	35.6%
More than 13	7	15.6%
Total	**45**	**100.0**%

Finally seven respondents (15.6 per cent) stated that they spent more than 13 years in care each. It is evident that there is a connection between the age of entering care and time spend in care. Indeed, all seven respondents entered care under the age of 4 years old. The maximum time spent in care was demonstrated by a female care leaver who was institutionalized for 21 years.

Entering Care

From Families

There is an on-going debate around the impact of pre-care high risk environments on children. In order to provide an insight into the profiles of children at the point of entering care the research explores the characteristics of children who are admitted to care after being withdrawn from the family environment. Exploring the 'typical' characteristics of children in care who experienced living in family environments caregivers outlined a particular group of factors. All the characteristics may be grouped under four central themes namely (a) health and development; (b) educational achievements and learning skills; (c) social skills and behavioural characteristics and finally (d) future projections and expectations. This section provides the findings in accordance with the identified themes below.

(a) Health and development of children:

- Children do not have particular health problems;
- Children have normal physical and mental development in accordance to their age;

(b) Educational achievements and learning skills:

- Children do not have skills to study in a 'traditional' school mode i.e. do not have discipline to sit in classes, do homework and follow school regime;

- Children do not have knowledge and experience in learning skills;
- Children have difficulties with construction of logical reasoning;
- Children have poor educational achievements (often basic literacy skills are absent)

(c) Social skills and behavioural characteristics:
- Children have basic social and communication skills;
- Children have knowledge about social rules;
- Children demonstrate deviant and aggressive behaviour;
- Children have a good level of practical skills;
- Children look after themselves and sometimes after their siblings;
- Child have never been loved or praised.

(d) Future projections and expectations:
- Children have pessimistic views on their future;
- Children do not believe in the nature of a family;
- Children are afraid of their parents and future consequences of meeting them.

(e) Potential characteristics after leaving care:
- Young people demonstrate acknowledgement of public services and people who can help in cases of emergency;
- Young people have recognition of what to do after leaving care;
- Young people are not ready to live independently;
- Young people do not have practical skills for independent living.

From Baby Homes

Similar to exploring the profiles of children who lived in family environments prior to entering care, the study investigates the portraits of residents who were placed in care at birth. Children who are admitted to care under the age of four are usually placed in institutions for early care provision called baby homes. The research focus of this study is beyond the scope of early care provision for children. That said, in order to understand the phenomenon of institutionalization and its relations with residents' well-being it is important to explore heterogeneous children's in care profiles at the point of entering care. The characteristics are grouped in a similar manner under the same four main themes.

(a) Health and development of children:

- Children are prone to have various chronic illnesses;
- Children have low immune system;
- Children have intellectual and physical delays.

(b) Educational achievements and learning skills:

- Children are familiar with school discipline and know how to follow it;
- Children have 'adequate' levels of educational achievements.

(c) Social skills and behavioural characteristics:

- Poor social skills followed by difficulties in establishing relationships with others;
- Children demonstrate deviant behaviour;
- Children demonstrate lack of trust towards others;
- Children have never been loved or praised.

(d) Future projections and expectations:

- Children have utopian and unrealistic views on parents;
- Children have utopian perceptions about life after care;

(e) Potential characteristics after leaving care:

- Young people show complete reliance on the State;
- Young people demonstrate deliberate self-exclusion from the community (division of people into "us" and "others" where "us" are those who experienced institutional care and "others" the rest of the society);
- Young people are incapable of managing personal budgets and are prone to squandering;
- Young people are not ready for independent living;
- Young people do not have practical skills for independent living.

Number of Placements

Thirty-five care leavers (77.7 per cent) experienced more than one placement whilst being institutionalized. Thirteen respondents (13.3 per cent) were moved more than 4 times. Care leavers who entered care under the age of five had the most unstable placement experiences with being placed into more than three units each. These findings go in line with the international research which advocates that placement instability is of the key aspects of being looked after (Baldry and Kemmis, 1998; Berridge and Brodie, 1998).

Table 10: *Total number of placements where care leavers resided, n=45*

Number of placements	Frequency	Percentage
Once	10	22.2%
Twice	13	28.9%
3 times	9	20.0%
4 times	7	15.6%
More than 4	6	13.3%
Total	**45**	**100.0**%

Type of Placements

The respondents demonstrated a clear recollection of their institutional placement history. As such, shelters and boarding schools were the most frequent types of placements for respondents. The rarest type of institution is baby homes which they provide housing only for infants and toddlers under 5.

Table 11: *Types of placements resided, n=45*

Type of placement	Frequency	Percentage
Baby home	11	8.0%
Children's home	28	20.4%
Boarding school	30	21.9%
Specialized boarding school	29	21.2%
Shelter	39	28.5%
Total	**137**	**100.0**

Gender of Residents

There has been little emphasis on gender differences in care experience. Ward et al. (2005) suggest that both female and male residents perceive their life in care in a similar manner without any identified differences in gender.

The majority of respondents (48.9 per cent) highlighted that the population in care was predominantly boys. Seventeen care leavers stated that the number of boys and girls was equal in care. These figures suggest that the gender differences in institutions may vary either according to type of institution or randomly.

The predominance of male residents is representative of the existing gender population in institutional care in Russia with a ratio of 58 per cent of boys to 42 of girls (Astoyanc, 2005: 56).

Table 12: *Population of children in care in relation to gender, n=45*

Population of children in care	Frequency	Percentage
Mostly girls	6	13.3%
Mostly boys	22	48.9%
Same	17	37.8%
Total	**45**	**100.0%**

Experiences of Relationships with Adults

Relationships with Caregivers

Thirty-one care leavers (68.9 per cent) indicated that the issue of difficulties in relationships with staff was 'of great importance' to them. Among them, twenty-eight respondents (90.3 per cent) spent more than 4 years in care each. This pattern may suggest that the longer a child is placed in care the more likely that the difficulties around relationships with staff become a significant factor for residents.

Figure 27: *Care leavers' responses on relationships with staff members (1), n=45*
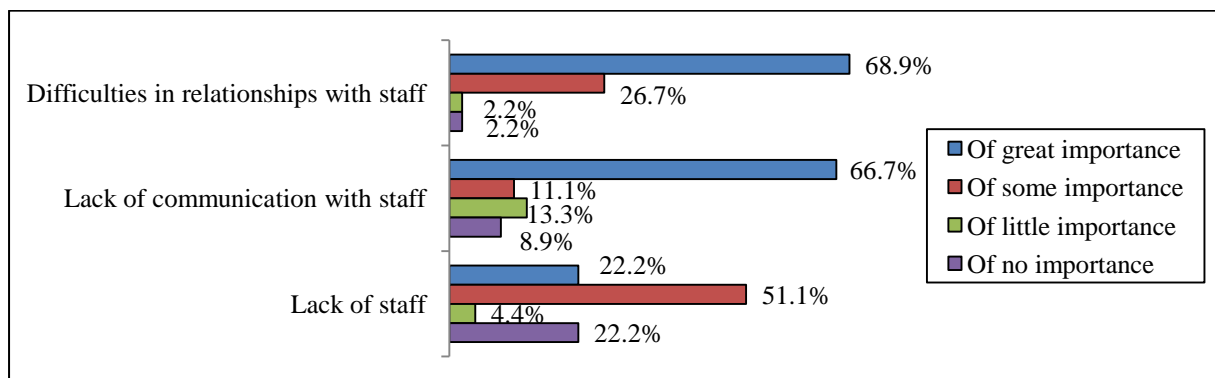
Being often isolated from the wider community, children in care seek to caregivers' attention and their company. As such thirty care leavers (66.7 per cent) highlighted that the lack of communication with staff was 'of great importance' to them.

One of the factors which may potentially influence the quality of interactions between staff and residents is the ratio of caregivers to children in an institution. Twenty-three care leavers

(51.1 per cent) stated that lack of staff was 'of some importance' to them. Similarly, 10 respondents indicated that the small numbers of staff members was 'of no importance' to them.

These figures show that although a significant number of residents were concerned with the lack of staff in institutions, it was not as important as the lack of communication with caregivers. It may be suggested that existing house parents do not exercise an efficient practice of sufficient interactions and communication with children and young people in care. Millham et *al.* (1979 cited in Berridge and Brodie, 1998: 90) stated that "it is not young people who avoid contact with staff but the opposite".

Another set of statements offered to care leavers provided a different perspective on the nature of relationships between staff and care leavers.

Both frequent staff shifts (Groark et *al.*, 2008) and staff instability due to leaving combined with residents' placement instability can negatively affect the establishment of long-term and stable relationships. One of the suggested outcomes from the issues mentioned above can be large numbers of caregivers. Thirteen (28.9 per cent) and ten (22.2 per cent) of care leavers indicated that they 'strongly agree' and 'agree' with the fact of having too many caregivers respectively. However, almost an equal number of respondents (18 care leavers 'disagreed' and 4 'strongly disagreed') did not agree with the statement. Among the respondents who did not confirm the statement, 17 care leavers were placed in 1 or 2 units during their institutional experience.

Figure 28: *Care leavers' responses on relationships with staff members (2), n=45*

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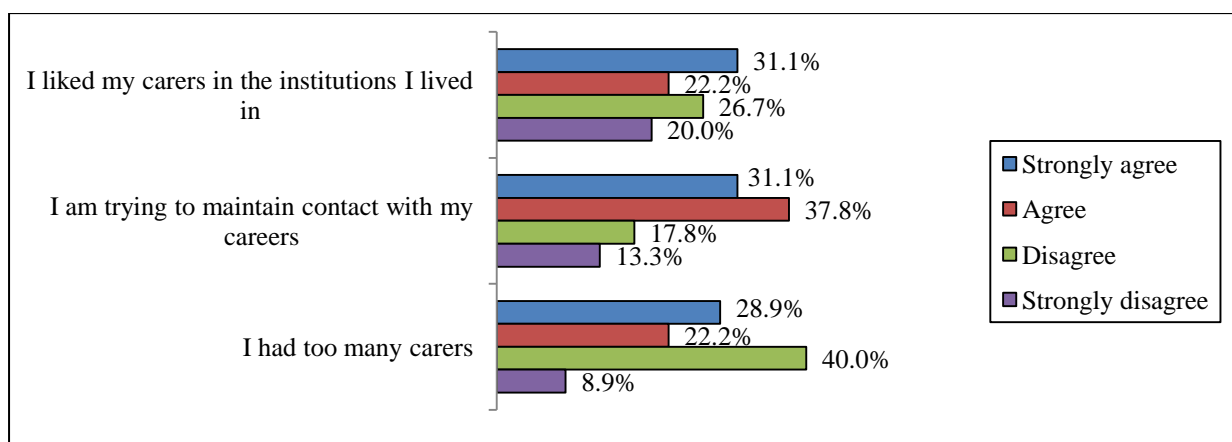
The previous research suggests contradictory picture of the nature of relationships between caregivers and residents. On the one hand, relationships between residents and caregivers were reported to have positive impact on children's and young people's well-being (Berridge and Brodie, 1998; Ward et *al*., 2005; Little *et* al., 2005). On the other hand, relationships were suggested to be the central factor which contributed to negative experiences of institutional care in general (for example: Little et *al*., 2005).

This study is representative of the existing research demonstrating the complex nature of the experiences and relationships between members of staff and care leavers. Fourteen participants (31.1 per cent) strongly agreed with the statements that they liked their house parents. Among positive experiences with caregivers, care leavers stated that "I am grateful for everything which was done by my house parent" (female care leavers aged 19), "thanks to my houseparents I avoided some life-threatening activities and mistakes" (female care leaver aged 18) and "relationships with my house parents were one of the best things I liked in care" (male care leaver aged 16).

Conversely, twelve of young people (26.7 per cent) emphasised that they disagreed with the statement that they liked their care givers. Care leavers indicated that such factors as "lack of freedom by care givers" (male care leaver aged 15), "frequent punishment by staff" (male care leavers aged 17), "staff stealing our social benefits" (male care leaver aged 18) and "staff interference in personal background" (female care leaver aged 21) contributed to their negative relationships with house parents.

Fourteen care leavers (31.1 per cent) stated that they strongly agreed with the fact of trying to maintain contact with care givers. Also, 17 young people (37.8 per cent) agreed with the statement.

Taking into consideration that the contact between staff and former residents is often followed by difficulties (Sinclair and Wilson, 2003), there is a considerable number of respondents who disagreed (n=8, 17.8 per cent) and strongly disagreed (n=6, 13.3 per cent) with the statement.

Here it is noteworthy that there are no existing systematic policies which promote sustainable and continuing relationships between caregivers and care leavers. As such, all the contacts existing usually are initiated by individuals.

Close relationships with caregivers

During the past 15 years the policy around the promotion of 'family-based' living environments for children and young people in out-of-home placements has become widely adopted by countries of Western Europe, some parts of Eastern Europe and the United States (Little et *al.,* 2005). In Russia however this approach is relatively new and underdeveloped. This study is looking at care leavers' attitudes towards the possibility of establishing family-close relationships with care leavers along with exploring the existing physical contact and forms of "physical reassurance" by house parents (Berridge and Brodie, 1998: 90).

Figure 29: *Care leavers' responses on family-type relationships with staff members, n=45*
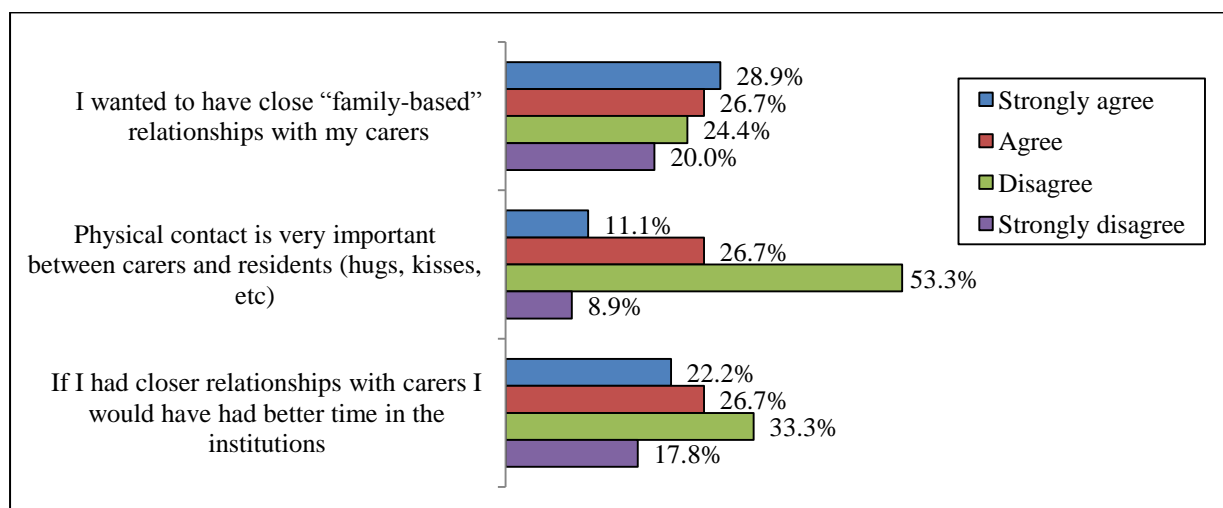
Despite the considerable body of positive outcomes of children in care, there is evidence to believe that this approach is not suitable for all groups of children and young people in care (Devine, 2004 cited in Little et *al*., 2005).

As it was mentioned earlier, relationships with staff arguably play a critical role in the institutional experiences of residents. That said, only 10 young people (22.2 per cent) strongly agreed with the statement that closer relationships would improve care leavers' time in care. Conversely, 15 respondents (33.3 per cent) reported that they disagreed with the statement. Among the respondents whose comments did not support the links between close

relationships and positive experiences, 10 participants have not maintained contact with their house parents after leaving care. Negative experiences of existing relationships between staff and residents may affect the young people's attitude towards the role and impact of caregivers in residents' lives.

One of the attributes of healthy relationships between a child and caregivers is the use of physical contact between each other for the purposes of demonstrating affection, reassurance, appreciation, signs of disapproval and other. That said there is little understood about the impact of physical contact between caregivers and children and young people in care. Indeed the existing body of research is narrowed down to the inappropriate levels of physical contact and its negative impact on residents (Kent, 1997:23 cited by Marshall, 2004) suggesting that:

Agencies and their staff have become more careful about the way in which they use touch. Staff become so wary of touch and of emotion, and so defensive about them, that they create a sterile care climate.

Twenty four care leavers (53.3 per cent) disagreed with the statement that physical contact was of any importance between caregivers and residents. Surprisingly, all five respondents who entered care at birth disagreed with the statement about physical contact. It may be suggested that residents who entered care at birth are not familiar with the nature of physical contact which may subsequently affect their responses.

Finally, the last statement which is closely related to the nature of relationships looked at the perspectives of care in future. Given the pressing question about the ways of best care provision, care leavers were asked to rate the statement about having 'family-type' relationships within the institutions they resided in. The responses among young people were mixed. Thirteen (28.9 per cent) and twelve (26.7 per cent) participants indicated that they strongly agreed or agreed with willingness to have close 'family-based' relationships with their caregivers. Whilst the predominant proportion of respondents agreed to the statement, eleven (24.4 per cent) and nine (20 per cent) care leavers disagreed or strongly disagreed with the statement.

This inconsistency in responses goes in line with the argument about the heterogeneity of residents and their needs discussed in the study by Little et *al*. (2005).

Power and control as measures of establishing relationships

Hierarchical structure of both institutional management and childcare practice is a widely adopted technique of institutional life. The authoritarian nature of institutional life is seen as one of the key attributes which forms and shapes the relationships within a unit. As such one of the male care leavers aged 21 commented that "our caregivers were constantly issuing orders. They always wanted us to do what was ordered by them". Among widely used control measures, punishment has been one of the most common techniques for more than 20 years (Human Rights Watch, 1998; Khlinovskaya Rockhill, 2010).

Figure 30 demonstrates the care leavers' responses towards punishment in institutional care. Eleven respondents (26.7 per cent) reported that they strongly agreed with the statement that their caregivers punished them too much. Among the respondents, nine were male care leavers. Care leavers who disagreed with the statement constituted 17 responses (37.8 per cent).

Figure 30: *Care leavers' responses on punishment by staff members, n=45*
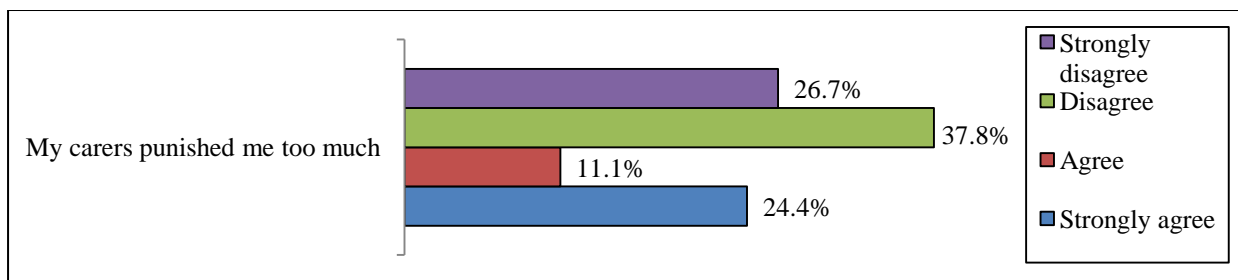
Relationships with External Adults and Community

'Stigma' was ranked by twenty-seven young people (60 per cent) as of 'great importance'. Institutional care has been labelled it as the "horror of the State" and residents pathologized with labels such as "homeless life", "rudeness", "poverty" and "dirt" (Kuznecova, 2003: 88). Such stigmatising notions may be carried by care leavers for many years after leaving care.

Figure 31: *Care leavers' responses on stigma, n=45*
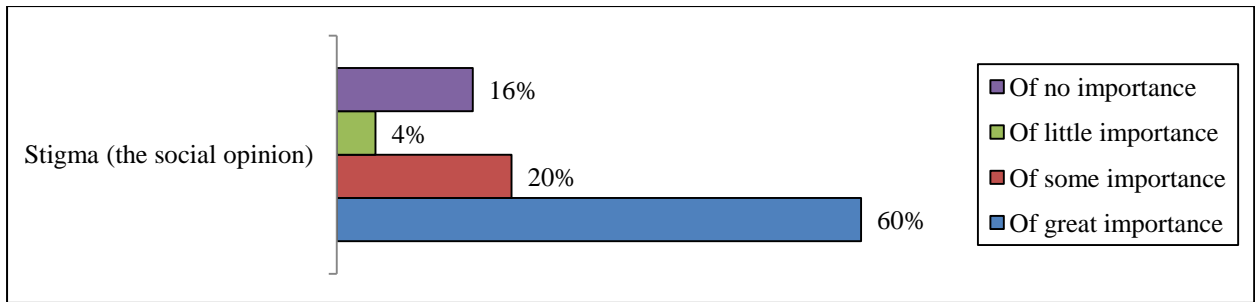
Experiences of Relationships with Peers

Group Living

Living in a group during the long-term institutional placements plays a critical role in defining the experience of being institutionalized. Indeed, the factor of living in a group was highlighted by six care leavers (13.3 per cent) as one of the factors they valued most in care. In order to provide an insight into relationships with peers, care leavers were asked to rate five statements each representing an attribute of living in a group.

Figure 32: *Care leavers' responses on relationships with peers, n=45*
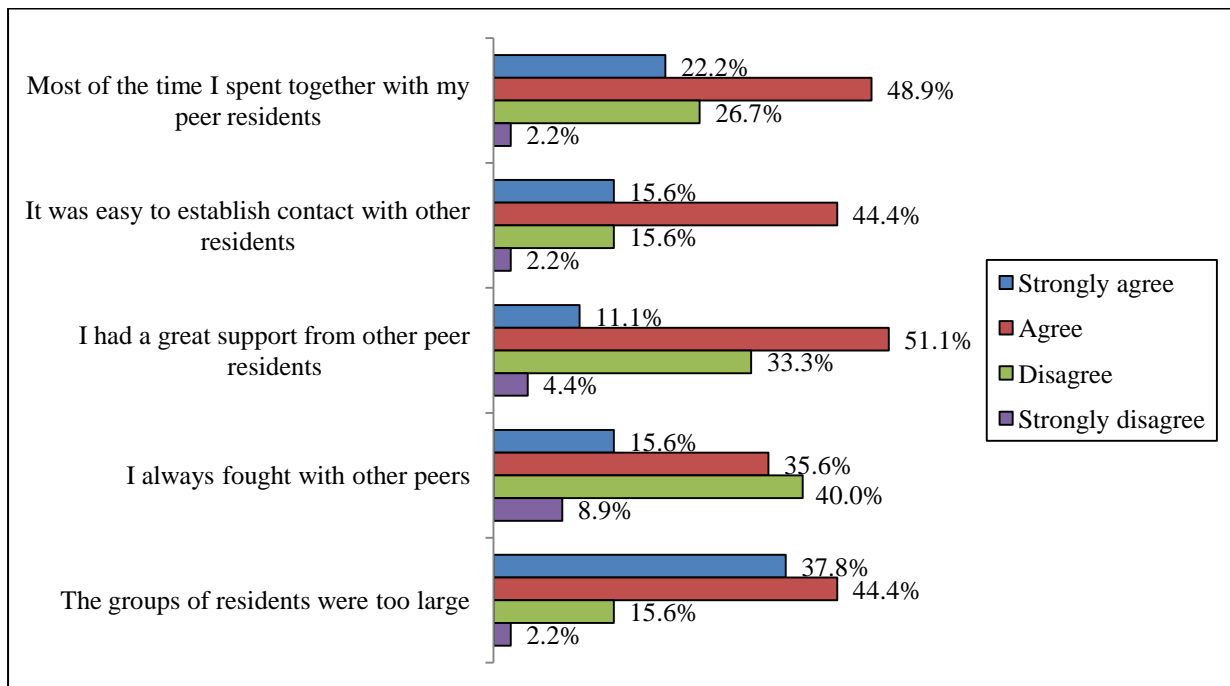
Twenty-two participants (48.9 per cent) agreed with the statement that they spent most of the time with peers in institutional settings. Out of twelve residents (26.7 per cent) and one resident (2.2 per cent) who disagreed or strongly disagreed with the statement that most of

institutional time was spent together with peers, eight participants (61.5 per cent) stated that they did not have any friends in care.

Another aspect of living in a group environment is related to different types of communication exercised among peers. Overall the majority of young people (44.4 per cent) indicated that it was easy to establish contact between each other. These findings stand in contrast with the reports of Russian academics who suggest that residents usually act in a hostile way towards 'new comers' (Ananeva et *al*., 2009). Among eight participants who disagreed or totally disagreed with the statement (15.6 per cent and 2.2 per cent), seven young people stated that their time in care was 'mostly negative'. Both factors of experience in care and easiness of establishing contact had a correlation with a number of friends in care. As such, six of these respondents (75 per cent) did not have any friends during institutionalization.

Residing in institutional settings, young people may lack psychological and emotional support from members of staff due to absence of systematic support or therapeutic and counselling programmes. Hence, the aspect of peer support is seen as a critical factor in maintaining residents' well-being in care. Twenty-three care leavers (51.1 per cent) agreed with the statement that they received great support from peers. However, a significant proportion of young people (33.3 per cent) disagreed with this statement arguing that "nobody understood me [a care leaver] in care" (female care leaver aged 23) and "one has to fit in the group to be supported" (male care leaver aged 16).

A third aspect of group environment is related to physical measures of interactions among peers. Eighteen care leavers (40 per cent) disagreed with the statement that they often fought with other residents. Further analysis between responses did not show any considerable gender bias with seven female (38.9 per cent) and eleven male participants (40.7 per cent) disagreeing with the statement. There were also a significant number of responses (35.6 per cent) which showed agreement with the statement that the respondents often fought with peers. Among them, three respondents highlighted "aggression and cruelty of peers" (male care leaver aged 17, female care leaver aged 21, female care leaver aged 32) as one of the key factors they did not like in care.

Nature of Friendship

The body of research looking at the impact of friendship in lives of children and young people in care suggests that being looked after helped young people to find and get to know good friends who had a significant impact in their independent lives (Duncalf, 2010; Hodges et *al*., 1999).

Table 13: *Care leavers' responses on number of friends in care, n=45*

Number of friends	Male	Female
None	18.5%	27.8%
1	7.4%	0.0%
2	11.1%	5.6%
3	18.5%	11.1%
4	7.4%	16.7%
More than 4	37.0%	38.9%
Total	**100.0%**	**100.0%**

The predominant number of participants (86.6 per cent) indicated that the presence or absence of friends in institutional care was of 'great importance' to them. Some of the respondents indicated that it was challenging to develop true friendships in care advocating that "all the friends in care are fake friends" (male care leaver aged 16), "it is impossible to have genuine friendship when you are in care" (female care leaver aged 19) and "all residents are classmates and roommates but they will never become friends" (female care leaver aged 21).

That said, seventeen care leavers (37.7 per cent) stated that they had more than 4 friends in care with the number reaching up to "30 friends" (male care leaver aged 17) for one care leavers. Nineteen participants indicated that they had 1 to 4 friends in care indicating that "long-term placement with friends" (male care leaver aged 18) was one of the best things about institutionalization.

Ten participants reported that they did not have any friends in care. Among them, six individuals stated that their time in care was 'mostly negative'.

Although the female respondents demonstrated a sharper fluctuation in their responses, there were no significant differences between responses according to gender.

Time in institutional care

Twenty nine young people (64.4 per cent) stated that their time in care was 'mostly positive'. According to gender differences, 19 male care leavers (70.4 per cent) found their institutional experience positive whereas among the female population the total number of positive responses reached 10 respondents (55.6 per cent). Here one of the female care leavers added that her care experience was "very good" (female care leaver aged 21). Another respondent said that he was "grateful to institutional care for saving me from life on the streets" (male care leaver aged 21).

Figure 33: *Self-assessment of time in institutional care with regard to gender, n=45*
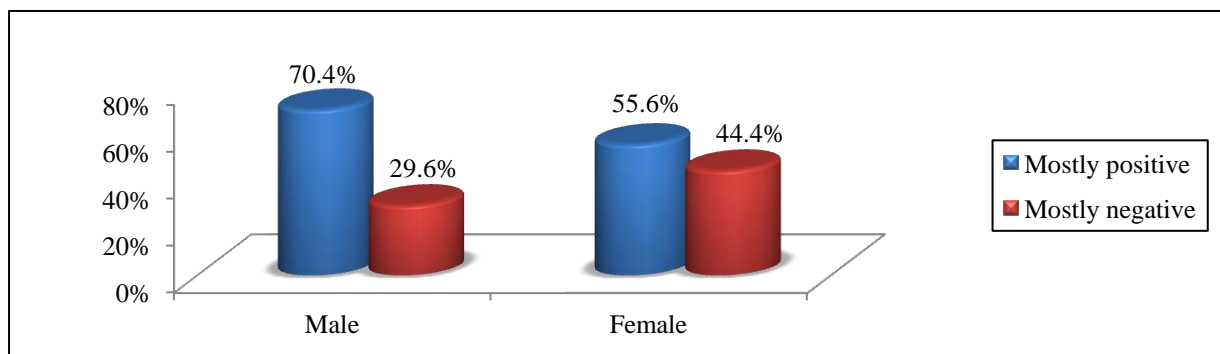
Given that the questionnaire method may serve as an unbiased method of data collection in terms of collecting the care leavers' views on their experiences it was suggested that number of negative responses towards care experience would dominate (Ward et *al.,* 2005).

This study does not correspond with the projected findings demonstrating that overall 29 care leavers (64.4 per cent) found their in-care experience positive.

The female responses show that 8 care leavers found their care experience 'mostly negative'. The rate of dissatisfaction amount female care leavers is slightly lower than male responses. Among the female care leavers who were dissatisfied, 5 of them had more than 4 institutional placements each.

Section 9.2 Results from Ethnographic Participant Observation

9.2.1 Experiences of Entering Care

Trauma and Grief

Regarding the feelings of residents at the point of entering care several caregivers emphasized that children admitted to care were often "traumatized by their pre-care experiences" (female psychologist, institution № 4), "damaged by their parents" (female nurse, institution № 2) and "suffered a lot" (male volunteer, institution № 1). The research suggests that "pre-care biological and social experiences" of children and young people in care, even those which may be limited to long-term disorganisation within prior living environments have a significant impact on their present well-being, and mental health in particular (Golding, 2010: 574). The stories told by caregivers and residents as well as observations around residents' experiences including those which are related to pre-care backgrounds are sometimes difficult to be distinguished from their present lives. Indeed, even when a child is placed into care, the effects of prior experiences do not cease but instead can become even more severe depending on the circumstances. As such, the observation described below focuses on a resident who was admitted to care several months ago, but has learned about her mother's death recently:

When I first entered institution №4, one of the first things I experienced was being alarmed about a girl who was going to attend the therapy session in half an hour. I was shown her picture in order to recognise her when we were to meet and was told a story about her:

"This is a very lovely girl. She was admitted to care not that long ago. Today she learnt that her mother died. The director of the institution called me immediately to set up an emergency therapy session with her to make sure that she is ok (female psychologist, institution № 4)".

As soon as I learnt about the girl I started asking about the other residents and their reasons for being admitted to care. The director of the psychological and therapeutic department revealed that during her 20 years of working experience she has never met a child who was not affected by pre-care experience. When the girl finally arrived, she smiled at me and sat at the working table where she was used to have therapeutic sessions since entering the unit three months ago. Two of her friends accompanied her and entered the room following the girl. When the three of them sat still, the psychologist welcomed them, provided them with all the necessary drawing equipment and asked them to start "expressing themselves". The girl

who had her mother just died took a brush and started painting something reminiscent of a black tree (Field notes, institution № 4, 11ᵗʰ April 2012) .(see Figure 34)

Figure 34: *Art therapy session, institution № 4*

Source: Author

The field notes describe an example of a resident going through difficult times learning about her mother's death. Being left face-to face with their traumatic experiences, children have a tendency to hide their feelings behind the 'usual' and 'normal' patterns of behaviour. Following the example of this girl, there were neither signs of deviant behaviour nor expression of sorrow or pain. Instead, all four participants including the psychologist did not focus their attention on the girl aiming to 'distract' the child from the parental loss. The research suggests that minimising the emotions associated with parental loss and other significant damaging experiences by keeping children busy and distracting them from their loss may lead to "a lifelong pattern of unhealthy coping with the emotions generated by grief" (James et *al*., 2001 quoted in Milliken et *al*., 2007: 79). Indeed, neither short term institutional settings such as shelters nor long term institutional units provide space and opportunity to freely express feelings of grief, loss or other stressful events. A caregiver supported this argument saying that staff members act intuitively towards children's grief without any professional knowledge:

When a child first started crying in my arms because she learnt than her parents divorced, I did not know what the ethics allowed us to do. I took her home that day because I live in the neighbourhood and we stayed at home, had dinner, watched some TV and then I took her back. She looked as if she calmed down by the end of the day (female caregiver, institution № 2).

The combination of damaging experiences including high risk environments in the family, separation from the carer, family breakdown and finally parental death may have very significant consequences for a child. It has been said that "serious risks tend to derive from a combination of adversities or stresses occurring at the same time, from meaningful links between a current stress and a previous adversity, or from accumulation of stresses/ adversities over time" (Rutter (1995: 42) cited in Berridge and Brodie, 1998: 72; Koprowska and Stein, 2000). In line with the last argument, the caregiver reveals her professional position on long term risky environments experienced by a child suggesting as follows:

It is important to withdraw a child from high risk environments as early as possible. In this case the child still has a chance to recover otherwise when a child enters care at 8 or 9 –he or she usually has taken drugs or abused alcohol following the example of their parents. There is usually little we as therapists can do in this case (female psychologist, institution № 4).

For each child and caregiver a diversity of approaches and mechanisms of child rearing exist. Although the ways of child upbringing differ and among other things depend on parents' preferred approaches to child rearing, the general aim of families is to provide a positive environment which supports the child's physical and mental health, social, behavioural, moral and emotional developments (Barnhill, 1979). Polansky and Williams (1978) found that despite the fact that the definition of 'healthy' child rearing varies among parents, parents tend to agree on the definitions of high-risk environments and what constitutes inadequate care of a child. There are circumstances under which child rearing can be accompanied by risk factors for child maltreatment. Watkins and Bradbard (1982) report that there is no single generally accepted definition of child maltreatment. However, according to different international studies (Watkins and Bradbard, 1982; Halperin, 1979) child maltreatment may include physical, sexual and/or emotional abuse; physical, medical, emotional and/or educational neglect; abandonment and/or multiple maltreatment. It is usually a variety of aspects such as duration, seriousness of the maltreatment, levels of physiological/physical harm inflicted upon the child that determine the speed at which children's services address such families and initialise the necessary actions to protect the child from the high risk

environment (Platonova, 2009; Little, 2010). With reference to this, the actions of children's services in response to situations of high risk for a child mostly depend on national policy. There is an ongoing debate about the quality of services the system provides and the efficiency of the outcomes for both the vulnerable child and the high-risk environments in families. A study by Allensworth (2010) reveals that in Russia during the last five years (between 2005 and 2010) 55,000 children absconded from their parental homes and in 2010 alone 24,000 runway children were found. Although the local authorities were partially aware of the children in the high-risk environments, they did not take any actions because child maltreatment cases were not considered to be serious enough to initiate removal. Despite the fact that the proportion of child maltreatment is gradually increasing in Russia, there has been no initiative to review policy and practice (Allensworth, 2010). Conversely, in the UK context for example, policy has been oriented towards family support. However, Little (2010) argues that although the prevention child maltreatment programmes are well-known, there is evidence to believe that they do not always fulfil their purpose. Little (2010) argues that 'child protection' and 'family support' systems do not often provide appropriate child placement solutions or any supportive actions for families. Millham et *al.* (1986) reported that among 2010 children admitted into care, 74 per cent of the sample was admitted into care as an emergency action despite the fact that all the children had been well-known to the relevant services for a long time. Similarly, Waterhouse and Brocklesbury (1999) found that in 1998 approximately 75 per cent of all child placements were crisis-led and spontaneous.

Fear

Transition from familiar pre-care environments to institutionalization is followed by a variety of events as well emotions, feelings and roles for a child. Leaving behind a familiar way of life, individuals are taken to a new word, occasionally with siblings or on their own. The Soviet manner of children's in-care upbringing tends to work with children including provision of therapeutic measures on the basis of a medical model which is often limited to establishment of a diagnosis within the first 10 days upon admission followed by suggested recommendations for treatment (Astoyanc, 2005; Golding, 2010). A psychologist with 35 years of experience working with children in care indicates that standard and widely exercised therapeutic measures are both inefficient and unprofessional:

Our centre has a medical department which assesses children upon their arrival in care. It is rare when psychologists and doctors find at least anything about children. Although they are

interrogated, tested, asked to complete dozen of tests, they still remain children - children who are scared, vulnerable, and full of fear. They do not want to tell what is on their mind not to mention allowing us to work with them (female psychologist, institution № 4).

Based on the quotes above it can be suggested that individuals who enter care experience a range of stress factors, including fear, which are not adequately addressed in care.

Among the most mentioned circumstances and reasons for fear children and young people indicated "fear of unknown" (male child in care); "sense of being neglected and abandoned" (female child in care aged 11) "fear of being hurt" (female child in care aged 12) or "losing the closest person is the most terrible thing for me" (female young person in care aged 15).

In order to reach an understanding of reasons for children's fear it is important to use a variety of techniques which promote children's openness and establish children's trust. Institution № 4 advocates that "art therapy is the most efficient and child-friendly manner of working with children's fears". The psychologist who implemented the practice of art techniques stresses that "it helped a lot of children to overcome their fears and find a way to themselves again" (female psychologist, institution № 4).

Figure 35 and Figure 36 illustrate children's expression of their fear of family. When the author of the figure 35 was asked to comment on his drawing he said that he wanted to demonstrate his "life before care" (male child in care aged 10, institution № 4) where he experienced regular abuse from his parents for several years. At this point it should be explained, that although there is no official data about the numbers of children entering care due to parental sexual or physical abuse, there is evidence to suggest that the instances of parental abuse exist. Russian researcher Limanskaya (2007) suggests that in 2002 3,272 children died as a result of parental abuse. According to UNICEF (2009) in 2008 4,479 children were reported to be sexually abused by their parents, 5,877 children were stated to have experienced parental neglect, 6,689 children were involved in criminal actions by their parents and 35,381 children experienced extreme lack of necessary financial support from their parents. Research by Starr (1982) suggests that there is a degree of diversity in child rearing perspectives between potential abusive and non-abusive families. Abusive families tend to see child rearing as a simple task without giving much consideration to the child's abilities and needs. There is a tendency to believe that abusing families have negative perceptions of their child's behaviour and they may define their behaviour as a threat to their own self-esteem for example. This often leads to punitive measures towards the child. Thus

there are a number of characteristics that can identify potentially abusive parents. However, there is no preventative policy in Russia which deals with potentially abusing families. Instead the focus is on the remedial action towards abused children. Due to the absence of prevention, local authorities have to deal with already abused children and their outcomes. Thus Starr's study (1982) focuses on post-abuse developmental outcomes for children. Glaser (2001) suggested that the all inclusive aspects of early child development may be influenced by parental abuse or/and neglect.

In addition to this, Hanks and Stratton (2007) report that parental maltreatment of a child is very likely to affect a child immediately during or after the abuse. This subsequently may cause post-traumatic responses in a child which in turn may be followed by psychological or physical effects and cognitive distortions of different kinds. Beckett (2007) reports that different categories of maltreatment (including abuse) can lead to a variety of developmental problems. With reference to this, the chronic nature of any kind of abuse in a family is likely to lead to long term consequences for a child which include adaptation to the family maltreatment and the development of defensive coping strategies. With time these may become part of the child's functioning and are likely to influence his or her psychological development through life (Hanks and Stratton, 2007). According to Beckett (2007) and Hanks and Stratton (2007) children who experienced physical maltreatment may have the following features:

- Developmental delays: motor development (picking things up, holding things) or delayed gross motor skills (walking, jumping, running);
- Low self-esteem;
- Depression and suicidal impulses;
- Difficulties in relation to others;
- Mental health problems;
- Drug or alcohol problems;
- Low education attainment;
- Restlessness and difficulty in concentrating;
- Difficulties as parents in the future including, in some cases, becoming abusers themselves.

That said, a lot of physiological and developmental problems which are caused by maltreatment such as lack of trust in people, low self-esteem and depression may be 'self-

fulfilling prophesies' (Beckett, 2007, p. 98). In other words, a child who has a fear of rejection is likely to be unsocialised, uncommunicative and isolated from others. This behaviour subsequently may influence other people to avoid the problematic child. This cycle of behaviour can lead to the exacerbating problems in future. Conversely, Gibbons et *al.* (1995: 53) proposed that there is no direct evidence that 'physical abuse in itself causes long-term harm'. Gibbons et *al.* (1995) examined a group of 170 children who had previously experienced physical abuse. The results of this piece of research have shown that physical abuse should be taken into consideration as one of the indicators of abusive relationships between a parent and a child. It is the relationship itself which may subsequently cause the psychological problems in the child. With reference to the latter point, Hanks and Stratton (2007) also suggest that the high risk family environments are the places where the child has to function and grow. The many ways in which children function will be affected by the environment they live in.

Although reasons for fear varied depending on the children's background, individual circumstances, personality and age, there were no indicated differences subject to gender. As such, female and male children in care shared similar causes for their fear. This is representative of the research, indicating that emotional disorders in male and female residents do not have significant differences (Meltzer et *al.*, 2002). That said, despite a lot of commonalities in the nature of fear in children, the ways of expressing their views on fear varied. This being the case, a male child perceived their fear as a "fight between good and bad" (male child in care aged 12, institution № 4), demonstrating his strength over emotions. Female residents showed a more vulnerable state, associating the fear with "danger and pain" (female young person in care aged 14, institution № 4). The nature of fear was a more overwhelming concept in girls which affected their behaviour through "depression" (female psychologist, institution № 4) and "deviant behaviour" male social work manager, institution № 1).

Figure 35: *Drawing of a child in care illustrating fear of the family*

Source: Author

Figure 36: *Drawing of a child in care illustrating fear of the family and death*

Source: Author

Guilt

Another attribute which was observed following by children's grief and fear was related to a sense of guilt existing in children. Sense of guilt was observed in a number of cases across all four institutional settings. As such, children were observed (1) blaming themselves for being institutionalized; (2) for being unloved by their parents; (3) for being naughty and (4) for parental death. One of the residents perceived the reason for her parents getting divorced because of her as follows:

My mum always tried to defend me when my father hit me or screamed at me. When he once came back drunk and started throwing shoes at me, my mum called him "a bastard and a bitch". He was so angry because of that that he ran after mum. I think that that if she did not defend me my father would not be angry at her and we would live together.(female child in care aged 10, institution № 2).

This quote demonstrates that the child sees herself as a central cause for a family conflict. She does not accuse her father of abuse, but instead wishes they lived together.

Guilt can be developed due to any emerging issue in a family environment which can lead to subsequent difficulties in family relationships and well-being. Another example of a boy who was placed into the institution reveals that his mother "always blamed me for all the evil I caused" (male child in care, aged 11, institution № 3).

The state of guilt can drive further traumatic experiences in a child's life. Blaming oneself for a range of causes related to family circumstances and institutionalization often links this with the reasons for not being loved. As such one of the children in care commented:

He [a friend] has parents who visit him regularly. They give him presents and call from time to time. My mother does not want to see me. It is my fault that we never see each other (male child in care aged 12, institution № 2).

Trust

This study applies the term trust defining it as "trust in human nature or people-in-general" without narrowing it down to a recent definition and use of it in a romantic sense (Couch and Jones, 1997: 320). The attribute of trust is explored throughout the whole process of ethnographic participant observation aiming to investigate the potential development of this characteristic representing a protective factor as well as a demonstration of children's attitude towards others. During the observed acts of interaction, children tent to demonstrate their rate

of trust. From entering care, the notion of trust and children's use of it affected children's decisions and their relationships in care and beyond. The psychologist from institution № 4 argues that at the point of entering care children usually demonstrate complete trust which in some cases can be viewed as "dangerously naïve" (female psychologist, institution № 4):

Take this boy for example. He was 14 when he got involved in criminal activity. Since being a child he was particularly good at technology and engineering. As such, at the age of 11 he was able to construct a radio or a radio controlled helicopter. Being neglected by his parents, he spent most of his time on the streets with some of his mates. Once, these mates asked him whether he could break into a car. He managed to do it in several minutes. Next, the same guys asked him to break into another car. He did it again. When he got caught, I asked him whether he would break and enter a flat. He said "yes, why not? I was promised that everything would be fine. Besides I did not do it because of theft, I was just interested whether I could break into" Now I am worried about this boy, because in reality he has a criminal record but the truth is that he is a good boy - just very trustful, curious and dangerously naïve. If there was a way to find an appropriate carer for him, he would be in good hands. (female psychologist, institution № 4).

The story reveals that whilst having a lack of attention from family members and being trustful, this was a boy left by himself without any experience or knowledge about the potential risks and dangers which could take place outside home.

Another aspect of trust can be demonstrated through the establishment of relationships between each other. Children and young people are prone to exercise trust towards each other in a more confident manner in contrast to trust towards adults. One of the examples observed during a workshop shows how a child behaved towards an unfamiliar and possibly untrustworthy environment and a new volunteer (i.e. external visitor):

When the young man entered the room, it was obvious that he showed a lack of interest in the activities taking place during the class. With a suspicious manner the boy wondered about the details of the activity taking place:

Young man: So what exactly do I have to do here?

Volunteer: You do not have to do anything. But if you want to, you can join us and take part in an art class.

Young man: I am not particularly interested in all this. This is the girl's thing.

Volunteer: Ok then, just close the door after you then because we are starting in a minute.

Suddenly one of the young men sitting inside said:

Young man 2: Come on Pasha, join us. It is a real fun here-you will enjoy.

After another residents' invitation, Pasha entered the room and joined the class without hesitation. (Field notes, institution № 2, 14th April 2012).

This example reveals how persuasion by a peer can be influential for a child in care, particularly in the new environment.

Another perspective on trust which was investigated in children and young people in care at the point of entering care relates to self-trust. Govier (1993) argues that the notion of self-trust is the main source of self-respect and self-independence. Children who entered care demonstrated lack of self-trust during the examples of group work or housework. As such, as soon as children were invited to participate in the activity or to lead one, their first response would usually be such as "I cannot do this" (female resident aged 15); "I will spoil everything, so I better watch how others do it" (male resident aged 12), and "I am afraid to do this, I think I will do it the wrong way" (female resident aged 13).

9.2.2 Experiences of Relationships with Adults

Notion of Role Model

The notion of role model has emerged in each of four observed institutions demonstrating different perspectives on the role of an inspirational and consistent individual within care settings. The role model also, known as long term mentor and inspirational individual, served as one of the key aspects of institutionalization which defined residents' experiences. During ethnographic participant observation, the nature of role models was explored through children's perceptions and understanding of an inspirational individual and its impact on their institutional experiences.

Successful role model and positive impact

Each group of residents is attached to several caregivers and spend most of their time with the professional house parents. Given that residents often lack contact with the wider community outside institutional settings, their interactions may be limited to adults and peers within the institutions. This limited communication makes it difficult for residents to find a person who would coincide with their image of a role model. That said, sometimes residents find their inspiration in a caregiver arguing that "this is the best person I have ever met"(male child in care, institution № 2) or "I want to look like you" (female child in care, institution № 3).

The imitation is a frequent case in the behaviour around residents:

After spending several hours in a group, I was convinced that one of the residents was the birth child of the caregiver. I met several caregivers who brought their own children to institutions at the weekends given that they did not have anyone to leave children at home with. This girl had the same hair tone and haircut, similar manners and mimics. Even the words which she chose were the words the caregiver used. Apart from that the girl stayed close to the caregiver all the time listening to everything which was said by her houseparent. When I wondered whether the girl was the caregivers' child, she said that she was not and that they simple "have close and good relationships "adding that their relationship has a very "mentoring nature" instead of providing basic care and child-parent scheme. (Field notes, institution № 2, 15th April 2012).

This example demonstrates that the mentor-mentee relationships created by the houseparent and the child may serve as the foundation for the role model which may have an impact on a child.

An inspirational person for a child may be selected either chaotically and selectively. Following the chaotic manner of determining a role model, a child may be influenced by any individual who achieved something they admired, demonstrated an example of inspirational behaviour or act, or in some cases "represented another world and life" different from what an institutionalized child has:

When a group of volunteers arrived for the purpose of a workshop, three children approached the visitors and started asking questions about the visitors' occupation and "cool things" volunteers can do. When the workshop began and one of volunteers, who was a professional artist, showed a group of girls how to make jewellery from felt wool balls, one could see signs of admiration in their eyes. All the girls were doing their best to produce the best beads from felt balls. After several girls completed their beads, they ran to the volunteer to show her their result. When the volunteer praised them, one of the girls said that "I want to be like you [volunteers]" meaning that she was willing to acquire the skills of the volunteer in crafts making. When the same volunteer came the second time a week after the initial workshop took place, that same girl ran to the visitor with a small bag. Inside were felt balls of different colours and sizes which were made by the child during the week. She showed everything she had done saying "I could do even more and better than that. I want you to teach me everything else you can dot". After that, the girl did not leave the volunteer alone until the next workshop was finished and the visitors left the institution". (Field notes, institution № 2, 14th April 2012)

The combination of feelings of both inspiration and desire to be liked by the particular person encouraged children to start learning and developing a particular set of skills. This example demonstrates that individuals who can arouse interest in residents by sharing an acquired set

of skills and knowledge motivate children and young people to learn and to seek out developmental opportunities.

Distorted role model and mixed outcomes

As well as the good example, role models can equally be damaging experiences for the well-being of children. One such case includes the creation and existence of distorted role models which can be a result of inadequate examples of behaviour and well-being. The distorted role model may follow "the lack or absence of interactions with individuals from the wider community" (male social work manager, institution № 1), "disturbed relationships with adults within the settings" (female volunteer, institution № 1) or "lack of individual security" (female psychologist, institution № 4). It can be the case that there are other reasons which affect residents' choice in choosing role models which have not been explored in this study. This section focuses more specifically on male experiences of having a distorted understanding of a role model whilst being institutionalized.

This example looks at the resident's account of reflection on the impact of disproportionate numbers of female and male caregivers and its impact on the experiences of having an inspirational person or a mentor in institutions.

Before I was admitted to care I had no clue about the existence of my father. I used to live with my mother until I was seven when she started drinking heavily and I was taken. Since then I have been living in care which now constitutes nine years and two months. For the whole of my life I have never met any normal men-most of them are either plumbers or drivers who are employed by institutions or some drinking buddies in the neighbourhood who have wasted their lives. (male young person in care aged 16, institution № 2)

This young person talks about the absence of male characters in both pre-care and in-care life which would create an image of "normal men". This in in line with the existing gender differences among caregivers in institutional care in Russia (Khlinovskaya Rockhill, 2010).

As such, when a male volunteer visited the institution to lead one of the workshops for male children in care, male residents looked very enthusiastic and encouraged by the prospect of spending time with him. The indiscriminate excitement they demonstrated was followed by comments that they can finally spend time "with a guy" (male child in care, institution № 2) and "learn something boyish" (male child in care, institution № 2).

After leaving the institution, the male volunteer expressed his surprise at how all the boys were eager to take part in the workshop and how they did not want to let him leave the institution. As well as residents' excitement, caregivers also showed appreciation of the visit by the male volunteer arguing that it was beneficial for boys to see good examples of young men.

9.2.3 Experiences of Relationships with Family

There is scarce information and evidence on the contact between residents and their families due to several possible reasons. First of all, the nature of contact between families and children was observed to be limited in all four institutions. Although family visits are open and easily organised in all the institutions, none of the observed staff within the settings appeared to promote the maintenance of parental contact. Caregivers and other members of staff see parental contact as a negative thing advocating that "parents disturb the psychological stability of children placed in care" (female nurse, institution № 1). In line with these findings the research suggests that the "traditional model of institutional care does not focus on maintenance of links between residents and their families" (Astoyanc, 2005: 55).

On the other end of the spectrum parental contact is fragile due to feelings and comfort of parents who are blamed by caregivers for "failing parenthood" (female caregiver, institution № 1) and "giving up their children"(female caregiver, institution № 3). As such, some caregivers see residents' parents as "bad parents" arguing that "most families placed their children in care in order to save money for child care and to use these savings for their own indulgence" (female porter, institution № 2). In return, parents may reduce the number of visits in an institution in order to avoid caregivers' attacks.

When one of the parents decided to visit their child residing in institution № 1, it turned out that institutions do not provide specifically designed private space for child-parent contact. As such, the family visit took place in the communal area with a lot of children and staff members' walking around. It is suggested by the literature that the lack of facilities designed to provide private space may negatively affect the frequency of parental visits (Berridge and Brodie, 1998).

Residents, on the other hand, perceive family contact differently. The observed experiences demonstrated that (a) children seek parental contact; (b) make effort to gain parental love and (c) are jealous of other peers who maintain relationships with their families.

Findings suggest that some children in care showed strong willingness to establish or maintain contact with their families whist residing in institutions:

When the workshop on decorating Easter eggs started, the leader introduced a warm-up round asking children in care to state whether they had any idea of how to use the decorated eggs for Easter. Out of seven children in care three of them stated that they wanted to present the final version of their decorated eggs to their mothers. At that point one of the children in care added to a volunteer sitting next to her that she wanted to "produce the most beautiful egg for her mum" (Field notes, institution № 2, 15th April 2012).

This example above demonstrates the child's effort to show and probably gain love of her mother through the "most beautiful" craft made by the child.

Another example concerns child's in care attempt to convince his parent to visit the boy in the institution:

The dialog was heard only from the boy's side who was using his mobile phone and asked his parent to "come any time" and to "call tomorrow". After the boy finished the conversation another resident asked him:

"Is your mother coming any time soon?"

"She promised me that she will come next week, may be even on Easter", - answered the boy (Field notes, institution № 2, 15th April 2012).

Other residents' experiences which was triggered by parental contact were related to the sense of being proud of having good relationships with their birth parents:

Let me show you the pictures from my trip organised together with my parents. Here we are going to the cinema together. See, this is my mother [the girl is pointing at the woman on the picture]. *We spend a lot of time together. And here we are at the Christmas performance* [the girl is showing the next picture]. *I am in a costume of a bean – my grandma and mama attended it. And this girl, Anya… she also has a mother. She visits Anya a lot. And Dasha here* [the girl is showing another picture with a group of children on it] *was taken back to her parents three weeks ago. She has very good parents (Field notes, institution № 2, 14th April 2012).*

From the findings presented it is clear that children in care value the contact with their families.

Another incident case took place in institution № 4 where a young person was waiting her parent to visit her:

I want to do something special today – maybe I could even cook something delicious like a cake for example. My mother visits me twice a week and the director says that she will take me back. It will be cool when I return home (female young person, institution № 4).

Other children who did not have any family contact were observed to be enthusiastic to build close relationships with external visitors, volunteers in particular:

After spending the whole day in the children's home, I started collecting my belongings and get myself ready to leave. Suddenly Anya, a girl who spent all day together with me approached me and took my hand:

"Will you come tomorrow?", - she wondered.

I told her that I would come as soon as we set a date for another workshop which we need to confirm with other volunteers and staff.

"You could come alone! I love you. Do you love me?"

At this moment I realized that Anya is expecting me to answer her. And I said that I really liked her and that she was a lovely girl. Then, the girl hugged me and said that she "wants to live with me". I explained to her that we do not have a chance to live together as I was living in a different country. After hearing that she asked me whether I can promise her that I come back soon. And I did. Then Anya hugged me again.(Field notes, institution № 2, 7th April 2012)

This case demonstrated the girl's behaviour and reaction when she learnt that the volunteers including myself were leaving. The observation shows that the girl wanted to convince me to spend more time with her, stay or take her with me by expressing her feelings of love. The mixture of pain, eagerness to be loved, desire to find a person who would love her contributed to her behaviour.

9.2.4 Experiences of Relationships with Caregivers

Research suggests that residents in institutions initiate contact with caregivers in order to create interactions and relationships with staff (Berridge and Brodie, 1998). The findings from the study support the argument demonstrating residents' eagerness in interactions, communication and bonding with their house parents.

When I first entered care I did not know what to expect. I imagined that I would be surrounded by strangers and indifferent people. When I moved to a children's home I understood that my house parents are so kind to me. I really enjoy spending time together with Tatiana Genadevna and Natalia Vladimirovna. (female child in care, institution № 3)

and

I love Mariya Vladimirovna. I think that she is the best housemother in the world. I love to spend time with her when we are in the children's home. Also it is great when we go out together- I always enjoy it.(female child in care, institution № 2)

Another sign of positive and dynamic relationships between caregivers and children in care were observed through children's willingness to share with their houseparents:

Two children were sitting in a room watching some video clips on YouTube. Suddenly a director of an institution entered the room looking for a member of staff. As soon as the children saw the director they turned the video off in order to prevent the director seeing it. When the director left the room, the residents turned the video on again. It was a clip showing some kind of a local stand up with two presenters. In a few minutes a houseparent of these two boys entered the room. When one of the boys saw their houseparent, he exclaimed "Tatyana Vladimirovna, come here, look what we found" (Field notes, institution № 2, 14th April 2012).

The children had clearly established a rapport with their caregiver showing enthusiasm to share the video they found in order to have a laugh together.

Another aspect of good relationships between residents and caregivers was observed through residents' efforts in seeking attention from their houseparents. Provided that most groups in care usually consist of 10 to 12 children with only one member of staff, it may be challenging to attract a houseparent's attention. Younger children used gestures and physical contact in order to draw attention to what they were saying or doing. Young people demonstrated different patterns of behaviour by provoking a caregiver's attention with mischief or a naughty joke. As a result of gaining caregiver's attention, residents demonstrated rivalry between each other. One of the house parents comments on this issue as follows:

Children frequently fight for the sake of getting adult's attention. It is natural for them to think that their housemother belongs solely to them and thus does not have a right to spend time with anyone else. Recently we have had a case when my colleague [a caregiver] brought her daughter to the unit. One of the girls on the ward got so jealous that she started insulting and beating the caregiver's child. It was nothing serious, but when children are placed in care with two adults looking after them on a long term basis it is easy to forget that these caregivers have their own life outside the institutional setting. (female caregiver, institution № 2)

Based on the caregiver's account, it can be suggested that the sense of ownership which inevitably develops in some residents towards their caregivers may serve as both a positive and a negative attribute in the relationships.

Furthermore, as a part of good relationships children and young people were enthusiastic about encouraging caregivers to get involved in different types of activities together. Among the activities offered students suggested "going to the cinema together" (male young person aged 14, institution № 2), "joining the sport competition" (male young person aged 13, institution № 1), "watching a film" (female young person aged 12, institution № 2) and "taking part in a workshop" (female young person aged 13, institution № 2). With reference to residents' attempts to involve caregivers in different activities and interactions which are not embedded into the daily routine, it may be suggested that residents wanted to spend more time together particularly in an alternative type of environment.

Similar to positive aspects of relationships between children in care and staff, the findings presented below highlight the negative and vulnerable sides of relationships.

Exercising the disciplinary nature of care among children in care, caregivers use a number of control techniques which keep children within 'accepted norms of behaviour'.

One technique is related to punitive measures of control such as slapping the child or 'putting the child in a corner' for bad behaviour.

The boy was running around the floor trying to hit his peer. When the caregiver asked him strictly to stop this, the boy ignored the caregiver continuing to chase another resident. When he finally reached another child, he started fighting with him, As soon as the caregiver managed to come close enough to reach both boys, she grabbed the hand of the boy who initiated the fight and slapped him on the back of his head. In the next few minutes the boy was locked in his room for several hours in order "to reflect on his bad behaviour" (female caregiver, institution № 3) (Field notes, institution № 3, 12th April 2012).

Based on observations of the reactions of children it was surmised that the control measures were frequently used in care.

I was standing in the hall. A boy aged 14 approached me and took my hand carefully asking whether I was a volunteer.

I nodded.

Boy: Great! Follow me.

Interviewer: Where are we going?

Boy: Wait until you see.

The boy grabbed my hand tightly and we went to the 'secret room' full of crafts, puzzles, toys and other games where children are not allowed to go.

Boy: Let's play here. I don't want anyone to find us.

I: But what will your caregiver tell us when she finds out that we are here. They will look for you.

Boy: I do not care. I will simply lie to them.

After we left the 'secret room' the nurse saw the boy who she had been looking for 20 minutes to give him his medicine. Suddenly a child started acting very quietly being afraid of punishment. He looked as if he was replaced by another person being quiet and shy. Moreover, the boy even lowered his head in order to seem smaller than he was (Field notes, institution № 1, 28th December 2011)

Although naturally children and young people in care were against punitive measures used by caregivers, one of the young people argued that "I understand why careers scream at children. Sometimes there is no other way to make the child listen to an adult and behave. They can simply get intentionally naughty."(male volunteer, former child in care, institution № 1)

All of the examples reveal the complexity of relationships between residents and staff. Although houseparents are perceived as significant individuals in their lives who define and influence their well-being in care, they similarly may appear as strict adults whose primary aim is to establish control and good behaviour in groups.

9.2.5 Experiences of Relationships with External Visitors including Volunteers

In institutions which adopted an open policy of visitors and movement, residents were observed to demonstrate two diametrically different types of behaviour. The non-governmental organisations introduced voluntary work with institutions on an individual basis where the heads of institutions made the decision to make the settings more transparent and open. As such, voluntary work in institution № 1 was not allowed until 2005 whereas institution № 4 has been collaborating with the voluntary sector since 2000.

The first type of behaviour observed included residents' expressions of love, devotion and friendliness towards total strangers. Here once seeing a volunteer, a group of residents often

rushed towards them with an intention to hug a volunteer often followed by over-activity and friendliness by children. Here residents tend to stay with the volunteer or another non-institutional adult as long as possible, rejecting any adult's excuses to leave a child.

Another type of behaviour included what seemed as lack of attention and reaction towards external visitors by residents. Although multiple possible explanations could be given to interpret children's behaviour this study suggests that participants' indifference to new people was triggered by lack of interest in them. Indeed when several volunteers entered the hall inside the institution where several boys were playing with each other, the boys did not even show the minimal signs of visitors' recognition. Furthermore, apart from ignoring the visitors, children demonstrated neither interest nor enthusiasm in learning visitors' names as long as they do not 'represent any value'. Indeed, as soon as residents learnt any interesting facts about the visitors such as "skills of making felt balls" and "working as a doctor" or potential opportunities to leave institutional territory together, their manners towards visitors became more friendly.

A young person emphasised concerns over the risks of getting too close to external visitors:

I was friends with several volunteers for more than a year. They visited us in the internat and we spent time together. And then something happened and they never came back. I was really upset by this betrayal (male young person in care, institution № 1).

Although the behaviour of older residents was more self-protective, younger children demonstrated complete openness and trust towards external visitors.

As soon as I sat nearby one of the girls took my hand and suggested we work as a team in the workshop we were at. We were working for an hour together making a soap bar. When we finished, she ran into the room and brought a bag of sweets and chocolates offering them to me. Convincing me to come again, she asked me whether I wanted to be her friend. After a short conversation, the girl ran into her room again and brought a number of toys which she started telling me about emphasising that these toys were her favourite. (Field notes, institution № 3, 12th April 2012)

Being unfamiliar with the rules of behaviour with strangers children in care often see time with volunteers as an opportunity for misbehaviour. When the houseparent left the room leaving ten boys aged between 10 and 12 with three volunteers, the residents suddenly started screaming at each other.

Every attempt to calm residents down by all of three volunteers failed. When finally one of the boys grabbed the piece of equipment prepared for the workshop and started throwing it at

another boy, one of the volunteers warned the boys that she would call the caregiver if they did not stop this terrible behaviour. This warning helped to slightly calm the boys down and continue the workshop. However ten minutes later the boys started misbehaving again with a new wave of energy and strength. The caregiver heard the noise and came down to the room to check everything out. When the houseparent came in, all the boys went to their seats and got quiet. The rest of the workshop was supervised by the caregiver. (Field notes, institution № 1, 29th December 2011)

This example emphasises children's perceptions of the rules of behaviour and their acknowledgement when the rules cannot be broken. Being under permanent strict order and control, residents do not know the rules of behaviour when the supervision and control followed by fear of punitive measures are taken away.

As revealed through these examples, the residents' relationships with external visitors have a considerable impact on residents' themselves. Being unaware of the consequences, external visitors enter institutions without considering the damage which can be caused to children and young people. Although interaction and communication with strangers have a positive impact on the development of social skills among residents, it can also be harmful to residents' perceptions of the wider community and life outside the institutions.

9.2.6 Experiences of Relationships with Peers

Subculture

One of the first attributes of group behaviour can be observed through certain commonalities which are used among groups, namely type of language and slang, music and appearance of residents themselves including their hairstyles, clothes and make-up.

As such, residents, particularly those who were older (above 12), used slang in their conversations with each other. Although the slang used was not specifically different from any other language articulated by young people in the wider community, it does include a lot of swearing and "prisoner's phrases" (female caregiver, institution № 3). As such, children communicated via simple poems which would rhyme swearing and other words in an anecdotal manner. Although it was a common feature among the majority of male residents, female young people also used this language particularly those who had boyish behaviour as well as boyish clothes on.

Next, music was of great importance among residents. Although it is difficult to define the pattern of music residents prefer listening to, it was evident that listening to music was one of the most common activities in care.

Furthermore, speaking of the aspect of appearance, residents tend to have different patterns of looks. The variety of different appearances and their significance in expressing themselves was particularly observed in female groups. Indeed, some girls were prone to look like boys by shaving their heads, wearing black clothes and men's shoes. Some of the female residents did not want to look pretty, emphasising that "it is embarrassing" (female child in care, institution № 3). Another young person commented on her boyish look as follows:

I honestly hate this girly pink colour and all this make-up, jewellery and stuff. Besides the girls in our internat are all such stupid imbeciles. I really want to hang out with boys. And I am sure that they would not stand me if I were some kind of a girly girl.(female young person in care, institution № 3)

This type of self-perception and importance of belonging to a particular subculture is supported by a caregivers' comment about the nature of residents' subgroups:

Every child who enters an institution aims to find their own place and peer group. Unfortunately it is not rare when children do not fit into any patterns of behaviour and cannot fit in any group. Then they usually break themselves in order to change their nature for the sake of belonging to a group. The scariest experience for children in care is to become 'white crow' in the institution. It may trigger all sorts of consequences. (female psychologist, institution № 4).

Often, the way of perceiving the behaviour of young people who become part of a certain subculture can be seen as "deviant" (female psychologist, institution № 4). The concept of deviant behaviour encompasses a range of terms and notions. Rock (2012; 1973: 19) defines deviance as a 'social construct fashioned by the members of the society in which it exists'. Usually deviant behaviour is subdivided into categories such as criminal or suicidal behaviour. Downes and Rock (2003) proposed that people who display deviant behaviour are likely to make their lives more dangerous or problematic. It is very difficult to find the exact and single interpretation of deviant behaviour. In terms of the Russian context little clarity is offered. However, it is well reported that in between 1997 and 2006 24 per cent of children withdrawn from the families and placed into institutions display what is tagged as deviant behaviour (ROSSTAT, 2012).

Protection

Equal to gaining a feeling of being a part of a group and belonging to a subculture, group behaviour is developed in response to protection and a sense of security. As such, the aspect of being protected within a group gives a feeling of having "one's back covered" in case something happens. (male young person in care, institution № 1)

One example of being protected by other members of a group was demonstrated during a workshop with children aged between 8 and 10.

During the introduction of all participants, a volunteer turned to a child who was being quiet and looked shy. "Look at this cute boy here. What is your name?" ,- asked the volunteer. As soon as the volunteer addressed the child using the different sex, two other residents corrected the visitor saying that "actually this is a girl!". When these two children saw that the child got upset by the volunteer confusing gender, the children came close to the girl and hugged her in order to cheer her up. (Field notes, institution № 2, 14th April 2012)

The immediate reaction towards the protection of peers demonstrated by two residents showed children's readiness to be there for their peers. Later one of their house parents reviewed this type of protective behaviour as "common among residents" and "instinctive as residents do not have anybody apart from each other" (female caregiver, institution № 2).

Another representation of protective behaviour was observed through children's urge to be in groups instead of acting individually. As part of the daily routine, children from the institution № 1 were taken for a walk outside. Considering, that each resident needs special assistance, every child is required to have their own individual volunteer or assistant. This condition caused a lot of objections among residents as they insisted on having a walk together with other residents arguing that residents "trust them [peers]"(male looked after young person, institution № 1) and their company makes them feel "secure" (male young person in care, institution № 1). As such, one of the residents completely rejected the idea of walking with one of the volunteers saying that "I was told by my caregivers that you are incompetent as you do not know how to interact with us. I do not want to go anywhere with you"(male young person in care, institution № 1).

Furthermore, another aspect of protection among peers peer defence from each other. Indeed, although the primary 'danger' to residents is usually expected from strangers or staff, it is also common that harm may be caused by those who live side by side with them. For some

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residents who were subject to cases of different types of abuse among peers the issue of protection and self-defence from other residents was a pressing question:

I am very lucky that I have been moved to a different children's home. Here children are nice and kind to me. I lived two years in previous internat and it was permanent hell. Every day I expected some kind of cruelty from other residents-they were beating me, insulted me, took and broke my things, blackmailed me for nothing. I pleaded my housemother to help and she did-but as soon as her shift ended everything started over again. Only two of my friends tried to protect me – but it was difficult because the more they helped the more they got from this group of bastards themselves. (female young person aged 15, institution № 2)

Most of the caregivers and other members of staff who worked in institutions are aware of bullying and abuse cases by other residents:

I know how it must look- why do we remain indifferent towards the cruelty and severe bullying between peers? The reality is however very complicated- by interfering in relationships we let them rely on us and our support. However they will not have the same support after leaving care – so it is better to teach them to protect and defend themselves now. (female caregiver, institution №3)

Following the account of the professional working in institutional care for more than 15 years, I sought to gain a deeper account of the connections between peer aggression, they ways they cope with it and adults' actions. Also during the fieldwork I aimed to observe and understand the way caregivers acted when different kind of conflicts occurred between residents. From what I observed and experienced, conflicts from insignificant and small arguments to severe cases of fighting between peers took place on a daily basis depending on the age and gender of residents and on institutions themselves.

The findings suggested that the lack of activities and entertainment within institutions triggered residents to be more focused on other residents and their actions, accounts and behaviour. This argument was also supported by a resident who commented on spending all his free time with his peers as follows:

I find it very boring to spend all my free time with my roommates and group mates. I mean we have nothing to do apart from drinking and hanging out together. I mean it is cool but sometimes I am sick of my mates. (male young person in care, institution №3)

The findings above reveal different aspects and rationales of residents exercising protection and defence towards themselves and other peers. Members of staff tend not to interfere into relationships as longs as they are of "no danger" (female caregiver, institution №3) to

residents. Another reason for letting children in care resolve all conflicts on their own is the necessary preparation for their post-care living.

Residents demonstrated their sensitiveness and awareness of potential harm towards both themselves and their peers. Children in care were very protective particularly when surrounded by external visitors and aggressive peers.

Kindness

Institutional experiences of children and young people in care are closely related to their perception of the world and self-perception. Equally experiences form and shape individuals' identities and characteristics including their behavioural patterns. Most of the discussed experiences and characteristics deal with survival, coping and adaptation aspects of institutional experiences. Although the mentioned aspects generally include most of the observed experiences, they miss out the notion of kindness which is argued by caregivers to be of critical importance when understanding children in care:

There is one striking difference between children in care and 'family' children. Our children are more kind in contrast with others. In fact, I am convinced that levels of kindness among institutional children are incredibly high but somehow surprisingly nobody is aware of it. (female caregiver, institution № 2)

Another professional told me that during her master's degree she conducted a research which assessed the kindness levels of both groups of children which demonstrated that "children in care are considerably more generous, open hearted and altruistic all of which results in kindness"(female psychologist, institution № 4).

Although it is difficult to measure kindness among residents during ethnographic participant observation, I was guided by a definition of kindness as a combination of generosity, open-heartedness and altruism suggested by a caregiver. This distinction allowed me to study the concept of kindness more broadly.

Generosity was widely exercised and experienced within institutional units. During several visits to different institutions, I experienced a number of cases which served as examples of generosity:

After finishing different games with children we were sitting in one of the small rooms which served as a storage room waiting for a director to walk us to the entrance. Suddenly two girls

ran out of the room whispering something to each other. In no time, both residents came back. One girl was holding a myriad of colourful magnets and pins in her hands. The other girl had two boxes with biscuits which had not been unsealed yet. "We really enjoyed playing with you",- the girl with magnets said. "We would like you to have these-these are my favourite cookies",- said another girl looking at the boxes and magnets. The girl with magnets agreed with her saying that "they have rarely had this kind of biscuits at the children's home because "they are very good and hard to get". (Field notes, institution № 3, 12th April 2012)

When the houseparent was asked to comment on the generosity of children she responded that it is the experiences of difficult pre-care lives and living in a group which have a dramatic impact on forming their sharing and generous manners:

What is very typical among our residents is the existence of generosity and willingness to share. They have gone through such rough times-some of them were homeless, some of them were treated as 'trash' before care. For example one boy was found in the massive trash bin in the street market when it was minus 20 outside. He did not have any food for a number of days. All of them suffered a lot and they know that help and ability to share are two most important things which may save life for them and their peers. (female caregiver, institution №3)

These findings suggest that often group living or severe pre-care experiences developed the values of kindness and the importance of generosity among children. Based on their own experiences of being helped, supported or rescued, children may maintain these values throughout their lives in care.

Conclusion

The findings from the two methods of data collection provided rich and complex data on the experiences of institutional care among children in care and care leavers. The study has shown that pre-care experiences of children in care may exert significant influence on children's subsequent well-being in care and potentially post care. Children with experiences of living in a family prior to entering care have demonstrated feelings of fear, grief, trauma and guilt at the point of entering care. Expressing their feelings through art enabled children to show caregivers pain which they could not often express with words. Investigating the differences between children with and without experience of living in a family the findings demonstrated that both groups of children were vulnerable. Such factors as poor educational outcomes, poor social skills, problems with behaviour and health were common among children in care.

In addition to pre-care circumstances, the chapter provided evidence of the crucial importance of relationships in care. A particular concern was expressed in the relationships between caregivers and children in care. Along with positive experiences of relationships, such negative factors as lack of communication, insecure attachments, attention deficit, lack of close relationships and punishments were identified. Whilst exploring institutional relationships furthermore, the findings suggested the distorted nature of relationships between children in care and parents. Such observed factors as stigma by caregivers, absence of private space for family meetings and absence of institutional policy of maintaining contact with family hinder relationships between families and children.

Relationships with peers tended to be complex including both negative and supportive elements. Being kind and caring towards each other, children could simultaneously demonstrate abusive behaviour towards each other. Relationships were often informed by the notions of protection. Finally, the evidence suggests that the nature of friendship was of significant importance to children. Often occurring opportunistically, friendships influenced children's experiences of institutionalization.

Overall, the findings from this chapter illustrate the diversity of children's in care and care leavers' profiles and experiences as well as the variety of their institutional pathways. The identification of factors which may enhance or conversely inhibit children's experiences of care followed by their transitions to independent living helps to recognise the most vulnerable areas of institutionalization. In return addressing the implications of such factors may ensure that needs of children in care are met.

In the next chapter I develop my analysis in relations to caregivers' experiences of looking after children in the Russian context.

CHAPTER 10: STAFF MEMBERS' EXPERIENCES OF INSTITUTIONAL CHILD CARE IN THE RUSSIAN CONTEXT

Introduction

The previous chapter addressed the second research question providing the findings on the institutional experiences of children in care and care leavers. This chapter addresses the next research question namely:

- What are Staff Members' Experiences of Institutional Child Care in the Russian Context?

In this chapter I continue exploring the phenomenon of institutionalization through experiences of looking after children in the Russian context. Focus on caregivers' experiences of institutional care enables me to provide a holistic view on care, providing different perspectives of a range of participants including Heads of institutions, caregivers, nurses and doctors. Section 1 comprises an outline of professional backgrounds and experiences of working in institutional care. Following this investigation of general profiles of caregivers, the chapter looks at the nature of relationships between caregivers and children in care. Section 2 draws on the findings from the ethnographic participant observation conducted in four institutional settings. Highlighting the relationships between staff and children the section focuses on positive and negative experiences of looking after children. As the section progresses, I provide an analysis of staff's experiences of relationships with other colleagues. Here I draw particular attention on the nature of relationships and the levels of cooperation between members of staff.

Figure 37 provides an overview of the central themes developed and discussed in the chapter.

Figure 37: *Staff Members' Experiences of Institutional Child Care in the Russian Context*
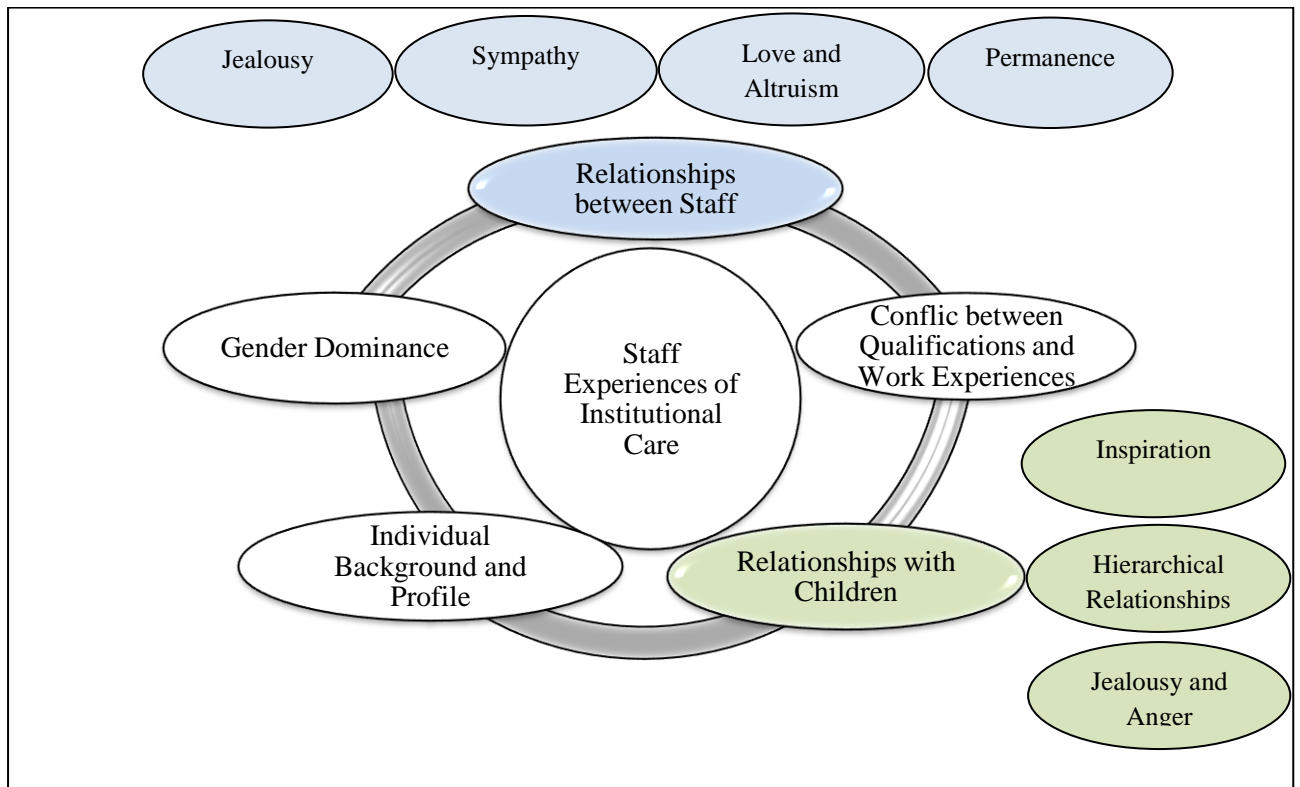
Section 10.1 Results from Questionnaires with Caregivers

10.1.1 Caregivers and Professional Experience

Age

All fifteen respondents were female members of staff with an average age of 28.5 years old. The findings demonstrated that there is a relationship between staff ages and their work experience in care settings. As such, nine respondents (60 per cent) who were aged under 34 had less than 7 years of working experience with children and young people in care whereas three of participants aged over 38 (20 per cent) had 13 or more years working experience.

Work Experience

Overall ten members of staff (66.7 per cent) had between two to seven years experience each. Among those who had less than seven years experience, nine of the participants had neither received any qualifications nor attended any professional training or course related to social work, medicine, social pedagogy, psychology or children. Overall, only three of the participants stated that prior to getting a post in institutional care they had professional child care training or a degree based around understanding child development and child upbringing.

Table 14: *Work experience of staff members, n=15*

Work experience, years	Frequency	Percentage
2 - 4	4	26.7%
5 -7	6	40.0%
8 - 10	1	6.7%
11 - 13	2	13.3%
Over 13	2	13.3%
Total	**15**	**100.0%**

As well as being an employee of an after-care support centre for care leavers, 14 participants (43.8 per cent) simultaneously worked in children's homes, 2 (6.3 per cent) in boarding schools and 1(3.1 per cent) in the army.

Table 15: *Work experience of staff members, n=15*

Type of settings	Frequency	Percentage
Army	1	3.1%
Boarding School	2	6.3%
Children's home	14	43.8%
Rehabilitation centre for care leavers	15	46.9%
Total	**32**	**100.0%**

Educational Background

The most common educational background amount members of staff (20 per cent) was related to the discipline of finance. It is interesting that all four respondents with financial backgrounds were under 30 years old. This is in line with a leaning towards 'privileged and highly paid jobs' advertised in the Russian labour market where economics and law were the most competitive degrees in labour market. That said, after the economic crisis in 1998, such massive need for these specialists experienced a dramatic decrease with thousands of professionals losing their jobs. The latter may have been a trigger for individuals from a variety of educational backgrounds related to finance, economics or law to search for other types of jobs.

Table 16: *Qualification background of staff members, n=15*

Area of Qualification	Frequency	Percentage
Art	1	6.7%
Journalism	1	6.7%
Law	1	6.7%
Linguistics	1	6.7%
Medicine	1	6.7%
Pedagogy	1	6.7%
Photography	1	6.7%
Psychology	2	13.3%
School teacher	2	13.3%
Finance	4	26.7%
Total	**15**	**100.0%**

Training Needs

The research around institutional child care suggests that the area of professional child upbringing is occasionally perceived as a sensitive and intuitive job which requires more in the way of personal characteristics rather than professional qualification. This approach was largely criticised by Millham et *al*. (1986) suggesting that appropriate professional training helps to boost most effective characteristics and improve practice around looking after children.

Whilst working directly with children and young people, nine respondents highlighted that they would like to receive psychological training arguing that it would "improve the knowledge about child development" (female caregivers aged 30) and "give insight into difficulties around children behaviour" (female teacher aged 26).

The need for training around work with children and young people with disabilities was rated as the second most popular training among respondents (18.2 per cent). Training around disabilities was highlighted by four participants all of whom worked as caregivers in the institutions designed for children with slight and severe disabilities. Here, findings show that staff who worked with children with special needs came from an educational background which was related to finance and accounting (n=2), law (n=1) and linguistics (n=1). These findings show that despite the fact that disabled residents need special care and particular knowledge about their development and upbringing, the respondents never received any appropriate training. Training in developing interventions was indicated by four participants (18.2 per cent) as the knowledge they most wanted to acquire. The interventions which were particularly interesting to staff were focusing on "increasing self-esteem and confidence levels in care leavers" (female psychologist aged 38), "ensuring children in care and care leavers preparation for independent living" (female caregiver aged 30) and "educational programmes" (female manager of social projects aged 34).

As for the training to teach large groups two members of staff (9.1 per cent) highlighted this need.

Table 17: *Training needs of staff members, n=15*

Training needs	Frequency	Percentage
Psychological training	9	40.9%
Training in working with disabled children and young people	4	18.2%
Training in developing interventions for institutional settings	4	18.2%
Training in teaching the large groups	2	9.1%
Training in social skills	2	9.1%
No training needed	1	4.5%
Total	**22**	**100.0%**

Role in Institutional Care

Although the training needs of professionals demonstrated similarities in their responses, their area of expertise was very heterogeneous. Indeed, five participants (33.3 per cent) worked as caregivers whereas seven of the other respondents (46.7 per cent) were employed as teachers in different subjects within institutional system. Also, the sample included two administrative posts, namely manager of social projects and of social work department as well as a psychologist who provided therapeutic support for children and young people.

Table 18: *Role in institutional care of staff members, n=15*

Type of post	Frequency	Percentage
Caregiver	5	33.3%
Manager of social projects	1	6.7%
Manager of social work department	1	6.7%
Psychologist	1	6.7%
Teacher	7	46.7%
Total	**15**	**100.0%**

10.1.2 Experiences of Relationships with Residents

Nature of relationships

Eight caregivers (53.3 per cent) reported that they agreed with the statement that children liked their caregivers during institutionalization. Here two members of staff argued that "relationships between a housemother and a child are at the core of institutional well-being" (female teacher aged 23). All of the participants who 'agreed' (n=8, 53.3 per cent) or 'strongly agreed' (n=4, 26.7 per cent) with the statement worked with both children and young people in care and care leavers.

The predominant number of respondents (n=8, 53.3 per cent) agreed that care leavers kept in touch with them as their caregivers. Furthermore, out of those who agreed with the statement, six respondents (75 per cent) had more than seven years of experience working with children and young people. This may suggest that the maintenance of relationships and contact between care leavers and staff was not a one-off event, but happened consistently.

The findings of the current study suggest that 13 staff members (86.7 per cent) disagreed that children had too many different caregivers during institutionalization. These findings stand in contrast with the existing body of research claiming the lack of staff as one of the key deficiencies in institutionalization, playing a significant role in shaping children's and young people's in-care experiences (Groark et *al.,* 2008).

Figure 38: *Caregivers' responses on relationships between residents and staff, n=15*
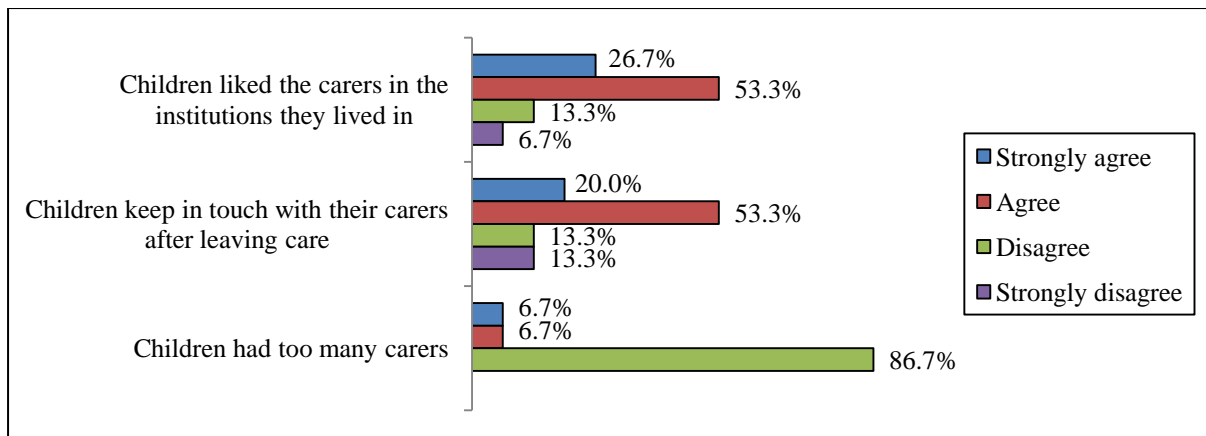
Close relationships with residents

There is a pressing question about the significance and impact of 'family-type' relationships when it comes to institutional care. Although, it is crucial to give voice to those who are in care in order to collect and explore their views and attitude towards close relationships between staff and residents, it is similarly important to investigate staff's understandings of the subject.

Figure 39: *Caregivers' responses on 'family-type' relationships with residents, n=15*
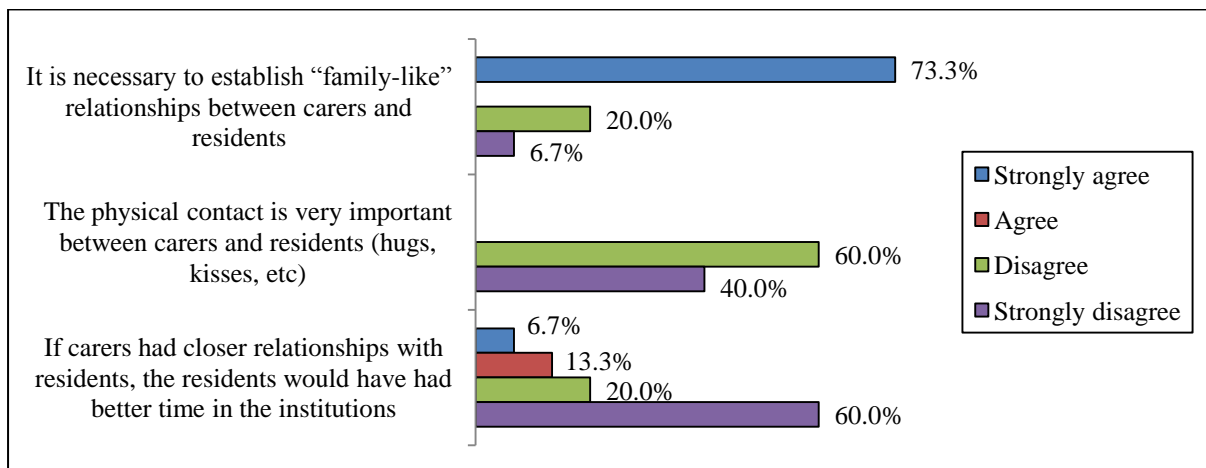
Eleven staff members strongly agreed with the statement around the necessity of establishing 'family-like' relationships between residents and themselves. Only a small proportion of respondents (20 per cent) disagreed with this practice saying that "it can be unpleasant to children" (female caregiver aged 50). This argument goes in line with the research conducted by Little et *al.* (2005:203) where one of the factors against close family relationships related

to the cases where residents have "intact families" of their own. Alternatively, residents who experienced negative emotions in their pre-care related to family issues might relate this to their current circumstances and bring up the entire past trauma to the family-like relationships with members of staff.

Closely related to the nature of 'family-type' relationships, the professionals were requested to rate the statement of the importance of physical contact between residents and staff. The findings presented show striking results as none of fifteen respondents agreed to the importance of physical contact in care. The research suggests that whilst exercising the policy of control and order within institutional care, physical contact, including public "displays of affection", between staff and residents may be limited (Berridge and Brodie, 1998: 90).

According to participants' responses, the issue of establishing family-type relationships does not seem to have a strong positive impact on residents' well-being. Indeed, nine professionals (60 per cent) strongly disagreed with the statement that closer relationships would enhance the quality and experiences of institutional care among residents.

To sum up, staff demonstrated mixed attitudes towards close relationships and their impact on residents' well-being. On the one hand, respondents were enthusiastic about family-type relationships. That said, these relationships excluded the practice of physical contact which is usually viewed as a traditional form of care, support and reassurance (Berridge and Brodie, 1998). On the other hand, the predominant number of respondents did not agree that close relationships would be beneficial for residents' experiences.

Power and Control as Measures of Establishing Relationships

As previously mentioned, institutional care is occasionally associated with regulations, discipline and measures of control applied within units in order to manage large groups of residents. The means of discipline may include different forms of sanction starting from raising one's voice towards a child to emphasise what is being said to smacking a child for naughty behaviour (Human Rights Watch, 1998).

All the respondents in this study felt that the measures of control and management adopted in their practice of looking after children were adequate. Twelve of respondents (80 per cent) disagreed with the statement that caregivers punished children and young people in care too

much suggesting that "children are different – need different upbringing practices" (female caregiver aged 50). The other three professionals (20 per cent) stated that they 'strongly disagree' with the statement. Among the latter group, all three staff members were aged over thirty-eight each having more than ten years of experience working in institutional care.

Figure 40: *Caregivers' responses on punishment of residents, n=15*
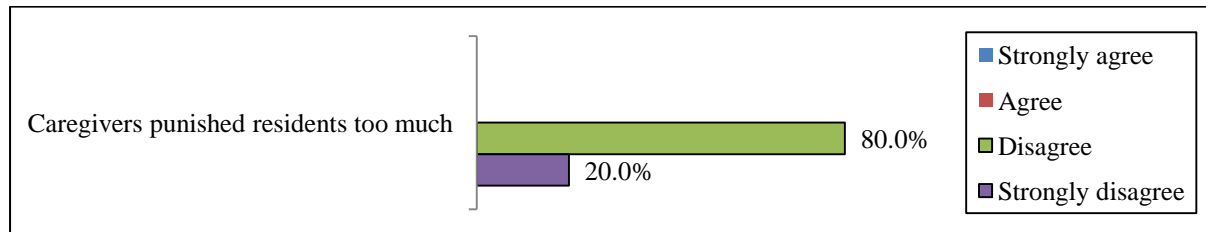
Section 10.2 Results from Ethnographic Participant Observation

10.2.1 Caregivers and Professional Experiences

Throughout an ethnographic participant observation in four institutions I was closely working and coordinating with both staff members and administration of the settings. Being unused to taking part in the research, staff often paid particular attention towards me and my volunteering in institutions. Similarly, staff were enthusiastic about the opportunity of sharing their experiences with me as well as their expertise on care.

The observation showed that all members of staff from a porter to a director perceived themselves as unquestionable experts in care who usually "know better what is good and right than others"(female porter, institution № 2). Indeed, the following field notes demonstrate several examples where caregivers willingly share their professional opinion without any particular reason in order to demonstrate their knowledge and gain the status of an expert in looking after children:

A group of volunteers including myself were standing near the reception in the children's home waiting for the houseparent to come and take us to the ward. A female nurse who was wiping floors in the main hall was very interested in us and our activities. After learning our plans to conduct a series of workshops for children she suddenly started expressing her opinion on our help, quality of care in the children's home and children:

"Oh I have seen it all. I have been working here for 17 years by now and I saw it all. You all come and treat children by your attention, activities, workshops, presents, parties… And this is in addition to all these amazing conditions children have here. I personally think that the major problem with care is permissiveness. Children are never punished, never restricted or rejected in doing what they want to. They live here like kings and queens. If a director for at least one second considered a more punitive upbringing, children would start behaving themselves and may be achieve a lot. I am telling you that this is the only possible way." (Field notes, female nurse, institution № 2, 14th April 2012).

<div align="center">or</div>

I have been working with children all my life. I know what is best for them. I saw success and failure. So many children who left are now very good people and some of them are not. I honestly think that young professionals and volunteers who come in care should listen and learn from us rather than criticise our practices and give us their advice. (female caregiver, institution № 3)

Despite the widely observed practice of experience being dominant over relevant qualifications, some professionals demonstrated a diametrically different approach to knowledge and professional practice. As such, where caregivers were professionally qualified in the area of social pedagogy or social work practice, the value of professional knowledge was high and appreciated:

Here, look at this table of typologies [the social work manager gives me the sheet of paper with the table listing twelve categories of children who are withdrawn from high risk environments]. You can find every child who enters our children's home. Some children are manageable some are not. This table explains everything. (male social work manager, institution № 1)

<div align="center">or</div>

I must say that when having a ten year experience I decided to go for a degree in art therapy, I was absolutely shocked to learn that there was so much I did not know. It was a new world for me. (female psychologist, institution № 4)

10.2.2 Experiences of Relationships with Residents

Love and devotion

Some of the caregivers who took part in the study felt that their occupation of looking after children was "more than just a job" (female caregiver, institution № 1). Members of staff who emphasised the significance of their roles were promoting the idea that they as

caregivers were "parents to children whom they never had before" (male social work manager, institution № 1) .The idea of being a parent was supported by caregivers' working experiences:

When we first saw this girl being admitted to the shelter, I called my husband asking him to come and see me. When he arrived, I showed him Dasha,-he immediately fell in love with her. We realized that it was 'our' child. We wanted to take her home as soon as possible trying to find any excuse to speed up the formalities. At that time we had two teenage sons one of whom started demonstrating signs of deviant behaviour so we decided to wait until we had raised our two boys first. Unfortunately, the girl was taken to a family quite soon where she lives now. We regularly see each other and I know that everything will be great with her. (female psychologist, institution № 4)

This example of behaviour where a caregiver becomes closely attached to their residents is not a rarity. As such, one caregiver, having his own family of eight children, takes a group of children and young people in care to his own cottage for two weeks where he aims for the children "to experience real life" (male social work manager, institution № 1).

As well as through caregivers' experiences, close relationships can be observed through residents' reactions on such practice:

When several children overhead me asking about the summer house where Igor took children for several weeks, they came closer to me interrupting each other by their comments about their previous trip saying that "It was, it was ... really awesome! We are going there next summer" (female child in care, institution № 1)

or

Igor Vasilevich taught us how to cook and we were swimming in a river every day." (male child in care, institution № 1)

It was so evident from children's excitement that they enjoyed the experiences and would like to go back.

In addition to this, caregivers initiated a variety of events, special occasions and parties in their own time including cultural outings or going out to a café on their own budgets. One of the staff members supported this practice saying that "they are our kids-one never counts money on their own children"(male social work manager, institution № 1).

As revealed through the examples above, some caregivers voluntarily took on work of looking after personally promoting voluntary activities, events and actions bonding with

children in their free time. Mixing work time and holiday time together blurs the boundaries for caregivers between their personnel life and work.

'Children have more than enough'

That said, not everyone in care supported the practice of looking after children in their free time and providing activities and interactions which are not described in staff's duties and responsibilities. One of the arguments advocated against exercising extended practice is related to some caregivers claiming that children are privileged enough already within institutional settings:

These kids are so spoiled, you know. They have never heard the word 'no'. Everything is allowed to them… And look, look at these lavish facilities here- they have everything. They go to the theatre every week; they have good clothes, a swimming pool, toys… everything. Honestly, I wish my child had so much as these children do. So why should anyone make even a bigger effort of looking after them? They have more than enough. (female porter, institution № 2)

In reality nowadays children [children in care] *have such a fantastic amount of resources. Yes, it is true that they are more culturally and socially provided with in contrast with children from families, even in contrast with my two boys. I hardly find time myself to go to the theatre with my boys- once a year is an achievement.(female caregiver, institution № 2)*

Two accounts of the workers employed in institution № 2 and institution № 4 respectively go in line with good physical conditions and facilities in two observed units which justifies their views on looking after.

Sympathy

Conversely, the other two observed settings have less advantaged facilities and resources which create another rationale behind residents' upbringing namely sympathy.

Every time I was present in the children's home, I observed the similar picture showing an adult giving some sweets to a child. This adult could have been a caregiver, a nurse, a volunteer, stranger, and a parent, who treats other peers or even a representative of local authority. Each person who does not reside in the institution felt a sense of responsibility for cheering up children by treating them with something which they usually do not get in care such as sweets or chocolate or biscuits. (Field notes, based on observations in institution № 1, № 2, № 3, 15th April 2012)

The idea about treating children was further supported by a caregiver's account looking back at her professional experience:

When I first entered a children's home as a girl aged 16, I was so touched by all these poor little orphans looking at me with their big full of trust and hope eyes… I thought I was going to burst into tears right there, - it was so terribly sad to look at them all…

Next day, on my way to the children's home I bought a large pack of sweets for the children. I saw their smiles after they were given at least some special attention.(female psychologist, institution № 4)

Continuity of Relationships

At the point of entering every observed institution I immediately started to notice that relationships between staff and residents often go beyond the formally established roles of a caregiver and a resident. Such relationships were very easy to spot and identify given resident's open expressions of love and caregivers' individual attention towards a child. One of the most evident examples of close relationships and secure attachments was observed in the institution № 4 where children usually stay in care on a short-time basis. Given the temporary placement of care the fact of quality relationships was particularly striking. That said, the psychologist working in the institution did not see the close relationships with residents as an exception but rather as a norm where caregivers in institutions must exercise parental roles in their best form:

There is nothing surprising about me having close relationships with my residents. Children come here to seek love and our responsibility is to give it to them. Children reject love only when they feel that it is 'artificial' or 'limited'. It takes a lot of effort to persuade children that no matter what happens next, our relationships continue. Here, look at this [the psychologist gives me a list of names]. This is the list of all my 'vospitanniki' for the past seven years. Some of them left care, others are still being looked after. I aim to call them and arrange different meetings with all of my children. I strongly believe that continuity is the main thing in relationships.

Another caregiver argued that close relationships between staff and children could be possible only in the case of individual history of childhood trauma:

When I was seven months old, my mother, a full-time engineer placed me in day care where I stayed from Monday till Friday for two years. I remember crying every single time my mum returned me after weekends. These memories are so vivid. I guess it may be partly the reason why I chose to devote my life to looking after children who do not have mothers. From my

personal experience I know how important it is to live where one is loved and knows that this love is forever (female caregiver, institution № 2).

Given the experiences of working in institutional settings are often seen as "widely stressful occupation" (Berridge and Brodie, 1998: 136) it may be suggested that those who work in care, particularly outside working hours, frequently have reasons other than financial reward. This study indicated that factors such as 'love and devotion' and 'sympathy' encourage practitioners to provide children with more care and support beyond that which the latter receive. Alternatively, the richness of facilities and dramatic contrast with staff's routinely and children's circumstances may trigger an opposite reaction in care providers suggesting that children have "more than enough" (female porter, institution №2).

10.2.3 Experiences of Relationships with Other Staff Members

Staff Structure

Previous research suggests that "the effectiveness of a staff team is influenced to a considerable degree by its organisation and management" (Berridge and Brodie, 1998: 127). Indeed, findings collected in four different institutions contributed to the knowledge related to the dependency between structure and internal relationships between staff members.

The staffing structure in institution № 1, which was the largest out of the four observed units, and in institution №3, which was the oldest setting mirrored the 'traditional' and 'typical' style of organisation which was adopted during the Soviet Era for large institutions:

The institution included extreme means of hierarchical structure where in order to reach the head of the institution one needs to meet a head of the group first, then head of the block, after which it is necessary to see a head of the department of social work simultaneously with visiting a head of the department of child welfare. Only after that is it possible to get access to the head of the home where the director usually does not have enough time for "all talk and no action" (Field notes, institution № 1, 25th December 2011).

This process of reaching a person who is in charge of well-being in the institution applied to all members of staff as well as to heads of different departments as one of the participant confirms:

It usually takes ages to get something approved by the administration. In most cases we just make the decisions by ourselves because most of them are usually quite urgent and cannot wait (female caregiver, institution № 1).

Although difficulties with getting access to a head of organisation may not be an exceptional thing, it is quite often that the challenges of gaining approval of any decision cause disruption in communication between members of staff on a ward. One of the caregivers emphasizes the gaps and sometimes breakdown in communication between her colleagues when it comes to even small issues:

It is hopeless. Sometimes I just want to give up and stop arguing about all these trivial things such as ways in which one has to wash a resident or when I need to seek medical assistance to check on a child. This is so tiring and frustrating that we have to fight on a daily basis. (female caregiver, institution № 2)

During the process of observation I often came across situations where members of staff agree on one decision but as soon as they leave the room and go to their work posts, they start doing the opposite to what was agreed.

Although the findings show that it was of significant importance for staff 'not to lose face' in front of their colleagues and to perform as experts in child care by arguing in favour of their actions, there is evidence to suggest that the nature of communication between volunteers was different. The manager of social work in institution № 1 suggested that due to "soviet nature of care and ancient views of most staff" (male manager of social work) the latter do not want to accept any novelty in care no any restructuring or reorganisation related to new approaches and views on child care.

As a result, volunteers, usually ambitious and young people, with new understanding and acknowledgement of best practice in child care, often cannot achieve collaborative practice with practitioners who have significant working experience, which in some cases dates back to Soviet Era. Volunteers demonstrated the absence of understanding between staff in the institution and voluntary team which negatively affects their assistance:

I just want to smash my head from time to time because of such poor and miserable communication between us and them. It is unbelievable how they do not understand that children need care, love and kindness. No human being would be happy living in constant deprivation. Have you [ask the researcher] seen how they shout at children? Or how they tie children to their chairs when the latter do not listen to them. There is no excuse for this.(female volunteer, institution № 1)

Apart from the disagreement in child care practice, there is a regime of unequal treatment and relationships by caregivers towards external visitors which was observed in the institution:

I was sitting in a gym observing a volunteer playing with a boy. I was a volunteer to be a passive observer so that no initiation activities will be produced from my side towards the boy. After about ten minutes, two caregivers in their middle 50s entered the gym whilst discussing something. When they saw me sitting in the corner they suddenly looked surprise and bewildered.

"Why are you not interacting with a child? Who are you?", - asked one of the two women.

Although, I was introduced to her at the beginning of my observation and had talked to her several times before, she did not show any signs of recognition. Hence, I introduced myself once again and explained the reasons for my presence. Suddenly it became obvious that the women did not like my explanation nor did she like my reasons for sitting in the gym instead of playing with the boy:

"I will tell you this once- when external visitors enter the institution they do not sit and do nothing. Instead they help us, work with children, and interact with them as long as they stay in the unit. Understood?"

After her words, I nodded, and joined the volunteer and the boy in their ball game. In the meantime, the caregivers sat in the gym and started chatting about something until we left the gym. (Field notes, institution № 1, 25th December 2011)

This example shows that caregivers felt empowered in relation to volunteers and other external visitors by telling them what to do. It was also evident that these two women did not value other visitors as they explained that there was no place for those who did not help them in care. This observed example was also supported by the social work manager comment on lack of understanding among staff about the impact of external visitors:

Personnel always tends to perceive any visitors as enemies not realizing that even their presence makes a difference as children see new faces. We tried to convince them that it is important for children's well-being. Unfortunately it has not been of any help so far. (manager of social work, institution № 1)

In two other institutions the staffing structure was observed to have a more relaxed and collaborative nature. As one of the caregivers explained later their structure was based on cooperation aiming for shared goals instead of confrontation and competition. The suggested reasons for such practice were outlined by a number of staff namely "good employability conditions for staff" (female caregiver, institution № 2), "plenty of facilities and resources in care available"(female caregiver, institution № 2), "openness of the home" (female caregiver, institution № 3) and "professional training" (female psychologist, institution № 4).

Overall staffing structure plays an important role in institutional care. The difficulties and disagreement existing on the micro level between staff lead to problems on a bigger scale

which relate to decision-making processes, quality of care, general sense of positive environment in care and well-being of residents.

Jealousy and Anger

Similarly to professional area, other factors which define and form relationships between staff go beyond professional context. Such factors may include individual characteristics, personal circumstances and relationships including financial and social conditions of each participant.

During one of the tea breaks which young people in care call "gossip breaks" (male young person in care aged 15) two caregivers related how personal circumstances affect their professional experiences. The first caregiver is described her attitude towards personal and profession as life:

I am working the fourth day in a row today – replacing my shift colleague. Her child is ill apparently again. I wonder when it stops because it becomes more and more frequent. One time her child is ill, another time she needs to take her mother to the hospital, then there is something else. I am so tired of all these excuses- I have a life too after all even if I do not have a family. Why do people always use their family as a great and effective excuse for everything ? I won't work without holidays like some kind of a scapegoat (female nurse, institution№ 1).

Another caregiver is looking at the impact of financial inequalities among staff:

When I first came to work in the children's home, the staff thought that I am 'one of them' which is usually associated with similar living conditions, similar financial status, similar difficulties. Then after several weeks some of nurses saw that my husband picked me up in a good car. And there it began: in a week everybody was gossiping around about my' rich husband' and that me working in a home is a gesture of charity and nothing more. It became worse over time when staff was saying that I pity them and such and such. I mean, I am only approaching my third month here so I have still not decided yet whether I stay here afterwards. I do want to, but working among jealous snakes is terrible. (female caregiver, institution №2)

These quotes demonstrate two different aspects of staff's dissatisfaction when personal issues overlap with professional issues. Exploring these two examples, the two different aspects such as 'having a family' and 'having high financial income' created a series of conflicts between colleagues including feelings of jealousy, anger, exclusion as well as lack of support and understanding between staff. In return these consequences may have an impact on their

professional practices including direct interactions with residents where staff may take out their anger and sense of dissatisfaction on children and young people.

These findings go in line with the notion of "staff morale" discussed by Berridge and Brodie (1998: 137-139). In their work morale levels of staff are seen as a complex concept which is affected by numerous factors such as stressful nature of work, satisfaction with their job, conditions and status of an institution and its residents and relationships between staff. In addition to the factors mentioned above, the levels of satisfaction with staff's personal lives may become a matter of great concern when it comes to their professional practices.

Similarly to staff morale levels being affected by jealousy, dissatisfaction and individual circumstances, the findings revealed the issues of rivalry existing between staff in care:

The local administration was issuing invitation tickets to summer camps where residents usually spend from several weeks to several months together with their caregivers. Although the opportunity was open to every caregiver, there were limited number of places which created a competition among staff for the opportunity to go to the camp. When the local authority proposed to disseminate tickets among staff in accordance with their working hours, some professionals expressed the sense of disagreement with this policy arguing that "it is not that important how long somebody is working but rather how effective it is" (female caregiver aged 42). In the end the tickets were issued to staff who had the longest working experience in the institution. Needless to say, those practitioners who were left without tickets were very disappointed with the policy which created a rivalry division between those professionals who were going to the summer camp and those who were not. As it was observed later, members of staff did not dare to talk to each other for weeks. (Field notes, institution № 1, 24th December 2011)

It was also noted that although the difficulties and conflicts among staff were noticeable, the conflicts between volunteers and staff were even more evident. There were some practitioners who believed that conflicts which tend to occur between staff and non-staff happened due to staff's desperation at their inability to change their lives:

We have all these young ambitious young volunteers coming to our children's home who are full of energy, knowledge, new ideas and motivation. They want to change things, to make everything better, to help and do not ask anything in return. At the same time they have all their life ahead of them with bright futures. Staff looking at them are reminded that their lives are over, that they spend half of their lives living with alcoholic and abusing husbands, gave birth to children who never got any education, were not able to afford any trip anywhere... (female caregiver, institution № 2).

This idea was followed by a number of observations where both staff and volunteers demonstrated the lack of understanding between each other accusing each side either of "indifference" (female volunteer, institution № 1) or of "showing off"(female caregiver, institution № 1).

Most of the staff who works in the institution № 1 lives in the neighbourhood particularly those who have to work shifts. The area around is deprived and famous for its low class community [as described in research question 1]. Based on my observations, staff members come from poor backgrounds having quite difficult lives. In terms of their work conditions, they face and struggle with lots of challenges on an everyday basis due to lack of facilities and personnel. Their salaries exceed minimal living wage only for one third which means that they can hardly afford anything apart from paying for their bills and buying basic groceries.

In contrast there are volunteers who are paid almost similar salaries but by a non-governmental sector instead of the State. Their working hours are usually limited to 5 hours a day. Their responsibilities are rather flexible meaning that volunteers need to assist other staff members rather than lead the activities (field notes, institution № 1, 23rd December 2011).

The field work record reveals the clear inequalities existing between working conditions of staff and volunteers. Because each group is funded by different bodies, the working conditions of staff and volunteers were not initially constructed in correspondence to each other. This striking differences in duties and conditions evokes tensions from the more disadvantaged group i.e. staff towards volunteers who have more privileged conditions.

Inspiration

Despite a number of findings demonstrating a negative aspects existing between different types of care providers, there were also a number of positive aspects which increased the effectiveness of care practice.

The evidence of positive aspects was supported by several caregivers' accounts who argued that the successful examples of people inside care served as an inspiration to them:

I really appreciate when new energetic people whose perceptions are not biased by institutional routine come to our internat. It feels like a breath of fresh seeing people with different lives to care about our children.(female caregiver, institution № 3)

Another member of staff suggested that she felt happy working in her diverse team which she found to be "a group of devoted people who are always there to help each other" (female

caregiver, institution № 2). The research suggests that the experience shared by this caregiver is supported by the fact that "staff members were usually doing the job for the right reasons" (Berridge and Brodie, 1998: 137) meaning that despite tensions and conflicts which may potentially exist in care, they become insignificant in contrast with other positive aspects.

Overall practitioners' relationships constitute a very complex system which results in both positive and negative experiences of working with other people in a highly stressful environment.

Conclusion

The findings from both sets of data provide an overview of staff's experiences of institutional care in the Russian context. The evidence on staff's profiles suggests that the predominant number of caregivers are women with the exception of several men taking the managerial roles in care. Most caregivers lack professional qualifications in looking after children with a tendency of relying on their experience rather on their knowledge. Due to formalized environments in care, staff experience hierarchical working relationships. This in turn has a significant impact on the nature of relationships between staff where bureaucracy, routinized professional practice, jealousy, centralisation and lack of teamwork inform and shape the professional practice. Such working environments inevitably affects the relationships with children. Along with caring, loving and sympathetic relationships some staff members are concerned about children often getting more than they actually deserve.

This mixed nature of relationships highlights the heterogeneity of staff members whose individuality and personal relationships are often suppressed or disturbed by larger organisational and formalized forces of institutional care.

In the next chapter I move to the second cycle of data analysis by providing a critical realist discussion of possible causal mechanisms which inform and determine the nature of institutionalization in Russia. I reflect on the potential interplay between causal mechanisms, events and experiences which contribute to better understanding of institutional care in Russia.

CHAPTER 11: CAUSAL MECHANISMS WHICH DETERMINE INSTITUTIONAL BEING IN CHILD CARE IN THE RUSSIAN CONTEXT

Introduction

Chapters 8, 9 and 10 explored and described critical characteristics of institutional care and institutionalization in Russia. They also provided a detailed analysis of care leavers', children's and caregivers' experiences of institutionalization alongside residents' pre-care history. Experiences, views and perceptions were analysed by means of descriptive statistics and through thematic analysis in accordance with the chosen research methods. Through the provision of explanatory discussion of the findings the following chapter address the fourth research question:

- What Factors and Characteristics Determine Institutional Being for Children and Young People in the Russian Context?

This chapter seeks to investigate the larger forces and factors which trigger the observed experiences and events in care. In analysing the findings, this chapter provides methodological triangulation in which both sets of data are compared.

The chapter is divided into five sections. The first section introduces the first identified causal mechanism, namely power. Power is explored through centralized care provision and hierarchy in relationships in institutional care and beyond. The next section looks at the second suggested causal mechanism of distance and intimacy in institutional relationships. Here the nature of relationships is explored through the experiences between family and children, staff and children and children and peers. Section 3 explores the nature of collective upbringing and living which shapes the sense of community in care. The role and significance of personality and individuality in institutional care, with a particular emphasis on life trajectories of children in care, is discussed in section 4. Furthermore a presentation of the final identified causal mechanism of context including factors relating to society and time are presented. Each causal mechanism is discussed in relation to investigated and described experiences and events of institutional care. The chapter is concluded with the visual representation of the developed critical realist model of institutional being in the Russian context.

Figure 41 provides an overview of the central themes developed and discussed in the chapter.

Figure 41: *Factors and Characteristics Which Determine Institutional Being in Russian Context*
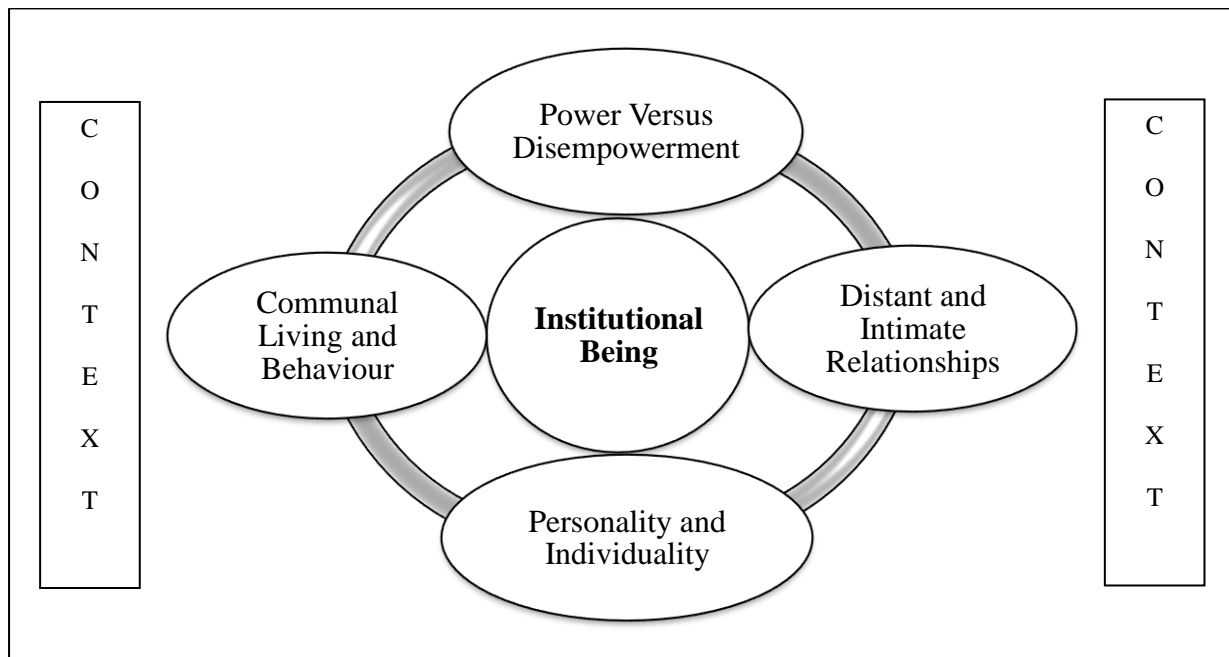
The research process and research findings are informed by the philosophy of critical realism. As a critical realist study, the research is conducted in accordance with the research design where the findings are presented within two cycles, namely exploratory and explanatory. The first cycle (represented in chapters 8 to 10) provides extensive investigation of the experiences and events within institutional care embedded into two layers of observed reality including empirical and actual domains. The critical realist analysis of the findings presented in the first cycle moves beyond what has been presented and described using descriptive statistics and thematic analysis in order to see the 'roots' of experiences and events which underlie this world (Bhaskar, 1998). In this respect the discussion in the explanatory cycle (represented in this chapter) explores care leavers, children's and staff experiences and different levels of influence and impact on them in relation to institutional being. This in turn enables the discussion to seek to understand what the explored links uncover about the underlying nature of institutional being and institutionalization.

In this chapter I discuss how institutional characteristics and aspects are followed and interlinked with events and experiences of participants. The discussion revisits the presented findings considering the identification of possible tendencies which shape and trigger the experiences and events. In turn this level of knowledge is considered to be the most important and central to research, policy and practice as the information on causal mechanisms can be used to order to improve, change or adapt institutional care to children's and caregivers'

needs. A complete critical realist understanding of institutionalization is provided in Section 11.6.

It is important to remember that the distinction between layers of reality is often blurred and is subject to researchers' errors of interpretation (Collier, 1994). In this respect, I argue that although aiming to reach understanding of full reality, the research acknowledges the caveat of the risk of misinterpretation. Due to researchers' subjectivities, it is impossible to fully explore and articulate the causal mechanisms given that the latter exist in open and chaotic systems (Clark et *al.,* 2008). Aiming to investigate the deeper levels of understanding institutional care as well as seeking to avoid researcher bias during the interpretation of potential causal mechanisms, I use the technique of methodological triangulation which enables me to reach more valid findings throughout the explanatory stage. After the analysis of the findings a number of suggested causal mechanisms seem likely to determine 'being in institutional care' include power, intimacy, distance, communal living, suppressed individuality and context. The research has demonstrated that whilst institutional characteristics and attributes are interwoven with institutional being, there are larger forces which may pre-exist institutional settings such as power, authority or society. Similarly, the aforementioned larger forces known as causal tendencies are not independent of institutional care, participants' actions and their experiences.

According to Wilson and McCormack (2006), critical realist research strives to achieve dramatic shifts in research which in turn lead to changes in the worldviews of policy makers, practitioners and researchers. That said it is difficult to fully investigate all the mechanisms which play critical roles in determining institutional being due to the complexity of the systems and challenging and changing nature of human subjects. Regardless of the aforementioned constraints, this study, aiming to provide a new and innovative insight on the phenomenon of institutionalization in Russia, seeks to identify deeper layers of causation which determine institutional being.

Section 11.1 Power and Disempowerment

The first major issue which has emerged in the research with all groups of participants is the aspect of power. Power exists on various levels of institutional reality starting from the complete and dominating power of State to individual limited power and disempowerment. The vertical ladder of exercising power defines the structure of institutional care on a large

scale as well as affecting the being of each resident. The stable and strong conflict between power and disempowerment forms the roles, being, experiences and self-perception. Power is discussed in relation to various layers embedded in the phenomenon of institutionalization. Each section highlights the existing controversies and conflict between power and its absence outlining how the former shapes the experiences of being institutionalized.

11.1.1 State Power

Contextual factors such as financial, social and political structures in Russia affect and determine children's in-care experiences and being in a range of direct and indirect ways. In the first instance, being an autonomous and powerful structure, the Russian State has access to all controlling mechanisms of institutional care.

From observation of institutional care, it became evident that each unit is a product of full control and regulation of the government. Individual settings have limited autonomy and little to no independence in terms of any aspect of institutional life. When it comes to insufficient supplies in one institution, placement restructuring in the other setting or decision-making about health of an individual, the State always has final say. Often in the form of a large committee, the group of formal representatives enters the institutional world seeking best practice in care. Often dissatisfied with the result the State issues a series of changes which according to their view are necessary for institutional improvement. That said a significant number of caregivers is convinced that the State is "ignorant" and does not know what institutional care and children in care truly need. As a result, all the changes made by the State create an illusion of improvement which rarely moves care closer to best practice.

In addition to exercising power over the institutional practice as a whole, the State has control over individuals. Decision-making authorities such as the Ministry of Health and Ministry of Education have full control over children's placements including frequent moves within the institutional system. The report by Philanthropy (2011) supports this finding, adding that although government has all the power and resource, they have limited knowledge of or exposure to what is actually happening in institutional realm.

Often viewed as a 'scapegoat', the State is regularly blamed for the negative experiences and outcomes of institutionalization among caregivers, volunteers and residents. These findings

support The Who Cares? Trust (2012: 5) suggesting that placing the blame on the government can be seen as a "trend" in institutional practice.

Absence of cooperation and an existence of right, legacy and freedom for actions around institutionalization make the State superior and in some cases a successful or dangerous system. Although Russia is a democratic country, the Russian mode of democracy is dramatically different from that of Western world. Khlinovskaya Rockhill (2010: 8) defines Russia as an "ultimate other" where the notion of freedom exists only in theory.

The findings across all four institutions demonstrate that such practices as forced changes of placement conditions, regulations, orders and policies implemented by the State contribute to participants' sense of disempowerment. The complete control of institutional care by the State leads to de-personalisation and lack of focus on participants' needs including staff, volunteers, parents and residents. In return participants' disempowerment leads to feelings of isolation and rejection where confidence and willingness to succeed are highly limited (What Makes the Difference?, 2006: 56).

11.1.2 Power of System

Despite the overwhelming influence of the State, the system of institutionalization has its own organisational and structural power which potentially spreads across all institutional settings established during the Soviet period. The power of the institutional system may not have the ultimate freedom of complete control and the right to changes, but has been strong enough to maintain the continuous existence of institutional care for more than 50 years. The identified means of power and control include (a) controlled territory and isolation; (b) formalized administration and (c) tightly scheduled everyday life.

Controlled Territory and Isolation

The aspect of physical and social isolation is closely related to location and neighbourhood of institutions. Highlighted as a factor of high importance in both methods of data collection, institutional isolation is linked with levels of openness, flexibility and access in each unit. Such attributes as limited number of individuals to socialize with, gender dominance among staff members as well as repetitive landscape and way of life may contribute to residents' feelings of being 'captured' in care. The isolation plays a role of an effective control measure

where if necessary children are kept 'unseen' to the society or safe from the society in one unit.

Open access to volunteers as well as free movement of residents within the neighbourhood may reduce the levels of isolation and its consequences. Conversely, uncontrolled open access to an institution may also affect residents' sense of institutional privacy if external visitors can freely enter the buildings and 'invade' the private space of children. The findings demonstrate that along with the positive impact of socialization, institutional openness may contribute to residents' sense of disempowerment where they have no control over the visitors and the regularity of their visits. The latter creates a sticking contradiction between the empowerment of residents and limited power of the system. The control mechanisms of institutional care are not perceived solely in a negative way but rather serve as measures of protection and security of children. This duality of power shows that although residents do not have any control over the level of institutional isolation and openness, they may feel less disempowered and more protected when the system exercises measures of access control to the full.

Formalized Administration

Hierarchical and formal organisational structure underpins institutional care provision exercised in all four observed institutions. Being highly organised and administered, institutional settings operate through a set of rules and regulations that inform professional practices of staff members, nature of care provision and institutional experiences of residents along with the relationships built in care.

One form of formalized administration was frequently observed through the relationships built in care. Here the exercised relationships and communication in a vertical direction constitute a strict hierarchical structure where all interactions are pre-defined. The formal and hierarchical nature of relationships hinders the possibilities for cooperation and teamwork so widely discussed in the international literature (Sinclair and Gibbs, 1996; 1998; Berridge et *al.*, 2010). Formal roles in care lead to fulfilment of duties among staff. Equally, staff may not demonstrate or exercise extra support unless it is established in the roles. The aforementioned measure of hierarchical power ensures staff compliance with institutional rules as well as protecting residents from inappropriate behaviour by carers.

Tightly Scheduled Everyday Life

Tightly scheduled daily routine plays a central role in controlling and organising institutional life among residents in all institutions across both methods of data collection. Pre-defined daily routine is often identified as a 'total' and repressing characteristic of institutionalization. Undoubtedly, forcible introduction of tight daily patterns contribute to institutional power over residents and simultaneously increase children's disempowerment in care. Being often depressed or rebellious toward the established routine, residents seek ways and opportunities for breaking the patterns and entertaining themselves by "wandering around on the streets"; smoking, drinking or masturbating. These experiences of escaping the established everyday patterns may result in a number of negative outcomes which in some cases can threaten children's well-being.

Institutional daily routine is usually organised in response to medical standards of child upbringing which apply in such organisations as summer camps, schools, hospitals or nursery. Due to the large ratio of children to staff, the daily schedule is also developed in response to institutional limitations. Despite extensive criticism for having a negative impact on children, institutional daily routine is developed to ensure children's well-being in accordance with institutional capacity and facilities available. In this respect, daily routine is seen as an essential factor of institutions where large groups of children are systematically looked after.

Some of the participants highlighted that the most valued factors in care are those which add social, cultural and developmental and entertaining features to everyday life in care. Such factors may include various cultural outings, trips, sport events and summer camps organised in institutions. The proposed arrangements do not necessarily exclude the notions of structure and daily patterns but rather change the scenery, increase the social aspect or/and include additional social activities supporting by a particular idea and finally create a sense of involvement and power. Participants are enthusiastic about activities related to improvement of cultural skills, social development, and development of artistic skills or introduction to religious studies. Such extra curricula and unforced activities which are not viewed as part of daily routine may draw residents' attention from the necessity to follow the pre-established rules. Instead residents show willingness to participate in such activities with a "decent" purpose such as skills' development (Astoyanc, 2005: 58). These findings stand in contrast with previous research arguing that social events in institutional care in Russia are favoured by residents solely because of their entertainment nature (Astoyanc, 2005).

Furthermore, residents demonstrated that they are ready to follow daily routine when everyday patterns are arranged by residents themselves. Again the notion of empowerment plays an important role, here contributing to a disciplined and organised way of life developed from residents' experience in managing a group and being responsible for group well-being. This practice goes in line with the notion of the duality of power where residents are ready to follow the 'total' tightly schedule routine when they can participate in organising it.

11.1.3 Power of Staff Members

As well as State and system, mechanisms of power rest within individuals, namely caregivers, heads of institutions and other members of staff. Whereas, the former two power actors represent power of a vertical, bureaucratic, tightly structured nature, this remains elusive and hard to measure. However, individual power of staff members may be explored through aspects of behaviour, social identity, actions and values. Despite its varying nature, all aspects and actions of staff members focus to sustain institutional care as an effective place of care provision for children. This aim underpins the central goal of the State to maintain institutional care provision which creates a cycle of power and care.

Love and Devotion

According to some caregivers the driving forces for becoming a good and qualified professional in care are closely related to experiences and individual characteristics rather than educational background. Such individual characteristics are often viewed through the nature of relationships between staff and residents. According to caregivers, the key to successful practice lies in love, devotion and ability to take job responsibilities personally. The research by Prisyazhnaya (2007) goes in line with the research findings adding that staff who are indifferent towards children, impatient and lack sympathetic feelings are mostly an exception in institutional care.

The findings highlighted that caregivers who express 'unconditional' love and true kindness towards children are often free from prejudice about children who come in to care. Indeed, some of the caregivers are ready to adopt children from care and some bring their own children to institutions without fear of negative influence. Other staff members are more

critical towards children in care arguing that they are too privileged and do not deserve all the resourses they receive.

The power of love and trust in children helps residents to find a loving and secure attachment with an adult in care as well as creating potential role models for children to follow.

Punishment

The rigid aspect of control and power exercised in care includes the use of punishment. Half of the care leavers reported that their caregivers punished them too much. Although the fieldwork conducted through observation captured only one case of physical punishment, the findings showed that residents across all institutions acknowledged its existence. Being aware of the potential consequences of their actions, residents are cautious in their behaviour in order to avoid punishment. The means of punishment and fear are utilized as a deterrent between the acceptable and unacceptable social and behavioural norms in institutions. Some of the residents show rational and pragmatic behaviour being aware where they may be punished and where they may avoid the consequences of their rule-breaking, 'institutionally-unacceptable' behaviour. Although some young people deliberately and openly provoke their caregivers by means of destructive behaviour demonstrating their indifference towards the consequences, the experience of punishment remains a damaging experience for residents affecting their relationships with houseparents even after leaving care. Interestingly, all caregivers reject the statement that they punish residents too much. That said, caregivers do not exclude the possibility of using punishment as a measure of "child upbringing practice".

Overall, the nature of punishment and fear of punishment plays a considerable role in regulating institutional being of children. Aware of the potential power of punishment exercised by staff, children are prone to adjust their behaviour in response to the threat of being punished.

Authority

The notion of experience plays a significant role among caregivers and their place in the institutional hierarchy. Being in some cases patronising, caregivers with extended working profiles demonstrated their authority and unquestionable knowledge of looking after children. The notion of qualification in care played a complex role. On the one hand, the pedagogical qualification contributed to respect and power in care. On the other hand, those caregivers

with qualifications, who are the minority group in institutions, are often ignored by the rest of staff who have a lot of working experience. The conflict between knowledge, authority and power is critical in the hierarchical system of institutional care. Here, respect and control is often given to those who have strong reputations in care.

11.1.4 Power of Residents

Power exercised by residents may often be explored through the institutional trajectory of individuals. Initially, being placed in institutional care, residents often experience fear which hinders their ability to be independent and feel in charge of their life. The regular interference of social services, staff, placement moves and uncertainty enforce children's sense of disempowerment where by he or she is viewed as a passive individual.

When admitted to care, children experience a transition in their life in seeking to find their place in care. One of the ways to establish and define the place is to seek for acceptable boundaries in care. In pushing the identified boundaries and set rules, residents often tend to exercise rebellious and deviant behaviour. Such examples as radical refusal to go to the theatre, smoking in toilets and drinking in the neighbourhood suggest that children and young people in care aim to demonstrate their power and independence. In turn, in the absence of preventative mechanisms this may lead to critical state where neither caregivers nor a head of the setting can control residents' behaviour.

Alternatively, residents' experiences of exercising power may contribute to the development of as leadership, organisation, and management skills.

Section 11.2 Distance and Intimacy

Another important focus of the discussion shifts from exploring the being in institutional care as a combination of power agents to experiencing institutional care as a complex parent. The themes of distance and intimacy emerge through various relations, events, actions and meanings among all groups of participants. Here intimacy and distance are not mutually exclusive but rather create a holistic concept of an 'institutional family' in a post-Soviet realm. The ongoing experiences of withdrawn, imposed or mutually accepted intimacy and distance shape both children's and staff's being in institutional care.

11.2.1 Biological Family

In the majority of cases (75.5 %) the initial care leavers' familiarization with the nature of a family takes place in the pre-care environment where they live for 5 or more years. Having experienced pre-care placements, residents often face relationship breakdown with a family subsequently resulting in fear, grief or sense of guilt whilst being removed from families and admitted to care. Being exposed to high-risk environments in pre-care, some of the residents are thankful to institutional care "for rescuing" them from homeless life and from "life-threatening mistakes".

That said, being placed into institutional care often means not only the secure placement provision but also the termination of their pre-care life including contacts with biological family. The institutional policy in Russia does not have any strategies or policies which encourage or maintain relationships between residents and their families (Astoyanc, 2005). Instead, children are encouraged to forget their past, to overcome their emotions and to start their life over again in care. Staff members are prone to openly blame and judge biological families, demonstrating stigmatising attitudes towards residents' families for abandoning their children due to financial and social difficulties. The label of a 'bad' parent is widespread in the institutional vocabulary of caregivers who seem enthusiastic about raising this issue whenever possible. Such aggressive behaviour of regularly focusing on others' 'failure' may contribute to caregivers' reassurance of themselves as being good parents or generally good people.

Despite all the negativity against parents and family visits, residents strive to have a family. Fantasising about their family, children may create a utopian vision of their parents where the nature of family is often viewed in unrealistic and idealized ways.

Overall, when it comes to children's needs for parental contact, caregivers rarely pay serious attention to it, being convinced that it is disturbing and stressful for children. Indeed, the question of the necessity for a child to maintain contact with a family is simply ignored in the Russian context. As a result, children are offered an institutional family as the only alternative to having a family where only 'good' parents and 'good' citizens' work.

11.2.2 Staff and Children

The study demonstrates strong relationships between children in care and caregivers. The majority of caregivers from the survey are convinced that children in care like them. Such factors as intimacy, closeness and permanence of relationships between staff and residents play important roles in institutional being. Not only do caregivers treat children in a friendly, warm and caring manner, but they also provide support to children which often goes beyond staff's formal duties. Interestingly, the caregivers who feel most enthusiastic about developing strong and secure attachments with children often associate their practice with personal profiles and family history. This finding goes in line with a previous study by Fonagy (2001) who argues that personal attachment and upbringing history may influence caregivers' capacity for bonding with children in care.

Nevertheless individuals' eagerness to establish close and strong links with children does not always coincide with children's views. Among care leavers' responses at least half of the young people do not like their caregivers. Furthermore the practice of 'family-like' relationships which is so widely promoted by caregivers is disapproved of by almost half of young people, the majority of who lived in pre-care environment before entering institutional care. This clear difference in perceptions of staff-child relationships may exist due to lack of listening to children and learning about their individual needs. Caregivers may automatically accept that every child needs closeness and family-type relationships which cannot be recreated by 'bad biological parents' but instead can be established in care.

Furthermore, particular concern of young people is expressed around the lack of communication with their 'houseparents' together with the lack of individual attention and time spent together with caregivers. The observation findings complement the care leavers' responses demonstrating residents' striving to interact with caregivers. Similarly, children's willingness to get individual attention from their 'houseparents' may often result in unnatural behaviour of children. Where residents receive limited or impersonal contact with their caregivers, the relationships with houseparents has a negative nature.

A diametrically different dynamic of relationships exists between children and staff members who are not involved in regular contact with residents. The administration of institutions, including the director, is not involved in individual interactions with residents and staff members on a regular basis. Instead, contact between parties takes place in case of necessity

or emergency. The directors of the observed institutions rarely meet residents not to mention knowing their names. Similar formalized distance is observed among medical staff members, namely doctors and therapists, who are seen as "expert professionals in care". The medical staff deliberately isolate themselves from residents promoting formal and distant relationships.

Being surrounded by closeness and distance in care, institutional settings create a challenging environment for children. On the one hand, children who seek warm and intimate relationships may encounter staff members who support formalized relationships. As a result, children may be left on their own with their emotions and needs for attachment. On the other hand, children may require less family-type care due to personal pre-care experiences and relationships with biological family. Working with such complex and heterogeneous needs, it is of vast importance to listen to children instead of making assumptions about what is right for them.

11.2.3 Peers

The next key issue shaping distance and intimacy in care is closely related to relationships between peers. Following the evidence from this study as well as from previous research (Ward, 2009; Dorrer et al., 2010; Khlinovskaya Rockhill, 2010) living together with peers in institutional settings is an essential attribute of collective child upbringing. The majority of care leavers report that time in care is mostly spent with peers. Group living provides support, protection and security for children in care. Often acting collectively rather than as individuals, children feel secure and confident in their power.

That said, group behaviour and collective living does not mean that children have close and intimate relationships. Conversely, the study shows that close and friendly relationships in care are difficult to establish. The aspects of rivalry in gaining attention and jealousy of having a visiting parent or being a 'favourite' of a caregiver contribute to conflicting and distant relationships between peers. Moreover, such institutional aspects as lack of privacy, absence of personal space and time, public property where by all children wear the same clothes and have the same things jeopardise children's sense of individuality and personality. Learning to be absent in care creates a psychological shield where children can reach the necessary personal distance.

Similar to children's attempts of gaining personal space and time, children feel passionate about having true close peers in care who can be their friends. Although the notion of friendship is of high importance to children, often friendships in care occur opportunistically. Children emphasise that reciprocal friendships are of vast importance to them and play a critical role in children's being. Arguably, children's relationships with peers may be co-dependent with the nature of relationships with staff. As such, where there are limited opportunities for gaining rewarding relationships with peers, children may have a tendency to focus more on relationships with staff as a complementary measure (Weihl, 1981).

Section 11.3 Communal Living and Behaviour

Such regularly emerging themes as collective upbringing, group behaviour and subculture all underpin the nature of institutional living for children in care. Once in the system, every child becomes a member of a large institutional family where caregivers represent 'houseparents' according to their duties and children have their vaguely defined social roles to play. The complex notion of communal living, widely spread across institutional settings, is applied to all individuals living in care. Communal living comes in different forms and sizes depending on the nature of interactions and relationships as well as on wider social factors. Similarly, communal living is purposefully and forcibly organised in institutions to a certain extent due to organisational and contextual characteristics of institutionalization. Dominance of public over private shapes institutional being of children.

11.3.1 Collective Identity

The practice of collective upbringing is inevitably created in large institutions where groups of children are looked after by a single or several caregivers. The large ratio of children to staff hinders caregivers' opportunities for individual attention and in some cases for collective attention as well. This is particularly emphasised by children who highlight that institutional care is understaffed. As a result, children regularly fight for caregivers, willing to be seen and heard.

The lack of staff affects relationships with children as well as influencing the quality of care and facilities provided. Such institutional aspects as absence of personal possessions, names replaced by numbers, lack of individuality in facilities and caregivers' collective attention contribute to children's sense of being just like everybody else. Subsequently, the long-term

experiences of collective living may lead to development of a collective identity in children affecting their personality and individuality.

Seeking to escape or alter the collective environment, some children decorate and personalize their personal space by bringing a toy or putting possessions in a different place. Often staff do not allow such individual changes being afraid of losing control over institutional routine. Other children feel pessimistic about the impact of personalization, viewing leaving care as the only solution.

Such common institutional factors and labelling of residents demonstrate a failure to appreciate and the understand heterogeneous nature of children in care. The mentality of collective living still persists in the nature of institutional care as well as in the heads of caregivers. Such a universal approach and view of care and children may potentially contribute to public stigma of institutionalization and children in care where everyone from care is perceived and treated in a similar manner. Furthermore, the State views on children as a homogeneous group with similar needs may negatively affect the policy and practice of institutional care.

11.3.2 Subculture

Despite the great diversity among children in care, there is a number of behavioural commonalities which emerge throughout the study. The prevalence of group behaviour is evident in institutions particularly in relation to older residents. Such common behavioural attributes as use of slang, listening to certain types of music, wearing particular clothes or clothes accessories and trying certain hairstyles and make-up contribute to residents' belonging to a subculture. Acknowledgement of the existence of subculture is not an original observation and has been widely discussed in previous studies (Taylor, 2006; Berridge and Brodie, 1998).

It could be argued that the nature of subculture helps children to feel safe and securely attached to a particular small community. Indeed, the sense of belonging and stability develops a feeling of having someone who cares. However, this feeling may be created on an artificial basis given that a significant proportion of care leavers argues that all friends and relationships are "fake" in care.

Becoming part of a subculture group does not necessary lead to positive behaviour among children. Conversely, group behaviour is often followed by bad language, provocative behaviour and extreme looks. Although the majority of care leavers demonstrate that it is easy to establish contact with other residents, the risk of being an outsider may trigger children to act according to subculture group 'rules'.

11.3.3 Institutional Family

In addition to collective regimes and subcultures, communal living is associated with stable and quality relationships with 'houseparents' and residents where such notions as kindness, generosity and love are highly valued and promoted. Among children in care many express kind and generous behaviour through sharing, protection of their peers and openheartedness. Such characteristics are truly valued and appreciated in care as well as playing an important role in creating a positive environment in institutions. Being ready to share with other peers is particularly important when it comes to group living. Due to lack of privacy and absence of space to keep personal possessions completely secure, the practice of kindness and generosity may comfort children instead of making them overprotective of their belongings.

Undoubtedly, the institutional policy of providing children with identical belongings and equality of children in care promotes the idea of absence of jealousy and increases the sense of collective family. The practices of public property and 'collective consciousness' were central to Soviet cultural values (Khlinovskaya Rockhill, 2010). That said, whereas in Soviet times the regime was embedded in all parts of the society, contemporary institutional care implements collective consciousness artificially. As a result, after leaving institutional care most children will face a challenging, competitive and capitalistic world where the notions of public property and collective living are exceptions and rarely exist.

Section 11.4 Personality and Individuality

The most challenging themes to discuss are the aspects of individuality and personality in institutional care. These themes are deliberately placed at the end of the discussion to demonstrate their 'insignificant' roles in the question of institutional being. Dominated by power on different levels, collective identity and distant rather than intimate relationships, the nature of personality is often overlooked or intentionally omitted. This section discusses the personal and individual aspects of children in care related to their past, present and future.

One of the first things that becomes clear from the findings is that every child has his or her own personal pathway which may begin in the pre-care or in-care environment and will often continue after care ends. Due to the diversity of children's histories, experiences, personalities and individual circumstances institutional being constitutes a complex entity. In order to understand which characteristics may interconnect with the nature of institutionalization in order to result in being, a variety of children's trajectories are explored.

The initial stage of institutional being begins when a child is withdrawn from their pre-care environment (family, maternity hospital, street) and placed into care. Most care leavers entered care having previously lived in non-institutional environments. Interestingly, those children who enter care at a later age more often express positive views on care that those entering care at birth. That said, one of the caregivers suggests admitting children at risk to care as soon as possible given that long-term exposure to high-risk environments produces irreversible negative outcomes for children. This practice goes in contrast to international research which states that breakdown of attachments and trauma at a young age often puts young people at greater risk of difficulties in the future (Dumaret at *al*., 2011). Although international practice operates in accordance with the aforementioned policy, Russia cannot follow the same guidelines. Children placed in high-risk environments are likely to experience a series of damaging and traumatising events without any support from the State. This being the case, the only alternative is to remove children from high risk environments as soon as possible.

Among emotional difficulties of children who are admitted to care from birth is the disturbance in establishing trust. There are two extremes where on the one hand children do not trust others or conversely children who are naïve in trusting everyone, particularly peers. Such extreme pathways of behaviour may potentially affect children's well-being through putting themselves at risk. Indeed, children's capacity for trust is regularly compromised throughout the process of pre-care and in care environments not to mention life after care. Family, friends, peers, local authorities and caregivers often interact with children on the basis of cooperation, promise or a deal. Failure to meet the agreed decisions jeopardise children's capacity for trusting people. Furthermore, such emotional difficulties as trauma, fear or grief often follow children particularly those who have experiences of pre-care living. Here institutional care is nothing like a therapeutic unit which may help to overcome psychological and psychosocial difficulties. Large numbers of residents and absence of

individual approaches do not have the capacity to provide children with personal long-term therapy where residents can express their emotions and feelings.

Physical health is closely linked with placement trajectories of residents. Children who reside in large institutions from birth are more likely to show delays in intellectual and physical development followed by low levels of immune system and high risk of chronic illnesses. The lack of attachment stimulations, absence of interactions, limited attention and absence of individual approaches to care may contribute to the highlighted outcomes.

Moreover, children with no experience of home living are more likely to have poor social and communication skills. Similarly, children admitted to care at birth are reported to have poor levels of practical skills, including absence of knowledge about basic hygienic. The findings from observation complement the survey demonstrating that regardless of the age and skills of children at the point of entering care, residents are not allowed to look after themselves or share house responsibilities in the institutions. In return, such practice of utter dependency on others may lead to residents developing a form of 'learned helplessness' a term introduced by Seligman (1982). Conversely, children who are brought up in family environments show good practical skills.

Residents with no family experience demonstrate consistent achievements at school in contrast with those who enter care at older age. This does not mean that children with no prior family experience receive a better quality school education but rather their school attendance is systematic and consistent. The observation findings support the survey data suggesting that throughout institutional life children are disciplined to do homework and are looked after during study hours. In some cases, the fact that the roles of houseparent and teacher are fulfilled by one individual also contributes to the learning environment in care. That said, particular attention needs to be paid to caregivers' qualifications and knowledge given that the poor educational and professional backgrounds of caregivers may serve as a demotivation factor for residents. On the other end of the spectrum, high risk environments prior to care may prevent a child attending school on a regular basis or create a disadvantaged situation where a child frequently misses school. Similarly, the findings demonstrate that the residents who experienced the most frequent placement moves highlights poor levels of education as of great importance.

The predominant number of young people leave institutional settings between the age of 16-18. Those with health difficulties may stay in institutional care until the age of 23. The

findings from observation demonstrate that some of the children look forward to leaving institutional care as soon as possible. This contrasts with the existing Russian research reporting residents' reluctance to leave care (Prisyazhnaya, 2007).

Before leaving care residents may create a particular image of their independent living. The findings demonstrate that perceptions about independent living may be affected by residents' institutional trajectories. As such, young people who are placed in care at birth are more prone to show utopian views on their life after care, idealizing their parents and independent living. On the contrary, the perceptions of children who experienced family environments prior to institutional residence demonstrate pragmatic and realistic views on their future. The findings show that such children express feelings of disappointment in the nature of the family. These attitudes may be initiated by the pre-care family living environment contributing to children's traumatic experiences and sense of fear.

Section 11.5 Context

The theme of context in this study represents a fundamental basis for the discussion. Embedded in every aforementioned mechanism of institutionalization, context remains a difficult and elusive mechanism to explore. In this research context is viewed as a product of place, society and time. The study simultaneously took place in two contexts namely the institutional and the wider context. During institutional placement children often fully experience only one context of institutional care. That said the other side of life taking place outside institutional borders has a significant impact on institutionalization and children's being in care.

After children are placed in care, the first introduction to the outside world is made through the institutional neighbourhood and local community. Often the location of institutional settings does not meet the best interests of children where such threats as deprived communities and easy access to substance abuse become part of everyday life. In return, children often regard such threats as amusing opportunities for spending their free time without realising the consequences of such behaviour. An awareness of their actions as well as recognition of wasted time in care comes to individuals after leaving institutional care and becoming independent. Here location of an institution partially determines children's experiences of socialization and communication with a wider world. Being exposed to the 'unprivileged' society affects children's identity as well as the nature of institutionalization.

In addition to aspects of place and local community, the wider society informs and shapes institutionalization. At one end of the spectrum, children get introduced to society through visitors and volunteers. Here a range of individuals represents various experiences for children starting from caring and reciprocal relationships to invasive and disturbing practices. At other end of the spectrum children get to learn stigmatising attitudes spread across the wider society towards institutionalization and care users. Here stigma may have a negative impact on both children's and care leavers' being as well as on their experiences of institutionalization. Serving as a core social exclusion factor in Russia (Prisyazhnaya, 2007) the stigma may not stop after children leave care but can affect them for the rest of their lives (Astoyanc, 2005).

Finally, the aspect of time plays a critical role in forming the context of institutionalization. When it comes to institutional trajectories, children experience time on an individual level including age placed in care, time spent in care and time leaving care. Furthermore, children experience time in a broader context. Here changing times of care including transitions of care practices and changes of care policy affect the nature of institutionalization.

Section 11.6 Visual Representation of Critical Realist Understanding of the Nature of Institutional Being in the Russian Context

Legend for Figure 42

△ Institutionalization

☐ Experiences in the Empirical Domain of Reality:

    1- Attachment with Adults

    2-Warm and reciprocal relationships with caregivers

    3-Punishment and control by caregivers

    4-Lack of communication with caregivers

    5-Maintanamce of contact with caregivers

    6-Caregiver as a role model

    7-Boredom and depression

    8-Relationships with family

    9-Trauma, grief, fear and lack of trust

    10-Fights

11-Generousity

12-Kindness

13-Support and protection

14-Subculture

15-Dependecy on care

16-Emotional isolation from others

17-Friendships

18- Conflict between qualifications and work experience among staff

19-Children's deviant behaviour

20-Permanence of care

Events in the Actual Domain of Reality

A-Collective upbringing

B-Absence of privacy

C-Daily routine

D-Poor educational provision

E-Isolation

F-Stigma

G-Formalized environment

H-Dependency strategy

I-Limited Access

J-Unsupervised Access

K-Pre-care high risk environment

L-Long-term care

M-Placement instability

N-Group living

O-Absence of contact with parents

P-Caregivers as parents' substitute

Q – Neighbourhood and location

R-Child-adult hierarchical relationships

S-Love, sympathy and altruism in looking after children

T- Hierarchical management structure

U- Controversy between family-type relationships and distant relationships among caregivers and children

▢ Causal Mechanisms (Tendencies) in the Real Level of Reality that Generate Events and Experiences

i-Power

ii-Distance

iii-Intimacy

iv-Communal living

v-Individuality

vi-Context

Figure 42: *Visual Representation of Critical Realist Understanding of the Nature of Institutional Being in the Russian Context*
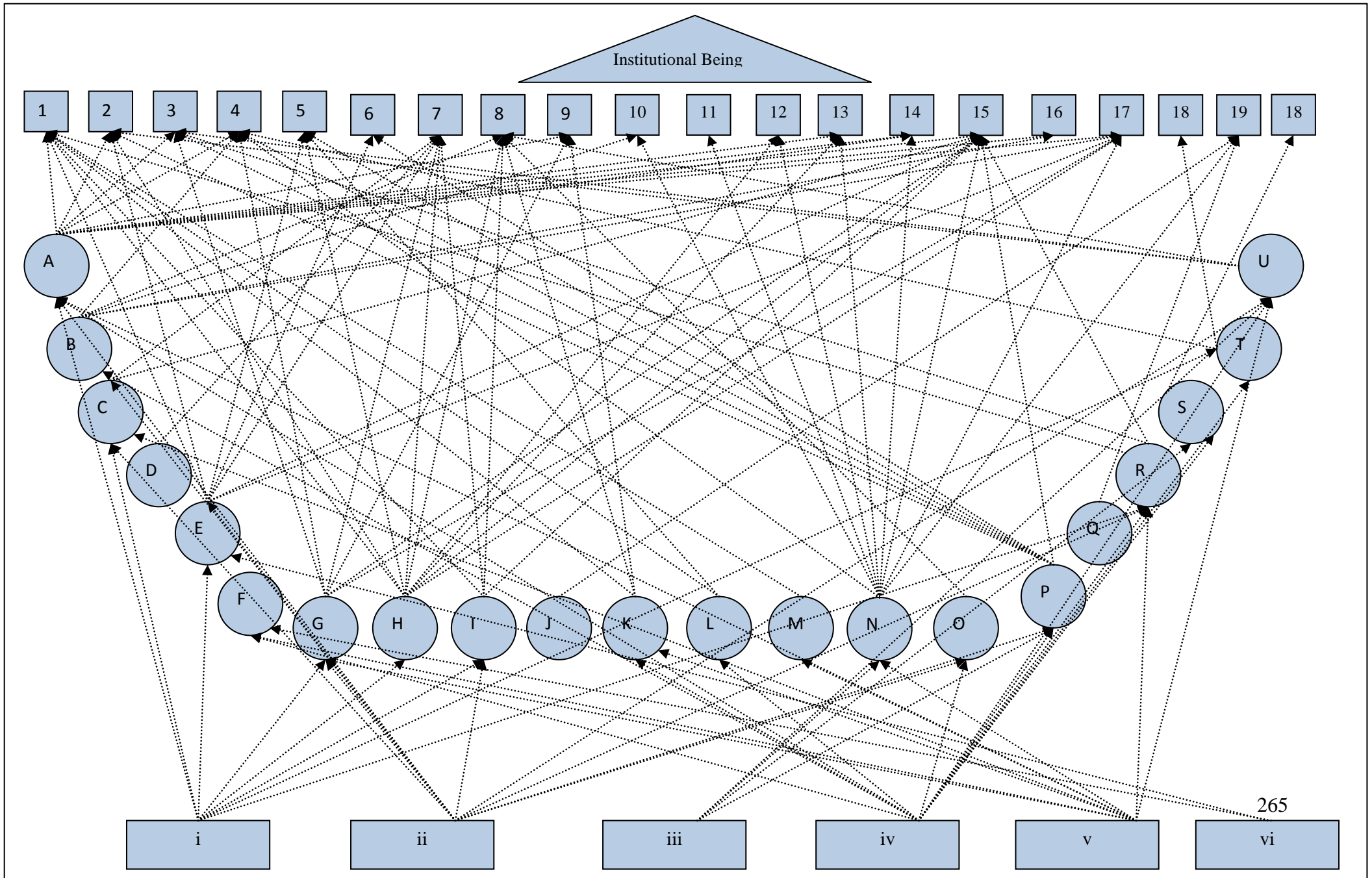
Conclusion

This chapter discusses the suggested causal tendencies which have been identified through this study. The care leavers, children's and staff experiences of institutional care as well as observed and discussed events were considered to be evidence of underlying causal mechanisms which informed and shaped the nature of institutional being in the Russian context. Contextual evidence as well as evidence of relationships from questionnaire and ethnographic participant observation of four different institutions suggested that the notion of authority, centralisation of the system and power were significant factors in understanding what fundamentally shaped institutional being. Investigation of the nature of relationships between staff, parents, children and care leavers pointed to the notions of lack of communication, closeness, security of attachments, protection and friendships as significant factors defined by distance and intimacy between individuals. In institutions, institutional being among individuals was usually experienced through collective upbringing, subculture and extended institutional family. These events and experiences are shaped by the causal tendency to communal living and collective behaviour so widely promoted and embedded during Soviet times. Resulting from the identified causal mechanisms the existence of personality and individuality in care becomes highly unlikely. Suppressed by a range of levels of authority and power, participants become fully dependent on the system without freedom of expressing themselves. Finally institutional being is broadly defined by the society and time individuals live in where people outside institutional community stigmatize children in care and care leavers.

The concluding chapter will summarise the findings in accordance with each research question followed by the consideration of original contribution to knowledge and implications for policy, practice and research.

CHAPTER 12: CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter revisits the principal findings of the research, looking at the two different stages of the research process. Considering the gaps and objectives of the research, followed by the revision of the current research evidence, I formulate an understanding of the phenomenon of institutionalization in the Russian context. As the chapter progresses I introduce the new understanding of the nature of institutionalization in the Russia context drawing on the research findings. In section 3, the original contribution to knowledge is identified. On the basis of the previously discussed findings and contribution, the next section offers implications for future research, policy and practice both in Russia and internationally. Furthermore, the chapter points out the limitations of the study which can be addressed in future research. Personal reflections on the process of the research and subject of institutional care are discussed in section 6. The study concludes with recommendations for further research.

Section 12.1 Summary of Research Findings

12.1.1 Institutional Child Care in the Russian Context

This section reiterates the key findings of the study in relation to each research question in turn. The first research question is as follows:

- What is Institutional Child Care in the Russian Context?

This study focused on institutional child care provision in two cities of Russia.. Whereas in Central region institutional care has been explored through general institutional characteristics, research conducted in the North-western region scrutinised four institutional units. The institutional settings included major types of institutional care provision in Russia for children aged between 5 and 18.

Institutional care constitutes large units resembling autonomous communities with their own medical, catering, accommodation, leisure and sport facilities, transport and in one case a church. Institutional settings are scattered around the city. Often having bleak facades on the outside, institutional settings are extensively decorated on the inside. Being over populated and understaffed, institutional life is organised under the principles of collective upbringing widely promoted during socialist regime (Khlinovskaya Rockhill, 2010). These findings confirm that the general image of State care conforms to the definition of institutions in research on care provision in Eastern and Central Europe.

The research does not find evidence of a widely stigmatised label namely the 'medical model' (Burke, 1995) which has been removed from institutional practice in Russia. Practices of hospitalisation of children neither prevailed in care nor informed the practice of looking after children but were rather implemented as a temporary measure for some children due to their health needs. Another stigmatised definition attached to care was related to the model of 'total institutions' introduced by Goffman (1968). Here the central contextual and organisational characteristics of institutional homes demonstrate some resemblance to the model. The identified characteristics include isolation, a tightly scheduled daily routine and formally organised environment. Although the highlighted characteristics conform to the general principals of 'total institutions' from the initial analysis (Smith, 2006), the evidence of this study suggests that institutional settings do not represent Goffman's model. First of all,

isolation was widely pointed out as a significant factor of institutional life. However, children have opportunities and time to leave institutional facilities unsupervised on an everyday basis, being able to attend a range of cultural and social outings outside the units as well as being visited by volunteers and so were not entirely cut off from wider society. As such, although the levels of institutional isolation are significant, they do not lead to fully enclosed life in care. Secondly, a tightly scheduled daily routine in every institutional facility included considerable time periods designed for children's rest, extra curricula activities and their personal development and entertainment. Within these periods, children can freely choose the activities they enjoy and prefer without any pressure "to realize the goals of the institution" (Goffman, 1961a: 6). Finally formally organised environments in care often shaped the nature of relationships and experiences of institutional life. Despite the fact that formalized and centralized care operates in accordance with the general rules and regulations of care, children, care leavers and staff do establish informal and reciprocal relationships. This usually goes beyond the formally administered round of life.

It should be noted, however, that despite the differences discussed between the original definition of 'total institutions' and identified factors in this study, participants experience significant negative impact in severe cases of the aforementioned aspects. It is important not to simplify the understanding of institutional care as one of the forms of 'total institutions'. Instead, each aspect of care which contributes to the existence of a 'segregated community' needs to be understood in relation to a particular context and individual practices. As such, the control measures in care which inform isolation, formalized environments and routinized life can be equally viewed as both negative and positive practices. The balanced control practice can be seen as a measure ensuring protection and safety for children given the age range of residents, the large child-staff ratio and difficult behaviour of some children. Conversely, total control can create a restrictive physical and social environment for children which may subsequently hinder children's positive development and trigger deviant behaviour in children.

Noticeably, although children and care leavers regularly emphasise the significance of isolation and daily routine in care, they often link isolation to the "limited time for wandering around" (male care leaver aged 18) and lack of free time. The evidence suggests that children's time for unsupervised activities is indeed limited and controlled. It may be suggested that such policy is developed in response to protection and education aims where

children are taught to have obligations, rules and commitment. This in turn teaches children to learn the notion of responsibility and reminds them to appreciate free time.

Despite the criticised feature of control applied to institutional care, often compared with the attribute of 'total institutions', (Davies, 1989) institutional care in Russia adopts a controlling and tightly regulated upbringing strategy as it seems to ensure children's safety and protection. Similarly, highly structured institutional care promotes stable education and healthy development for children of different ages. Although the levels of education may be relatively poor in care depending on the status of the institution, children still have systematic educational provision. Interestingly, these aims served as key guiding points of child upbringing during Soviet times (Khlinovskaya Rockhill, 2010). An alternative to large institutions is explored through short-term care provision for children. Although the general organisational and administrative characteristics of care have the similar control and isolation factors to the long-term institutions, the life inside care enables children to establish their own rules of freedom, empowerment and control. As such, children are provided with the facilities and opportunities for structuring their everyday lives in accordance with their preferences including being responsible for cooking, cleaning the house etc. The practice of being responsible and empowered is favoured by residents who enjoy feeling in control together with leadership and management.

Largely accused of being a 'closed sector' of the society, the data shows unbalanced practices of public access where institutions represent either a closed sector or free and unsupervised access to units. On the one hand, the access can be completely closed or severely limited in turn minimising children's opportunities for socialization and communication. At the other end of the spectrum, partially unsupervised access to institutions may increase children's opportunities for meeting new people and development of social skills. Equally, such a policy puts children's safety in jeopardy given that any stranger can enter institutional settings.

The finding which requires particular attention is related to role of government and the autonomous nature of institutional settings. Interestingly, despite institutional care being under one complete control of and totally dependent on the government, participants criticise and blame the State. Viewing it as a source of negative impact on institutional care, the nature of relationships between institutions and the government is based on the practice of pretence, power and dependency. In these circumstances nobody questions government policy and actions. Undoubtedly, such disrupted and misleading nature of communication hinders the

improvement and effective functioning of institutional care. That said, institutional care for children often remains the only alternative to family where they encounter a range of experiences starting from positive and happy times, boredom and depression, control and freedom or isolation and unsupervised access and movement in care. Being a miniature representation of socialist life, institutional care plays a role of home for children seeking to provide all the possible care and upbringing with resourses and power available.

12.1.2 Children's experiences of institutional child care in the Russian context

Next, I will summarise the findings from the second research question namely:

- What are Children's Experiences of Institutional Child Care in the Russian Context?

Children's experiences of institutional child care are formed and shaped by a range of complex interrelations between pre-care background, in-care placement pathways, relationships and interactions in care. The diversity of experiences of children creates a range of children's life trajectories within institutionalization.

Among those children and young people explored, the significant part of individuals has experiences of pre-care background often related to living with families. In turn, children withdrawn from families experience trauma, feelings of grief, fear and guilt as well as lack of trust. The aforementioned feelings and experiences shape their perceptions of the nature of family and negatively affect their future social skills and relationships. Conversely, children who enter care at birth have challenges of a different nature which are related to problems with health, intellectual and physical development. Regardless of children's background, individuals in care rarely experience family contact. Being persuaded by children to maintain contact on the one hand and being stigmatised by caregivers on the other, parents often terminate their relationships with children in institutional settings.

Most children experience long-term institutional placements followed by frequent moves between settings. It is noteworthy that children who enter care early face placement instabilities more often than other children. Given the paucity of contact with parents folowing long-term placement in care, institutional life often becomes a substitute for children's families. Despite the diverse range of institutional settings and relationships, there are a number of recurrent themes of institutional experiences outlined by children.

In the first instance, children highlight that relationships with caregivers are of particular importance to them. Having stable, meaningful and positive relationships with a caregiver contributes to children's development of a role model, secure attachments with an adult and subsequent self-improvement in care. Furthermore, reciprocal and quality relationships enable children to have a positive image about institutional life as well as about themselves. In turn positive child-caregiver experiences may contribute to children's development of resilience in care and after leaving care. Although there is significant satisfaction with caregivers and adult-child relationships, demonstrated young people's willingness to maintain relationships after leaving care, some children raise issues about negative factors affecting relationships in care. Such experiences as lack of communication and individual attention by caregivers and inadequate gender ratio among caregivers hinder children's chances for secure attachments with caregivers. Furthermore responses of relationships with staff in institutional care often refer to punishment by caregivers, ways of escaping punitive measures and means of pushing the boundaries of what is allowed. Indeed, children highlight punishment as of particular importance to them, emphasising that caregivers use punitive measures too often. Despite the risk of being caught, children often break institutional rules and provoke caregivers. Children's attempts to push the boundaries enable them to understand the limits of what is allowed as well as acknowledge the risks of breaking institutional rules.

Next, children and young people emphasise group living as a critical factor in institutional experiences. Here, children feel great support from their peers, being protected and secure living within a group. The experiences of kindness and generosity towards their peers in care contribute to a positive dynamic in relationships. In some cases, certain individuals prefer to increase the sense of group living by introducing a subculture in care. In this respect, institutionalized children are heavily influenced by the subculture rules where certain language, behaviours and appearances need to be practiced. This phenomenon may create danger for children through increasing the levels of delinquency within the subculture (Taylor, 2006). Along with existing practices of following the crowd, children report that they value intimate and individual relationships in care, namely friendship. Due to the isolated nature of care and forced group living children often experience a lack of friends and a distorted nature of friendships in care. Here friendships occur opportunistically which causes frustration among children in care. The research around friendships in institutional care highlights that secure and stable friendships contribute to forming social identities of children (Ridge and Millar, 2000).

Another noteworthy finding in this question is the significance of stigma highlighted by care leavers. The notion of stigma may have negative impact on children's experiences of institutional care as well as affecting their independent living. Having the status of 'an orphan', children are often socially excluded from wider society (Astoyanc, 2005).

Despite mixed and complex experiences of institutional care, together the data from questionnaires and ethnographic participant observation provide confirmation that institutional time in care for children and care leavers is mostly positive. Indeed, children appreciate safe and secure environments, opportunities to live with friends, stable cultural development and good relationships with caregivers. For some children institutional care becomes a place of home rather that its substitute.

12.1.3 Staff Members' Experiences of Institutional Child Care in the Russian Context

Now I will summarise the findings of the study in relation to the question as follows:

- What are Staff Members' Experiences of Institutional Child Care in the Russian Context?

The evidence from both the questionnaire and the participant ethnographic observation suggests that staff experiences of institutional care are often shaped and formed by individual beliefs, relationships, values and emotions rather than by professional qualifications and knowledge. This was found to be the case across different institutional settings despite the international emphasis on the quality and levels of professional qualification (Sellick, 1998; Taylor, 2006; Groark et *al*., 2008) Indeed, the majority of caregivers highlight that their professional backgrounds are irrelevant to social pedagogy and care. That said, caregivers are often convinced that their extended work experience in institutional care is of more significance than relevant training or qualification.

Working closely together with other staff members in a female gender-dominated environment, caregivers experience the hierarchical nature of relationships in care. In this respect, well-defined and clear subordination between different posts serves as the core feature shaping professional relationships in care. That said, formalized working environments from the first leave a lot of ground for personal interactions between staff members. As such, professionals often cooperate with their colleagues on the basis of their individual preferences driven by inspiration, jealousy or anger.

Another particularly noteworthy finding is related to the caregivers' relationships with children. The majority of caregivers are convinced that child-caregiver relationships are of major importance to children and their well-being in care. Such feelings as love, altruism, responsibility and sympathy contribute to caregivers' attempts to develop warm and reciprocal relationships with children. Caregivers build a sense of good relationships aiming to create family-type relationships in care followed by development of deep and secure 'family' links. Here the practice of permanence of care and relationships beyond institutional formal responsibilities play critical roles in the lives of children. Some caregivers are convinced that their primary role is to be the loving parent who maintains stable and loving care after the institutional care ends. That said such obvious attributes of family-type relationships as physical contact are often rejected by staff. The inconsistency in family-type relationships continues when some staff members express jealousy towards children in care accusing children of being spoilt and having "more than enough" in care. These mixed attitudes to children often coincide with caregivers' individual circumstances in life. Indeed, those who express love in care link these feelings with personal background. Conversely, the evidence suggests that staff members who do not have enough resources and opportunities to provide the best care for their own children often perceive institutional facilities as privileged.

Overall, most caregivers show a tendency to promote and develop the notion of family in care. Driven by love and care, adults often create a sense of extended family in institutions where caregivers play the roles of parents. This voluntary practice of caregivers of building family-type relationships goes in line with the Soviet ideology of creating one big public family (Khlinovskaya Rockhill, 2010). However, whereas in Soviet times the practice was driven by control, surveillance and structure, the contemporary practice introduces more individual and intimate approaches to care mixed together with Soviet practice. As a result, the family-type relationships face a number of inconsistencies and contradictory experiences of looking after children such as absence of physical contact or resentment of children for having extensive opportunities and facilities.

12.1.4 Factors and Characteristics which Determine Institutional Being in the Institutional Child Care in the Russian Context

Finally, I will turn to summarising the key discussion points generated in relation to the last research question:

- What Factors and Characteristics Determine Institutional Being for Children and Young People in the Russian Context?

Driven by a critical realist search for explanatory insights into the phenomenon of institutionalization, the discussion chapter adopts the retroduction technique through revisiting the findings and understanding the factors and characteristics which determine institutional being. Drawing on the current research evidence and research findings provided in accordance to the three research questions I offer a new way of viewing the being in institutional child care as the combination of causal mechanisms namely 'power and disempowerment', 'distance and intimacy', 'communal living and behaviour' and 'personality and individuality'. Overall, institutionalization represents a place of child upbringing where the notions of power, institutional family, interdependency, collective consciousness and individuality are outlined as key factors and characteristics determining the being in care.

The interplay between power and disempowerment describes the relationship between an individual and larger forces which include the dominating role of State, institutional system and staff members. The central idea behind this interplay is based on the values and practices created and introduced during the socialist regime in Soviet times. Despite the changed regime, conditions, meanings and upbringing practices in Russian society, the culture and practices of Soviet institutional care have carried on through time. The power is viewed as a vertical structure with State placed as the top of the structure and individuals placed at the bottom. Having absolute power over institutional care the State has limited knowledge of what institutional care and children need. Based on its own projections, the State often 'blindly' improves and controls the sector of institutionalization which results in unmet needs of those who are in care. Furthermore the powerful institutional system completely reflects the Soviet ideology where control, formalized relationships, surveillance and tightly scheduled and organised everyday life are used as central tools of upbringing for the new generation of 'Soviet citizens' (Khlinovskaya Rockhill, 2010). Although the established practices enable institutional care to maintain control and power over residents, children are often left disempowered in care. Being a passive recipient of care, facilities and decisions was suitable for the Soviet generation of children where upon leaving institutional care young people were provided with further education, accommodation, empowerment and security. Indeed, feeling a member of a large Soviet family children felt socially included in care as well as after leaving institutional settings (Khlinovskaya Rockhill, 2010). Due to the dramatic

changes in the Russian regime, economy and politics, children who are raised as fully dependent are now often left socially and physically excluded from the wider society after leaving care (Philanthropy, 2011). This creates a conflict of interests and power where children willing to be independent in care are suppressed by the superior powers of caregivers, the system and the State.

The next interplay, between 'distance and intimacy', underpins the nature of relationships between children in care, family and caregivers. Being surrounded by other individuals on a long-term basis contributes to children's perceptions of closeness and distance in relationships. Similarly, staff members and families shape and develop a certain model of relationships which are often informed by their personal motivation as well as opportunities and conditions available. In this respect, due to complexity of views on the nature of relationships in care, participants often experience conflict and controversy between forced intimacy or distance or conversely absence of closeness or personal space. Subsequently lack or absence of balance between the levels of intimate and distant relationships in care negatively affect the nature of being in institutional care.

Furthermore, I suggest that institutional being represents communal living consisting of the combination of collective identity, group behaviour and finally subculture. This interrelationship explains the nature of collective living in care where all participants including staff members and children form an 'institutional family' which promotes the collective consciousness among individuals. In other words, moving beyond individuality in care, institutionalization encourages participants to act and live as a group leaving competition, rivalry and jealousy behind.

The next combination of causal mechanisms includes the inferior roles of personality and individuality in institutional care. Despite a diverse range of experiences, pre-care backgrounds, personal beliefs, values and characteristics, participants' individuality is often intentionally overlooked and ignored. Personal emotions as well as individual behavioural patterns are often suppressed by the aforementioned characteristics of institutional being. This creates a vicious circle of care where the failure to appreciate children's individuality and diversity in care reflects the policy of collective upbringing followed by treating all children the same regardless of their personalities and needs.

Finally, the last causal mechanism includes context which is generated through place, society and time. Such experiences as stigmatisation of children in care and care leavers, life in

deprived communities and in regular changes inform and shape the nature of institutionalization. Living in a society judging both children in care and their families creates the basis for social exclusion of a whole group. Instead of support and inclusion, individuals are treated as 'orphans' or 'bad parents' who are labelled to represent an "unfit" category of society (Khlinovskaya Rockhill, 2010).

Section 12.2 Understanding the Nature of Institutionalization in the Russian Context

Within contemporary Western research on out-of-home care institutional care has traditionally been categorised as 'total institutions' (Goffman, 1968), 'medical model' of care (Burke, 1995), 'residential institutions' (Tobis, 2000), 'orphanages' (Dorrer et *al.,* 2010) or simply 'institutions' (Dorrer et *al*., 2010). In turn institutionalization has been understood as the process of residence in institutional care. Despite its definition, both terms have always stood in dramatic contrast with the nature of family and home environment (Dorrer et *al*., 2010). Institutional care and institutionalization have been widely promoted as negative practices failing and damaging children. The central arguments that have been put forward against institutional care have drawn on evidence from psychological and social work research focusing on 'traditional' family-oriented practices of child upbringing extensively conducted in countries of Western Europe. This study throws into question the current understanding of institutionalization as an 'unnatural' and 'untraditional' process of child upbringing opposed to family experiences. Introducing a new understanding of the nature of major substitute care in Russia contributes to broadening the perspective on care, family and child upbringing.

After a child is placed into institutional care, he or she becomes institutionalized where the direct relationship between State and a child is established. This enables the child to gain a new status of dependency where a status of a birth parent is replaced by caregivers on behalf of the State. Within the context of this research, institutional care is viewed as a model of collective family where caregivers and peers represent institutional family members and institutionalization is seen as a state of being and belonging to the collective family. The explored nature of institutionalization is based on principles and norms of disciplined, efficient and successful child upbringing ensuring protection, medical and educational provision for children. The central forces enabling the collective family to operate are informed by power, balanced distance, communal consciousness, suppressed individuality and context. During institutionalization, children are viewed as a vulnerable group in need of

constant protection and care being excluded from participation and voice to their own advantage. Regimented techniques of child upbringing do not exclude caring and loving experiences within institutionalization. Instead, heterogeneous children are placed in a realm of stable and secure care where social experiences are shaped and influenced by a range of personal characteristics and circumstances. Children in care are positioned under the full responsibility of the State where the role of biological family is formally and informally minimised and where possible withdrawn completely. This practice in return leads to making children's in-care welfare a full concern of both the State and institutional care.

Whereas the State and institutional care constitute two powerful structures, both of them are shaped by a range of individuals with their own background, views on care, family and children. However, placed in an environment of suppressed personality, individuals (both children in care and staff members) face a conflict and dissonance between their personalities and larger forces which determine being in institutional care. In return these conditions often hinder opportunities for open dialogue, cooperation and individual approach in care.

Institutionalization as a process of being is embedded into bipartite levels of reality namely 'formalized reality' and 'homely reality'. The formalized reality, thoroughly governed by power, is based on rules, regulations, structure, authority, isolation, punishment, control, hierarchical relationships and regime. The homely reality includes the social sphere of institutional life where relationships with caregivers, peers, friends and external visitors are based on the notions of reciprocity, love, intimacy, trust and commitment. The factor of communal living brings these two realities of care together, promoting mutual respect and dependency on the system. Simultaneously, communal experience creates conditions where children have limited communication and insecure attachment with caregivers, conflicts with peers and unwillingness to belong to an institutional community.

The fact that the model of 'collective family' exists in full operation in the contemporary Post-Soviet time creates a dichotomy between reality inside institutional care and outside. Children purposefully raised and cared for as members of a collective family where all citizens represent a wider family encounter a diametrically different reality upon leaving care. At the other end of the spectrum, external visitors or parents who enter institutional care, bring their own perspectives on life which do not coincide with institutional ideology creating misleading understandings of care. When understanding institutionalization the collective family is seen as powerful and permanent yet elusive actor in children's lives. Being fully

dependent on and protected by institutional care, children are raised as a minority group of citizens who upon leaving care are forced to become independent. Here the independency is often mixed with experiences of social exclusion among care leavers. Such factors as permanence of relationships and care as well as maintenance of contact with their collective family ensure children's secure belonging to an institutional community.

Section 12.3 Original Contribution to Knowledge

This study contributes to discussion on institutionalization and institutional care in the context of Russia in a number of ways. In the first instance, this study aimed to improve the weak and biased body of research around institutional care and institutionalization in Russia. Incorporating two methods of data collection, the study has been conducted with an extensive group of participants experiencing the nature of institutionalization at first hand. Unlike a number of preceding studies focusing on partial aspects of institutional care in Eastern and Central Europe and more specifically in Russia, this research looks at the whole picture of institutional care in Russia. The fieldwork included two geographical locations within a fifteen month period. The new knowledge generated on the nature of institutionalization provides an 'insider' portrait of care which may inform future developments in good practice and policy.

The research has been underpinned by the philosophy of critical realism as a foundation of the study which enabled me to coherently explore, describe and explain the nature of Russian institutional care. The multi-faceted research focus offers an extensive descriptive insight into institutional care followed by explanatory analysis of institutionalization. To my knowledge, this is the first critical realist study focusing on the nature of institutional care in Russia.

Using a critical realist methodology allowed me to investigate multidimensional experiences of three groups of participants in institutional environment namely care leavers, caregivers and children in care. The research has given voice to those who have directly experienced institutionalization. This in turn has contributed to the limited body of research in the Russian context previously driven by perspectives of local authorities and caregivers.

Furthermore, addressing the call to generate a comprehensive data on what institutional care in Russia is, this study investigates a holistic structure of institutionalization through a focus on all existing institutional settings for children aged between 5 and 18. Here the key research output includes a comprehensive exploratory data on four institutional units through

ethnographic participant observation as well as general overview on the system by the means of a questionnaire. The visual data supporting the findings offers a new representation of institutional care in Russia. At the time of the study there was neither visual nor verbal representation of a distinct range of institutional units in Russia, the aspect which often stigmatised the public and researchers' perception on institutionalization.

The study has offered a balanced insight into institutional care demonstrating both positive and negative experiences of institutionalization. The findings stand in contrast with the negative and stigmatising reports and research on both institutional care and care users in Russia highlighting complete failure of institutional care, low life chances and deviant behaviour of care users and complete incompetence of care providers. The importance of relationships including child-caregivers' relationships, parental contact, friendship, existence of a role model and group living played a critical role to both care leavers and children in care. Furthermore, such values as significance of education, socialization, independency and responsibility shaped experiences of being looked after. Among negative factors the research has pointed out the absence of empowerment, the lack of close and secure relationships, isolation, poor education, full dependency on care and suppressed individuality. This new knowledge on positive and negative factors shaping experiences provides evidence to inform future policy and practice in institutional care provision in Russia.

The research has introduced a new understanding of institutionalization in the Russian context based on a critical realist discussion of the findings. Here, the 'traditional' meanings of family and care are challenged in order to explain the functioning and ideology of institutional care in Russia. A literature review showed that previous studies have not viewed institutionalization from the perspective of family. In contrast, this has been the important finding of the study where institutional care acts on behalf of formalized procedure as well as of individual relationships. Being treated as a vulnerable group in need of protection, children are placed in institutional care aiming to create parental care. Institutionalization is conceptualized as a process of being where proposed causal mechanisms namely power, distance, intimacy, communal living, individuality and context define and generate the experiences and events in institutional care. The causal mechanisms need to be taken into consideration when improving institutional care in Russia.

Section 12.4 Implications and Recommendations for Research, Policy and Practice

On the basis of the findings and conclusions outlined above, there are a number of recommendations and implications to be made that are relevant to research, policy and practice in the Russian context. The recommendations are developed to improve and change the everyday practice of looking after children in a way that would provide better experiences of institutionalization for children, caregivers and care leavers. Although the Russian Government has demonstrated a general intention to enhance care provision for children in care, this study designs a number of specific implications which could be done on its way to successful care.

12.4.1 Recognising the importance of institutional care

While some efforts in research and practice have been made to fully replace institutional care in Russia with a current Western model of foster care (Schmidt, 2009), the findings presented in this research emphasise the importance of having a balanced portfolio of foster care (*patronat* care), small group homes and larger institutions. It is noteworthy, that the recommended maintenance of institutional care does not exclude or create a hierarchy of placement priorities among different types of care provision such as foster care or small group homes. Instead, due to the identified heterogeneity of children's pathways and profiles, a variety of care alternatives need to become available. This study neither compares institutional care with foster care nor interprets institutional care as opposed to foster care. Instead, this research focuses on the significance of existing institutional care and its best and worst characteristics. The research has provided evidence of positive experiences of children and care leavers as well as their satisfaction with existing care. This offers the first step to developing positive institutional characteristics further and minimising negative aspects. Such positive characteristics, namely relationships with caregivers and peers, cultural and sport activities, protection and stable everyday regimes need particular focus and further improvement. Additionally, the study demonstrates that children already placed in institutional care establish their small close communities which need to be respected and preserved when thinking about introducing alternative forms of care. In the meantime, the stigmatising attitudes and negative labelling of institutional care should be replaced with development of effective objectives and policies in care which would acknowledge diversity of children and include individual needs and values. Taylor (2006: 180) argues that one of the

critical objectives in introducing balanced care provision is the replacement of "'last resort' mentality" among researchers, policy makers, practitioners and wider society.

12.4.2 Challenging the existing child raising practice

This study demonstrates that the State view on care provision is primarily guided by the responsibility to protect children in care. In return, protection policy is achieved through child rearing techniques such as full dependency on care, disempowerment, isolation of children, regimented daily routine and balanced distance between caregivers and children. Along with positive aspects of protection and control of children such techniques of child rearing trigger negative experiences of institutional care. This study has emphasised the balanced use of protection together with the need to respond to children as individuals and future independent adults. Implementing this practice of child raising would require the following changes in practice and policy:

a) Full dependency on care among children needs to be reduced through introducing shared responsibilities into institutional living. This could be achieved by involving children in daily routine activities around the house such as doing the dishes, laying the table for meals, helping to prepare meals in the kitchen , cleaning the rooms and institutional areas and grocery shopping. The engagement into daily life of care contributes to the development of children's self-esteem and sense of responsibility as well as improving such skills as practical living skills, teamwork and independent living skills;

b) There is a strong need to develop a child rearing practice which promotes children's voices and right to participate in care. At its most basic, it may include listening to children's voices when it comes to admission to care, placement moves, education, nature of relationships with caregivers and peers. Children's empowerment does not need to exclude protection of children and provide unquestionable freedom to children. Instead, caregivers and local authorities are expected to aim for meeting the best interests of the child driven by finding a balance between complete disempowerment and respect of each child's needs;

c) Care providers need to consider opportunities to minimise isolation in care and replace it with the practice of openness. Supervised openness of care can be achieved through encouraging residents to meet people outside care settings by attending social

events, cultural outings, sporting events and other activities. By getting acquainted with a wider community children broaden their perspectives on life and practice their social skills;

d) Some caregivers spoke of or demonstrated balanced distance between children and caregivers in care. Evidence from the research elsewhere (Colton, 2002; Smith, 2009) suggests that relationships between children and staff in care require to follow regulated guidance ensuring safe boundaries between intimacy and distance to avoid the risks of abuse. Similarly, in order to establish secure attachments with some children as well as provide parental substitute, caregivers are expected to develop warm and reciprocal relationships with children involving physical contact. Care providers need to think how they can provide warm and caring care simultaneously maintaining established norms of   contact. Focusing on children's individual needs together with accepted 'healthy' expressions of love and care among staff may serve as an important basis for upbringing practice promoting strong and balanced relationships.

12.4.3 Emphasising the significance of individuality and diversity in collective care

The research has emphasised the significance of individuality and heterogeneity of children in care and care leavers. The practice of suppressed individuality of children hinders institutional care opportunities to meet and respond to the needs of children in care. It is important to recognise the diversity of pre-care and care experiences of children as well as acknowledging children's individual values and beliefs. In the Western context collectivism is often criticised arguing that it excludes the opportunity to express individuality and address a diversity of needs (Wise and Silva, 2007; Bekhterev, 2001). However, the research demonstrates that the dichotomy between collectivism and individualism is incorrect. Where individual needs are not being met, the collective will not effectively function or in some cases even survive. In this respect, collective upbringing should develop a flexible practice of care provision where the best collective aspects of solidarity or social responsibility exist along with approaches of acknowledging individual choices or needs where possible. The improved form of collectivism may remain as a broad framework of care in Russia with small but often significant changes on an individual level. At its most basic, use of numbers to identify children can be replaced by names, room interiors can be subject to individual preferences of children and children's clothes can include more variety. Additionally, the

complete awareness of caregivers and decision making authorities of children's cases in depth as well as smooth transference of children's files between different authorities may ensure that individual needs are acknowledged where possible.

Undoubtedly the existing institutional system demonstrates that some individual needs are better met than the needs of others due to the existing hierarchy of relationships. Where this is the case, care practice needs to be restructured in order to achieve a balance between all the people living in the environment.

12.4.4 Recognising the importance of relationships in care

Evidence from this study supports the view that relationships in care are of critical importance in shaping institutional experiences of children in care and care leavers. Such factors as placement instability, group living, absence of promotion of contact with family, caregivers' distance in relationships and collective upbringing militated against continuous and secure relationships with adults and peers. In the first instance care providers need to consider the importance of relationships in care. Subsequently there is a need to develop a series of creative practices and approaches which would enhance and sustain the opportunities for permanent, trusting, warm and reciprocal relationships. The ways of relationships' improvement are recommended below:

a) Maintenance of contact with families may be recognised as a widespread practice in Western context and as an innovative development in the Russian context. Caregivers need to be trained in relation to the importance and promotion of family contact with children in order to increase their awareness of positive impact from family contact. Focusing on maintaining family relationships, institutions need to provide enough time and private space for family visits;

b) Both children and care leavers demonstrated attachment and dependency on the relationships with caregivers. Policy makers and practitioners need to introduce a clear and stable scheme of maintaining contact between children and caregivers across different institutional settings. The opportunities for permanent contact need to become part of the routine available in care and after leaving care. Although the continuity of care may be a more realistic goal in smaller institutional settings, each unit needs to promote the values of permanence in relationships ;

c) Practitioners and policy makers need to aim to promote opportunities for the development of positive peer relationships in care. Children and young people in care need support in establishing sustainable friendships in care. This can be achieved through the provision of regular social events and clubs where children can socialize on the basis on their interests rather than due to living conditions. Having enduring peer relationships increases children's resilience and provides an opportunity to have someone who cares about them.

12.4.5 Preventing high risk behaviour of children in care

Evidence from this study suggests that children in care are likely to demonstrate high risk behaviour during the period of institutionalization. Such behaviour may include substance abuse, peer violence, group deviant behaviour or vandalising activities. The consequences of such actions vary from traumatic experiences to the risk of children being introduced to the criminal justice system. Subsequently, this can lead to unnecessary criminalisation of children and young people in care (Taylor, 2006). Policy makers and practitioners need to seriously focus on and address this problem in every institution individually as well as on a wider scale. This study introduces a number of recommendations which would contribute to reducing the problem of high risk behaviour in children as follows:

a) Neighbourhoods and local communities may increase the risk of children being exposed to substance abuse. There is a strong need to develop a scheme which would effectively discourage children from taking drugs, drink alcohol or smoking. This could be done by introducing social activities both inside and outside institutions which would introduce children to the dangers and risks of substance abuse. Here invited former children in care would serve as good examples of adults who could advise on substance abuse risks. Also, the increased supervision of children outside institutions may reduce children's opportunities to get access to alcohol or drugs. The introduced community awareness of possible risks and dangers of children of drug or alcohol consumption would be beneficial as well;

b) Peer violence needs to be reduced and subsequently removed through introducing smaller groups of residents in care. Given that this implication requires substantial sources of funding and restructuring done in care, this can be achieved only in long-term perspective. In the meantime, institutions need to introduce a number of

activities which would support abused or abusive children. This can be achieved through therapeutic sessions with children, group workshops, supporting building relationships and social events;

c) The evidence suggests that group deviant behaviour through subcultures often presents an undiscovered ground for caregivers and researchers. Policy-makers need to design guidelines for institutional staff on how best to understand and respond to deviant behaviour of children in care. As a preventative measure of protecting children from unnecessary prosecution, Taylor (2006) suggests ensuring that caregivers question when there is a strong need to contact the authorities or police. In the meantime further research needs to be undertaken to explore further the nature of subculture and group behaviour in institutional facilities among children and young people in Russia.

12.4.6 Introducing cooperation, power balance, openness and teamwork between staff in care

One of the critical things about institutionalization in Russia is that the practice of child upbringing is driven by hierarchical power and control. The vertical model of care provision informs relationships in care and care practices. This research has offered a first step in examining why the promoted model of power militated against efficient care provision and cooperation between staff members. Policy makers need to think about implementing practices which would enhance the opportunities for open dialogue between all levels of authority. This could be done by practitioners' participation in reviews of care and opportunity to be active agents in decision-making around institutional care. Consideration of the opportunity of regular meetings between all care provision participants would enhance the exchange of ideas and various perspectives on care depending on the position.

In order to ensure smooth cooperation inside institutional units there is a strong need to develop a strategy of teamwork among staff. This provides support for studies by Sinclair and Gibbs (1996) and Berridge et *al.* (2010) who argue that effective management strategies promoting teamwork and clear roles of staff improve the nature of care provision in residential settings. Although this practice may be more achievable in small institutional facilities with fewer residents and more staff, there are some elements of teamwork which can be introduced to large institutional units. At its most basic, staff members need clear goals and objectives to be assessed and accomplished within the stated time frame. Also this

may include training programmes focusing on the positive impact of team working skills and regular seminars promoting central objectives of institutional care provision.

12.4.7 Improving society's awareness about institutional care and children in care

Considering the significance of stigma and social exclusion of children in care among the society, there is a strong need to challenge the existing perceptions that links children and institutional care with danger, crime and trouble. Lack of knowledge of what institutional care is, narrow-minded views about children in care (Kuznecova, 2003) and generalisation about poor outcomes of children contribute to negative attitudes of care. Increased public awareness about institutional care and children has implications for the State, policy makers, mass media and practitioners. In order to develop a strategy of increasing society's awareness about institutional care it is important to select realistic interventions suitable for a Russian context. The suggested interventions may include as follows:

a) The government needs to start presenting balanced reports where positive outcomes and experiences of children in care are equally highlighted along with negative aspects. This may be achieved through support of research shifting the focus from how care fails to best practice of care. Recognition of stories of success among children in care and care leavers would also enrich State reports on children who experienced care;

b) Institutional facilities should provide the policy of supervised public openness where children in care are perceived as part of the wider community. Social activities, local sport events and cultural outings may contribute to children's integration into the society and vice versa;

c) This research has demonstrated an insight into recognition of stigma among the society. There is a strong need for further research to be undertaken to explore the independent life course of young people in Russia.

12.4.8 Promote the Significance of Staff Training

Lack or absence of professional qualifications among staff is a common attribute of care provision practice across various institutions. The current practice of looking after children is often informed by intuition and experience of caregivers rather than by professional knowledge. This detachment of a professional body of knowledge from exercised practices

reflects the nature of care and children's experiences as well as relationships between caregivers, volunteers and early career professionals with relevant qualifications. In particular, staff working with children from various backgrounds and with a range of traumatic experiences are often lacking in basic knowledge about child development or therapeutic measures. Similarly, caregivers who work with children having learning or physical difficulties highlight the need for having professional training in working with different groups of children. Some staff members recognised and admitted the value of improving the level of professionalism through training. In this respect relevant training programmes should be designed and embedded into care. In addition to training implications that have been mentioned in previous recommendations for policy and practice, programmes may include:

a) Programmes expanding staff knowledge on child development from psychological, social and medical perspectives. Here a particular focus needs to be paid on various high-risk environments and their impact on children's well-being and development; significance of attachment theory and possible outcomes; nature of relationships in care and their influence on children's behaviour and independent living. The acknowledgement of typical behavioural difficulties among different groups of children would also be a valuable aspect of training programmes;

b) Training programmes which include staff exposure to a substantial knowledge about current successful psycho-social interventions and developments in practice of working with children such as the importance of children's empowerment, significance of establishing secure attachments with children, practice of small group care;

c) Opportunities to attend training sessions on certain psychological and developmental therapeutic measures through art, music, game and other activities.

In increasing the levels of professional qualification among staff such institutional implementations as annual appraisal, networks between different institutions, effective supervision, personal development plans and monthly meetings for practice and knowledge exchange could be introduced. The introduced training would professionalize practice in the area of care provision which has not been professionalized before.

Section 12.5 Limitations of the Research

It is important to stress the limitations faced by this study. Despite its multi-method approach, this research faced a challenge of a small number of participants and institutional units drawn from only two geographic locations in Central and North-western regions. A small sample is not representative of children in care, care leavers, caregivers or institutional facilities across Russia. Russia consists of 83 Federal subjects (The Article 65 §1, 2007) where the cities participating in the study represent only 2 provinces. Furthermore, institutions № 1, № 2, № 3 and № 4 represent only four units among 3, 056 in Russia (UNICEF, 2009). The regions explored in this study differ from other districts due to different cultural and geographical locations, socio-economic status of community, Government financial support, availability of professional and educational opportunities and levels of non-governmental support. Furthermore, due to the complexity of experiences and events in institutional care as well as heterogeneous groups of individuals any generalisations can be misleading.

Next, it is important to acknowledge that the research did not include children and care leavers with severe learning disabilities. Although the study did take place in one of the institutions providing care for children with different needs, the wards housing individuals with severe disabilities were closed to public or volunteers.

The time span of ethnographic participant observation was limited to six months. Although the study included four institutions, this can be seen as a significant undertaking for a single researcher. That said the long-term study conducted in institutions would strengthen the quality of the data.

Lastly, being underpinned by critical realism, the context of institutional care in Russia had a strong influence on the research findings. In this respect, the outcomes of this study may not necessarily apply to population groups in Russia or elsewhere. However, despite the aforementioned limitations to the study, the experiences of institutionalization resonate with other studies internationally suggesting that institutionalized individuals may have experienced similar events. In this respect, the findings from this research can be used by practitioners, policy-makers and researchers in order to apply them to a specific population or as a starting point for further studies.

Section 12.6 Personal Reflections

Undertaking the research has been an important and rewarding journey for me as an academic and as an individual. Throughout the research process I have continuously put into question my own practices of care provision as a volunteer, challenged my personal perceptions of child rearing and reflected on cultural and social values of childhood, family and care in my own country.

One of the central driving forces pushing me through all the stages of the research was an aspiration to have a positive impact on children's lives and on future practice of out-of-home child rearing in Russia. I felt privileged having an opportunity to work with children, care leavers and caregivers in various institutional facilities. An advantage of working with participants in my own language enabled me to fully engage myself and participants in the research process. Although at times the research process involved upsetting and stressful events and experiences taking place in institutional care, it was impossible to fully detach myself from the study. Participants, in particular children and care leavers appeared to enjoy the process of participating in the research which provided an opportunity for many of them to have their voice heard for the first time. This was an important and possibly in some cases life changing experience which gave children in care a chance to share and reflect on their lives.

As a volunteer, I inevitably faced considerable changes in my experience of working with children. They included critical self-evaluation of my personal practice of looking after children, deeper understanding of the nature and meaning of care as well as transformation of my personal values and beliefs about children, their potential and their vulnerability status. Being aware of the risks of creating a "discursive edifice" (Gergen, 2003: 454) where researchers exclude others from receiving positive impact about the research outcomes, I aimed to narrow the gap between myself and the institutional community. In particular, the on-going process of returning back to institutional care to support children in care reminded me about the importance of the research and the value of knowledge produced.

Completing this research has brought to my attention several fundamental cultural biases which remained previously of no concern or hidden in the context of institutional care in Russia. The process of conducting the study has illuminated new insight on the nature of institutionalization in Russia and the mentality of Russian society towards child rearing. In

retrospect I realized that when initially entering care my natural position was biased with an attitude of institutional care as a place of failure and negative experiences where children were seen as victims and in danger. The assumption of institutions being a 'dead end' for children and caregivers being indifferent adults was an inevitable part of my understanding of institutionalization before the research. It has only been through the experience of data collection and writing my thesis that my perception of institutionalization has fundamentally changed. In particular, the research process has led me to view institutional care not as a last resort alternative for children but as an opportunity to have a large institutional family followed by the sense of belonging to a particular community and group. This in return has affected my 'taken-for-granted' view on family and its functions in different cultural contexts and across the time span. Surprisingly I have found that many assumptions I held about my family and my experience of being brought up in the Soviet period differ from the present model of a family and have some similarities with institutional upbringing. The realisation that my own experiences of being raised as a person were significantly shaped by the collective society and lack of individualism has been crucial in terms of understanding my own identity. The striking differences between cultures, countries and societies faced by me throughout the process of research enabled me to reach deeper levels of understanding of my own culture and history. The aforementioned changes in my practice, in my personal experiences and in my academic training have highlighted the significance of continuous active intellectual thought involving self-questioning and reflection.

Section 12.7 Further Research

In the two sections (Section 12.4 and Section 12.5) above, namely limitations and implications, I suggest a need for further research. Future research can address some of the limitations of this study by expanding the sample size of institutional facilities across different regions of Russia and introducing longitudinal studies covering institutional experiences. In addition to this, the study has demonstrated the potential for further research.

In the first instance, further research is urged to pursue a study investigating life trajectories of individuals starting from the detailed exploration of pre-care background and moving to institutional pathways of children. This study is the first to demonstrate insights into pre-care background of children living with parents. That said, the study did not have a particular focus on family situations which led to children being placed into care. The existing gap in the literature between pre-care experiences and institutionalization needs to be addressed

further in order to produce a more complete picture on children's in-care profiles. Here, the impact of actual separation of a child from a family as well as family functioning characteristics need to be studied in relation to children and families. Little et *al.* (2005) suggest that this knowledge gap exists in the international context. In this respect, a study focusing on the reciprocal nature of family relationships may be beneficial across various contexts.

Second, the evidence from this study provides a foundation for perceiving children in care in Russia as a heterogeneous group of individuals with diverse needs and backgrounds. Some children demonstrated strong willingness to establish family relationships in care whilst others were unsupportive regarding this practice. Similarly, children differed in their relationships with peers, caregivers and parents. Understanding which children might benefit from what type and nature of care is of crucial importance when it comes to effective addressing of children's needs. A practice of providing appropriate placements in response to children's profiles, characteristics and needs may result in an increase in the number of children who benefit from institutional care (Little et *al.*, 2005).

Next, this work may serve as a starting point for investigation of care leavers' profiles and their independent living. This study produced a number of profile characteristics as well as institutional experiences of young people highlighting their values and beliefs after long-term institutional placement. Further research is expected to focus more extensively on living conditions of care leavers, their life chances and future projections in independent living. Also, the interviews with care leavers may produce deeper insights into individual cases which in return would contribute to the collected data in this study.

Finally, the phenomenon of institutionalization needs to be researched further with a closer look at the identified positive and negative factors in this study. Here, without concentrating on every aspect of institutional care, the research may separately explore in-depth such factors as 'relationships between caregivers and children', 'group living', 'education', 'socialization', 'responsibility' or 'dependency on care'. Similarly, the further emphasis on empowerment, control, intimacy or suppressed individuality needs to be discussed as new evidence emerges through time.

This study gives impetus for further research suggesting important changes for policy and practice in institutional care in Russia.

APPENDICES

Appendix A: Participant information sheet of a questionnaire for care leavers

Appendix B: Participant information sheet of a questionnaire for caregivers

Appendix C: Copy of a questionnaire for care leavers

Appendix D: Copy of a questionnaire for caregivers

Appendix E: Informed consent form for children and young people in care

Appendix A: Participant information sheet of a questionnaire for care leavers

Participant Information Sheet for Care Leavers

NB *This copy presents a translated version of the document. The original documents will be in the Russian language.*

Title: Institutional Care for Children and Young People in Russia

Introduction

You are being invited to take part in the project entitled "Institutional Care for Children and Young People in Russia". Before you make a decision whether to participate or not, I would like to give you an outline of the primary objectives of the study. I would greatly appreciate if you read this information. Please contact me if there is anything that is not clear, or if you would like more detailed information about the study. Please take time to decide whether or not you wish to take part.

Thank you for reading this.

Who conducts the research?

I am a doctoral researcher in the School of Applied Social Sciences, Durham University, the United Kingdom. Prior to studying in Durham University, I graduated from the Saint-Petersburg State University of Economics and Finance.

Between 2006 and 2008 I actively participated in a social project which developed social advertising for children in a children's home in the North-western region, Russia.

Also, I am a member of a Non Governmental Organisation entitled "Saint-Petersburg Parents". On a personal level, I feel very passionate about the subject matter due to my previous work in children's homes in Russia.

What is the purpose of the study?

I am studying the existing infrastructure and use of the institutional child care system in Russia. The research focuses on the investigation of critical factors which determine the child development in the environment of state care.

Why have you been chosen?

As someone with direct experiences of living in institutional settings your views and opinions are crucial to the outcomes of the project. Your responses will help to focus this study on the most important aspects of child development as well as inform the findings. Your views will

be collected by means of the questionnaire distributed by the Manager of the Development Department of the Russian Voluntary Organisation for Orphan.

The researcher will use the information from the completed questionnaires to formulate further research questions.

Do I have to take part?

Please note that taking part in this study is entirely voluntary and you are free to withdraw at any time without giving any reason. If you do decide to take part you will be asked to sign a consent form.

What do I need to do if I decide to take part?

You will be asked to fill out a questionnaire about your personal experience of institutional care in Russia. This will take around 30 minutes. In the questionnaire you will be asked to reflect on your experience of institutional care in Russia. The first section of the questionnaire will focus on your personal information. The second section will ask about relationships with your carers in the institutions you lived in. The third part of the questionnaire will investigate the issues related to your perceptions of group care and relationships with peers during the period of institutionalization. The final section will focus on the notion of institutionalization in Russia and its strengths and weaknesses.

Will my taking part in this study be kept confidential and what will happen to the results of the research study?

All information you provide will remain fully confidential. Any information which may identify the person(s) taking part in the questionnaire will be removed at the point when the results are considered for publication. In case participants wish to withdraw from the questionnaire they are free to do so at any time. All the collected data will be kept in a secure place in Durham University for a period of three years after which time the data will be destroyed.

What if something goes wrong?

If you have any questions, or require additional information, please feel free to contact me on the address below:

Postgraduate Researcher Details:

Evgenia Chechel

E-mail: evgenia.chechel@durham.ac.uk

Telephone : +44(0)7940271404 in the UK; +79052309700 in Russia

Appendix B: Participant information sheet of a questionnaire for caregivers

Participant Information Sheet for Social Workers

NB *This copy presents a translated version of the document. The original documents will be in the Russian language. .*

Title: Institutional Care for Children and Young People in Russia

Introduction

You are being invited to take part in the project entitled "Institutional Care for Children and Young People in Russia". Before you make a decision whether to participate or not, I would like to give you an outline of the primary objectives of the study. I would greatly appreciate if you read this information. Please contact me if there is anything that is not clear, or if you would like more detailed information about the study. Please take time to decide whether or not you wish to take part.

Thank you for reading this.

Who conducts the research?

I am a doctoral researcher in the School of Applied Social Sciences, Durham University, the United Kingdom. Prior to studying in Durham University, I graduated from the Saint-Petersburg State University of Economics and Finance.

Between 2006 and 2008 I actively participated in a social project which developed social advertising for children in a children's home in the North-western region, Russia.

Also, I am a member of a Non Governmental Organisation entitled "Saint-Petersburg Parents". On a personal level, I feel very passionate about the subject matter due to my previous work in children's homes in Russia.

What is the purpose of the study?

I am studying the existing infrastructure and use of the institutional child care system in Russia. The research focuses on the investigation of critical factors which determine the child development in the environment of state care.

Why have you been chosen?

As someone who has children in care in children's homes your views and opinions are crucial to the outcomes of the project. Your responses will help to focus this study on the most important aspects of child development as well as inform the findings. Your views will be

collected by means of the questionnaire distributed by the Manager of the Development Department of the Russian Voluntary Organisation for Orphan.

The researcher will use the information from the completed questionnaires to formulate further research questions.

Do I have to take part?

Please note that taking part in this study is entirely voluntary and you are free to withdraw at any time without giving any reason. If you do decide to take part you will be asked to sign a consent form.

What do I need to do if I decide to take part?

You will be asked to fill out a questionnaire about your professional experience of institutional care in Russia. This will take around 30 minutes. In the questionnaire you will be asked to reflect on your experience of institutional care in Russia. A section of the questionnaire will focus on your experience of working with children in care. Furthermore, you will be asked to comment on the strength and weaknesses of institutionalization in the country.

Will my taking part in this study be kept confidential and what will happen to the results of the research study?

All information you provide will remain fully confidential. Any information which may identify the person(s) taking part in the questionnaire will be removed at the point when the results are considered for publication. In case participants wish to withdraw from the questionnaire they are free to do so at any time. All the collected data will be kept in a secure place in Durham University for a period of three years after which time the data will be destroyed.

What if something goes wrong?

If you have any questions, or require additional information, please feel free to contact me on the address below:

Postgraduate Researcher Details:

Evgenia Chechel

E-mail: evgenia.chechel@durham.ac.uk

Telephone : +44(0)7940271404 in the UK; +79052309700 in Russia

Appendix C: Copy of a questionnaire for care leavers

Questionnaire for Care Leavers

INTRODUCTION

The aim of this research questionnaire is to collect the views of care leavers about their personal experiences of being in institutional care. I want to investigate issues that you confronted while being in care. I would like to know more about how you look back on your experience of institutional care.

You do not need to give your name. The information you provide will remain fully confidential.

I will use the information collected through this questionnaire to:

Inform my understanding of the key issues within institutional care;

Identify areas that I will need to investigate further;

Focus my future study on the most important aspects of institutional care.

HOW TO COMPLETE THE QUESTIONNAIRE

The questionnaire has four parts:

Part 1 – About you.

Part 2 – Your institutional background.

Part 3 – Staff and peers.

Part 4 – Your institutional experience.

A professional who has been working with you in the "Step Up" organisation will have given you this questionnaire to fill in. If there is anything you do not understand about this questionnaire or if you are unsure about this study, please ask the person who has given you the questionnaire for help.

When you are finished, please put the questionnaire in the envelope provided and seal it up. Then pass the envelope back to the person who gave you the questionnaire.

THANK YOU FOR YOUR HELP!

INFORMED CONSENT FORM FOR CARE LEAVERS

Title of Project: Institutional Care for Children and Young People in Russia

Name of Researcher: Evgenia Chechel

Thank you for reading the information sheet about this study. If you are happy to participate, please read and sign this form.

Please tick the box

I confirm that I have read and understood the information sheet about the project.	
I have had the opportunity to consider the information and ask any questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	
I understand that the data provided by me will be accessed only by me and my supervisor.	
I agree that the data will be archived in the private files of the researcher. I understand that the information will be kept confidential.	
I do not need to provide my full name. I understand that the data provided will be treated anonymously where possible.	
I agree to the publication of verbatim quotes which do not disclose my identity.	
I consent to taking part in the above project.	

Initials of Participant	Signature	Date
Name of Worker	Signature	Date

Age:

Gender. Please tick:

☐ Male   ☐ Female

What is your relationship status? Please tick:

☐ Single   ☐ Married

☐ Have a partner ☐ Divorced

☐ Engaged   ☐ Other (please specify)

How many children do you have? Please tick:

☐ None   ☐ Three

☐ One   ☐ Four or more

☐ Two

PART 2 – YOUR INSTITUTIONAL BACKGROUND

How old were you when you first entered institutional care?

Years
[   ]

Months
[   ]

How many years in total did you stay in state care?

[   ]

How many times did you change institutional care units? Please tick:

[ ] Once   [ ] 4 times

[ ] Twice   [ ] Other (please specify)

[ ] 3 times   [   ]

Which types of institutional units have you lived in? You can tick more than one answer:

[ ] Baby Home   [ ] Specialist Boarding School

[ ] Children's Home   [ ] Shelter

[ ] Boarding School   [ ] Other (please specify)

[   ]

Below are series of statements. After considering each statement, please tick the box that best fits <u>with your views</u>.

Statement	*Strongly agree*	*Agree*	*Disagree*	*Strongly disagree*
It was very easy for me to fit into institutional environment				
I liked my carers in the institutions I lived in				
I still keep in touch with my carers				
I had too many carers				
I liked when my carers praised me				
I wanted to have close "family-based" relationships with my carers				
The physical contact is very important between carers and residents (hugs, kisses, etc.)				
I was never left alone				
My carers punished me too much				
Carers should control and interfere with the relationships between residents				
I did not tell the truth to my carers				
If I had closer relationships with carers I would have had better time in the institutions				
Residents communicate only within the same-age group				
The groups of residents were too large				
It was easy to establish contact with other residents				
I always fought with other peers				
Most of the time I spent together with my peer residents				
I had a great support from other peer residents				
Residents should be given more freedom				
Residents should be left alone for a couple of hours on a daily basis				
Residents should be given pocket money				

How many close friends did you have in institutional care? Please tick:

☐ None   ☐ 3

☐ 1   ☐ 4

☐ 2   ☐ Other (please specify)

[   ]

In your institution there were… Please tick as appropriate:

☐ Mostly boys   ☐ Mostly girls

☐ The number of boys and girls was approximately the same

Here are some factors which may influence institutional experiences of children. Please read the following statements and indicate how important each statement was <u>for you</u> by ticking the box for each statement:

Statement	*Of great importance*	*Of some importance*	*Of little importance*	*Of no importance*
Problems with institutional facilities (food, furniture, etc.)				
Lack of personal space				
Large size of groups				
Absence of independence				
Difficulties in relationships with peers				
Absence of close friends				
Lack of staff				
Difficulties in relationships with staff				
Lack of communication with staff				
Placement instability				
Isolation from the outside world				
Punishments by staff				
Boredom and monotony in daily life				
General sense of psychological depression				
Low levels of education				
Poor practical preparation for leaving care (for example: how to manage money)				
Stigma (the social opinion)				
Other reasons (please specify)				

Would you say that your time in-care was:

☐ Mostly positive ☐ Mostly negative

☐ Other (please specify)

What advice would you give children who are still in care?
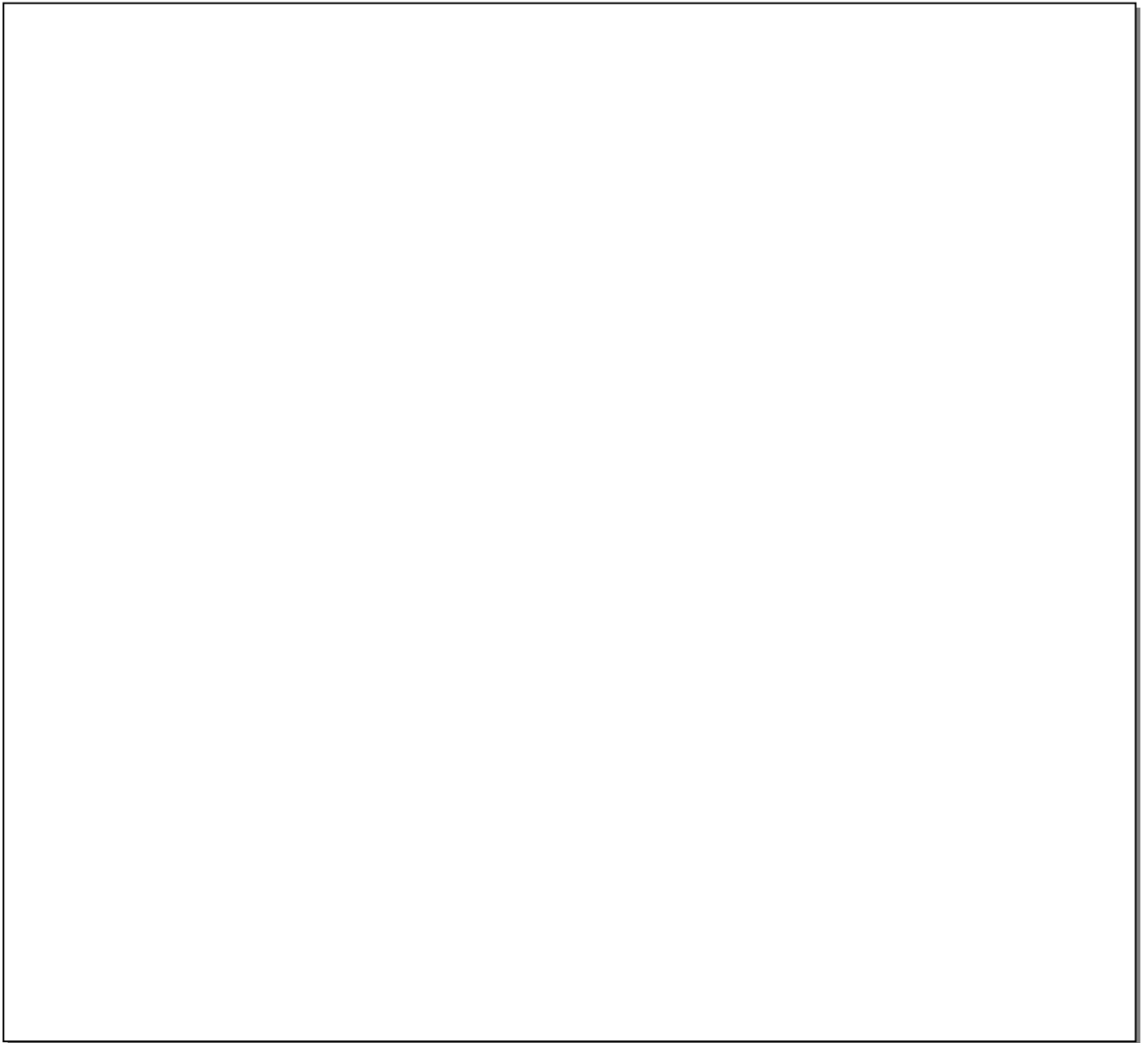
What actions should be taken by professionals to make institutional care better?

What advice would you give me about what to include in my study of institutional care in Russia?

Please use the space below to tell me anything else which might be relevant and/or you would like to highlight about your experiences whilst in care and beyond.

THANK YOU!

Although I am not requiring anyone to give me their name or contact details, I may wish to follow up suggestions and ideas that care leavers have provided. Or, care leavers may wish to talk to me over the phone to give me more information that can be included in the questionnaire.

Would you like to be contacted by me in the future regarding this project or other related projects? Please tick:

☐ YES   ☐ NO

Only if you have ticked <u>YES</u>, please give your first name and a phone number or email address where I can reach you. If you do not want to give your own number or email, you can give me the contact details of a senior through whom we could maintain contact.

Your first name

Telephone number

E-mail address

(if you chose to give contact details of a senior, please give me that person's name)

Now you are finished, please put the completed questionnaire in the envelope and seal it up so that your answers remain confidential. Please pass the envelope to the relevant member of staff. Thank you once again and all the best of luck for the future.

Appendix D: Copy of a questionnaire for caregivers

Questionnaire for Social Workers

INTRODUCTION

The aim of this research questionnaire is to collect the views of social workers about their experiences of working with children in institutional care and/or care leavers. I would like to know more about your views on institutionalisation specifically in terms of its strengths and weaknesses.

All the information you provide will remain fully confidential.

I will use the information collected through this questionnaire to:

Inform my understanding of the key issues within institutional care;

Identify areas that I will need to investigate further;

Focus and form my future study on the most important aspects.

HOW TO COMPLETE THE QUESTIONNAIRE

The questionnaire has four parts:

Part 1 – About you.

Part 2 – Your work experience.

Part 3 – About children in care.

Part 4 – About institutional care.

A person who has been working with you in the "Step Up" organisation will have given you this questionnaire to fill in. If there is anything you do not understand about the procedure or the questions or if you are unsure about anything, please ask the person who has given you the questionnaire for help.

When you are finished, please put the questionnaire in the envelope provided and seal it up. Then pass the envelope to the person who has given you the questionnaire.

THANK YOU FOR YOUR HELP!

INFORMED CONSENT FORM FOR SOCIAL WORKERS

Title of Project: Institutional Care for Children and Young People in Russia

Name of Researcher: Evgenia Chechel

Thank you for reading the information sheet about this study. If you are happy to participate, please read and sign this form.

Please tick the box

I confirm that I have read and understood the information sheet about the project.	
I have had the opportunity to consider the information and ask any questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	
I understand that the data provided by me will be accessed only by those working on the project.	
I agree that the data will be archived in the private files of the researcher. I understand that the information will be kept confidential.	
I understand that the data provided will be anonymous.	
I agree to the publication of verbatim quotes.	
I consent to taking part in the above project.	

Name of Participant	Signature	Date

PART 1 – ABOUT YOU

Age:

Gender. Please tick:

☐ Male   ☐ Female

PART 2 – YOUR WORK EXPERIENCE

Employment: What type of work do you do?

What is your educational achievement (please indicate the highest)?

Have you had any professional training in child care services in addition to your main qualifications?

☐ YES   ☐ NO

If yes, please specify what kind of training you received and who it was delivered by:

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You have been working in this sector for:

☐ 1 year   ☐ 4 years

☐ 2 years   ☐ Other (please specify)

☐ 3 years
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Which types of child care units have you worked in? Please tick all relevant boxes:

☐ Baby Home   ☐ Specialist Boarding School

☐ Children's Home   ☐ Shelter

☐ Boarding School   ☐ Other (please specify)

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Which groups have you worked with? Please tick all relevant boxes:

☐ Children in care   ☐ Families

☐ Adopted children   ☐ Other (please specify)

☐ Care Leavers
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Do you feel a need for additional training?
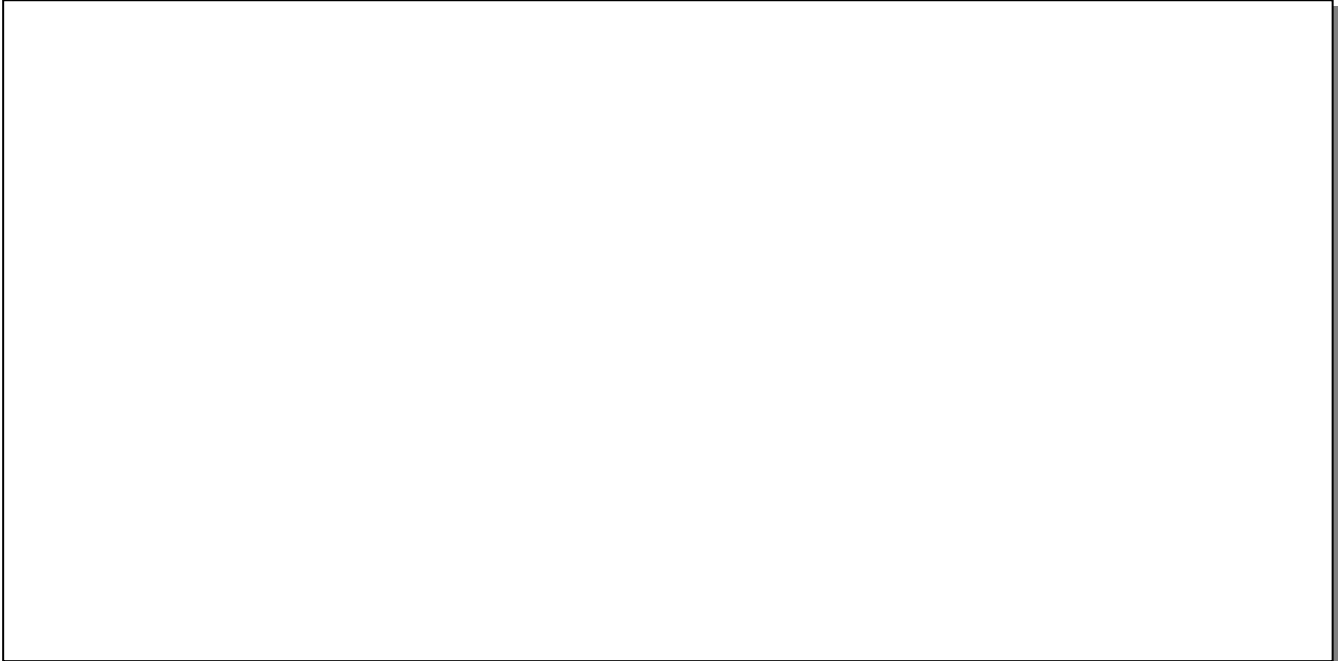
☐ **YES** ☐ **NO**

If yes, please describe what kind of training you would like to receive and what sort of skills would you like to develop:
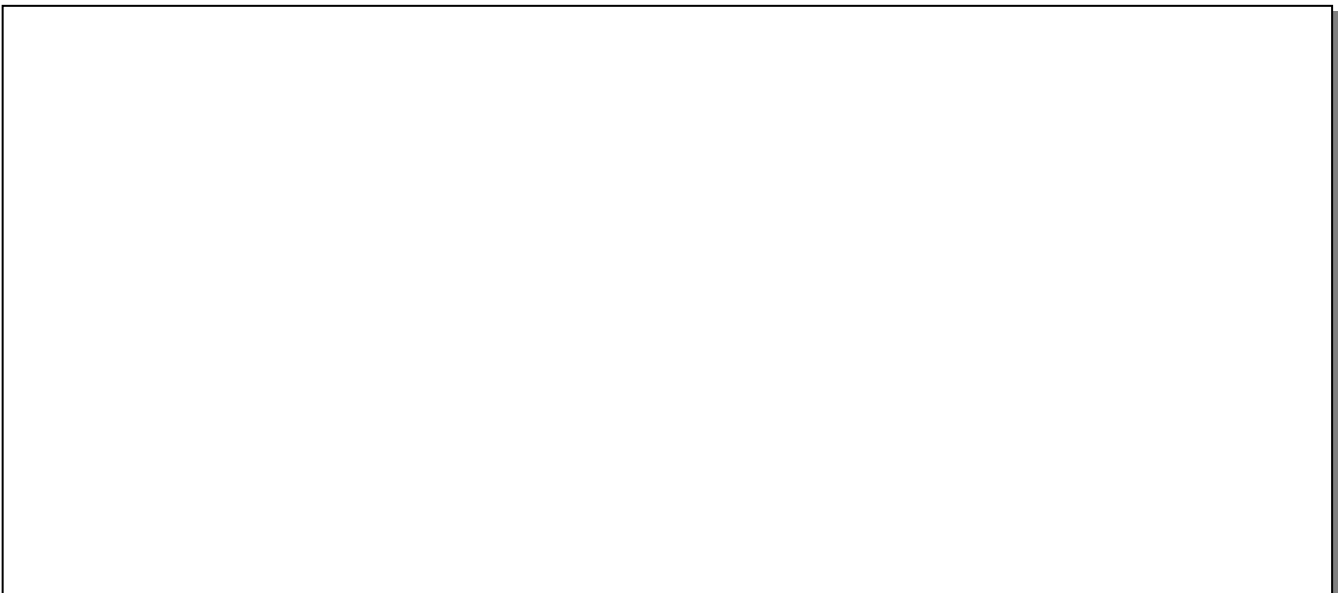
From your experience, please describe the typical characteristics of children *entering* care in terms of: age, sex, family background, health, behaviour, education and skills (personal, communication, other).

From your experience, please describe the general characteristics of *care leavers* in terms of: age, health, behaviour, education and skills (personal, communication, other), preparation for independence, life expectations.

Below is a series of statements. After considering each statement, please tick the box that best fits <u>with your views</u>.

Statement	Strongly agree	Agree	Disagree	Strongly disagree
Most children enter care because of high-risk families				
Children who have siblings are separated from them				
Children and parents maintain their relationship after a child enters state care				
Carers should speak with residents about their families				
It is easy for children to fit into institutional environment				
Children liked the carers in the institutions they lived in				
Children keep in touch with their carers after leaving care				
Children had too many carers				
Carers liked to praise children				
It is necessary to establish "family-like" relationships between carers and residents				
The physical contact is very important between carers and residents (hugs, kisses, etc)				
Residents were never left alone				
Carers punished residents too much				
Carers should control and interfere with the relationships between residents				
Residents did not tell the truth to the carers				
If carers had closer relationships with residents, the residents would have had better time in the institutions				
Residents communicate only within the same-age group				
The groups of residents were too large				
It was easy for residents to establish contact with each other				
Residents always fought with each other				
Most of the time residents spent together with each other				
Residents always supported each other				
Residents should be given more freedom				
Residents should be left alone for a couple of hours on a daily basis				
Residents should be given pocket money				
Bulling is a big issue in institutional care				
Residents have a lot of friends in institutions				

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Children who enter institutional care at an older age (after 4 years old) suffer less from behavioural difficulties				316
Children suffer from aggressive behaviour				
Residents have difficulties with gender identity				

PART 4 – ABOUT INSTITUTIONAL CARE

Please use the space below to describe the strengths of institutional care:

Please use the space below to describe the weaknesses of institutional care:

Here are some factors which may influence the institutional experiences of children. Please read the following statements and indicate how important each statement has been <u>for children from your point of view</u> by ticking the box for each statement:
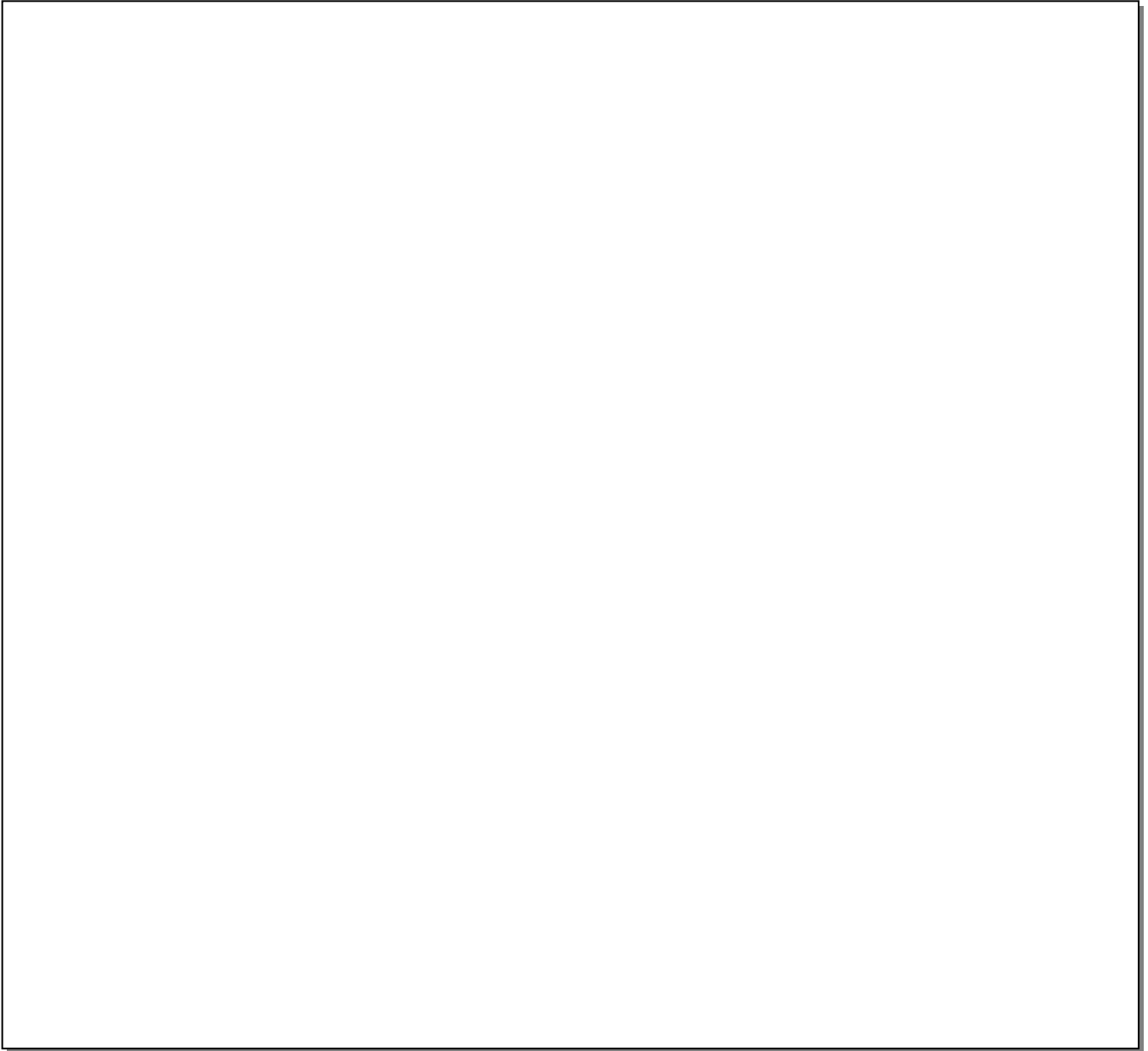
Statement	*Of great importance*	*Of great importance*	*Of some importance*	*Of no importance*
Problems with institutional facilities (food, furniture, etc)				
Lack of personal space				
Large sizes of groups				
Absence of independence				
Difficulties in relationships with peers				
Absence of close friends				
Lack of staff				
Difficulties in relationships with staff				
Lack of communication with staff				
Placement instability				
Isolation from the outside world				
Punishments by staff				
Boredom and monotony in daily life				
General sense of psychological depression				
Low levels of education				
Poor practical preparation for leaving care (for example: how to use money)				
Stigma (the social opinion)				
Other reasons (please specify)				

Are there any comments you wish to make about the statements above:

What actions should be taken by professionals to make institutional care better?

What advice would you give me about what to include in my study of institutional care in Russia?

Please use the space below to share any additional comments about institutional care:

THANK YOU!

Although I am not requiring anyone to give me your full contact details, I may wish to follow up suggestions and ideas that social workers have provided. Or, social workers may wish to talk to me over the phone to give me more information that can be included in the questionnaire.

Would you like to be contacted by me in the future regarding this project or other related projects? Please tick:

☐ YES   ☐ NO

Only if you have ticked <u>YES</u>, please give your first name and a phone number or email address where I can reach you.

Your first name

Telephone number

E-mail address

If there are specific times when you would prefer to receive a telephone call please provide details:

Now you are finished, please put the completed questionnaire in the envelope and seal it up so that your answers remain confidential. Please pass the envelope to the relevant member of staff. Thank you once again and all the best of luck for the future.

Appendix E: Informed consent form for children and young people in care

INFORMED CONSENT FORM FOR CHILDREN AND YOUNG PEOPLE IN CARE
(to be signed by the child and their care giver)

Where a child agrees verbally to take part, but is unable to sign his/her name, the adult's signature will indicate the child's assent.

Title of Project: Institutional Care for Children and Young People in Russia

Name of Researcher: Evgenia Chechel

Thank you for reading the information sheet about this study. If you are happy to participate, please read and sign this form.

Please tick the box

1. I understand what the project is about.	
2. I was told about the project by an adult.	
3. I have been able to ask all the questions about the project I wanted.	
4. I had all my questions answered in a way I understand.	
5. I understand that is it OK to ask the researcher to leave if I do not want to take part in the project.	
6. I understand that all the information provided by me will be available only to by Evgenia Chechel and her supervisors.	
7. I am happy to take part in the project.	

If you do want to take part, please write your name below:

Your Name_____

Date_____

An adult who is your care giver needs to sign it too:

I am confident that_____ [name of child] has agreed freely to take part in this study.

Name _____

Signature_____

Date_____

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