



Moving from Residential Institutions to Community-based Social Services in Central and Eastern Europe and the Former Soviet Union

BY DAVID TOBIS

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This article, excerpted from the author's monograph of the same name and published by the World Bank in 2000, provides historical background on children's residential institutions in former Soviet Union and Central and Eastern European countries, discusses societal ramifications of the region's reliance on—and the current situation of—such facilities, and details community-based alternatives to institutionalization. Footnotes are available in the original text.

Social policy throughout Central and Eastern Europe (CEE) and the New Independent States (NIS) during the socialist period focused on supporting labor productivity, creating a collectivist consciousness, and ensuring at least a minimal standard of living for the work force. To achieve these goals, extensive economic and social supports were provided to individuals and families by the state, mainly through the places where they worked.

These supports and services included social insurance—pensions, family and child allowances, and healthcare—social assistance, free education through the university level, childcare, and subsidized food, housing, transportation, and culture and leisure activities.

Residential institutions were a central part of social policy in most of the region, though their use and the impact they had on their residents varied greatly. Residential institutions were more than merely housing for marginalized populations. They served a dual role of social protection and regulation and also:

- socialized individuals into the collectivist culture;
- deculturated ethnic minorities such as the Roma;
- educated and trained children and channeled them into the work force;
- trained individuals with disabilities to work, creating sheltered workshops in the institutions;
- reeducated juvenile delinquents and adult criminals;
- removed and isolated individuals who had severe mental or physical disabilities; and
- assisted and protected groups of vulnerable individuals, such as orphans, dependent children, children at risk of abuse or neglect, the elderly, and people with disabilities.

Children and Residential Institutions

Long before the Soviet period, Russia relied on large residen-

tial institutions to care for abandoned, illegitimate, and delinquent children. In the early 1700s, Peter the Great decreed that orphanages be opened at monasteries and that the costs be covered by government subsidies and private donations. Later in that century, Ivan Betsky, a researcher who had studied the care of illegitimate children in Western Europe, petitioned Catherine the Great to create large institutions for these children based on the models he had seen. In 1763 a home for illegitimate children opened in Moscow and in 1771 another opened in St. Petersburg. During their first four years of operation, 82 percent of the children in these homes died.

No other country's metropolitan social services handled the volume of abandoned children that Russia's did. At the height of its operations in the second half of the 19th century, the central children's home in Moscow received 17,000 children a year—most of whom were sent to wet nurses and foster families in the countryside. Infant mortality in homes for illegitimate children and foundlings was frightening—three times higher than in the general population. In 1912 only 11 provincial regions maintained orphanages; in other regions children were sent to almshouses, private orphanages, or foster homes where infant mortality was about 80 percent.

The use of residential institutions went through three distinct periods during the command economy of the former Soviet Union: the revolutionary period, the Stalinist period, and the Khrushchev years and beyond.

Revolutionary Period

At the beginning of its transition to socialism, Russia experienced a “demographic earthquake” caused by World War I, the civil war, epidemics, and famine. Prior to the 1917 revolution, two million homeless children (*besprizorniki*) are believed to have roamed the streets and villages of Russia. By 1922, this number is reported to have increased to seven million. To respond to this crisis, the government began evacuating homeless, famine-stricken children from cities to abandoned

and confiscated estates and churches in the country's agricultural heartland. The number of children in state facilities increased from 30,000 in 1917 to 540,000 in 1921.

The use of institutions to care for these children reflected the social philosophy on which the Soviet society was initially built: collective upbringing was more effective in raising the new Soviet citizen. The work of Anton Makarenko in the 1920s and 1930s formed the basis for the collective upbringing approach—which emphasized work, collective discipline, and group competitiveness—and was used for the next 50 years in nurseries, schools, camps, youth programs, and children's institutions in the Soviet Union and subsequently in Central and Eastern Europe.

With the adoption of the New Economic Policy in 1921 and the strict curtailment of state spending, the Russian government reduced funding to children's institutions and transferred responsibility for them to local governments. With few local funds available, thousands of children's institutions closed. The remaining institutions became severely overcrowded and conditions deteriorated. In the late 1920s, as economic conditions in the country improved and the number of homeless youth diminished, the reliance on residential institutions decreased.

Stalinist Period

The death of as many as 27 million Soviet citizens in World War II, following the collectivization of land by Joseph Stalin and the famine of 1933, greatly increased the number of orphans in the country and in institutions. Stalin's main goals after World War II were industrialization, collectivization, and rebuilding the national population.

In an attempt to rebuild the population, Stalin created a multifaceted pro-natalist family policy that outlawed abortion, restricted the right to divorce, and made it easier for mothers to place their children in state care. The child protection measures of the 1930s allowed for greater surveillance of the family and easier child removal from the home. As a result, the number of children's homes and the number of children in them increased rapidly.

The conditions in many of these homes were appalling. In 1931 the Commissar of Health described them as "completely unbearable." In 1935 legislation was passed to allow for a differentiated system of children's homes, separating children of seven and older from those of a younger age. In addition, a new law on foster care was introduced that paid foster parents to care for children from 5 months to 16 years. Despite efforts to promote foster care, the use of children's homes increased rapidly.

> THE CHILDREN INSIDE: TEENS LIVING IN PEREYASLAVKA'S ORPHANAGES AND THEIR ADULT MENTORS

By Kathryn Utan / AIHA Staff Writer

The story of Pereyaslavka's orphans is a familiar one in Russia. Most are not orphans in the true sense of the word. The vast majority are social orphans, an amorphous category that includes the children of people in such dire economic straits that they cannot afford to care for their families, as well as those whose parents are alcoholics, drug addicts, criminals, or have abused them in some way. Pereyaslavka Orphanage No. 1, for example, opened its doors in 1993. Fifty children lived there then; today, there are more than 80 residents. All but 10 are social orphans.

Located some 60 kilometers from the city of Khabarovsk in the far eastern part of the country, Pereyaslavka has three orphanages that were established in the 1990s to provide a place to live for the increasing number of children who found themselves without a home following the collapse of the Soviet Union. The four young people profiled below are among the most fortunate residents of these institutions because they have found mentors—adults from the community who have extended themselves and their families to these teens. While the stories share some similarities, each one mirrors the individual child and his or her mentor, and highlights the bonds that have been forged between them.

BACKYARD BUDDIES

"I came to live here because my parents were always drinking vodka together," says 15-year-old Ivan, a bright-eyed blonde boy who is full of energy. "I have a baby brother who is almost two—he still lives at home with my mother and father—an older sister who lives on her own, and a younger sister, Julia, who is five," he explains further. "Julia was adopted and I don't get to see her anymore."

Ivan has lived at the Pereyaslavka Orphanage No. 2 for more than four years now, but he says he doesn't mind it as much since he met Svetlana Shkredova and her family. "We live close to the orphanage and somehow Ivan struck up a friendship with my 13-year-old son who is also named Ivan—Vanya for short," explains Svetlana. "He came to our house one day—our back yard borders the grounds of the orphanage—and now it seems as if he has always been a part of our family. He and Vanya play together and help me in the garden, and my husband takes them fishing or on hikes."

Like boys his age the world over, Ivan enjoys spending time outside and playing action-packed video games. "Sometimes I go to



Photo: Suzanne E. Grimman

Ivan (center)—with Svetlana and with her son Vanya—says he enjoys helping out in the garden and feeling like he's part of the family.



The Khrushchev Years and Beyond

During the early years of Nikita Khrushchev's administration, as the population stabilized, the number of "orphans" was reduced by nearly half—from 635,900 in 1950 to 375,000 in 1958—then decreased at a slower rate into the 1960s. With the population growing, the emphasis on pro-natalist policy was reduced and the prohibition on abortion was lifted.

In 1956, to promote industrialization and increase productivity, Khrushchev used boarding schools (*internati*), nurseries, and kindergartens to educate children and free their mothers for employment. The government projected that by the 1980s all children in the Soviet Union would be educated in boarding schools.

Several factors worked against the successful implementation of this policy. Parents strongly opposed this approach, so educating children in boarding schools was made optional. Boarding schools were very expensive—about four times the cost of regular schools and, by the early 1960s, Soviet researchers and newspapers began reporting on the harmful effects of residential care and the importance of family upbringing. Soon thereafter boarding schools were no longer considered a solution for educating and raising most children and were used primarily to care for children from underprivileged families. In 1963 about 1.8 percent of the 82 million children in the Soviet Union lived in residential institutions.

When Leonid Brezhnev came to power in 1964 he was confronted with a falling birth rate, a high divorce rate, an increasing number of single-parent families, and controversy over women's roles in the home and workplace. In response, Brezhnev promoted social policies to strengthen the family and further relieve mothers of household responsibilities so that they could work. His policies led to the creation of family support programs in the 1970s, increased the number of day schools, and increased the number of socially vulnerable, marginalized children under the state's care.

During *glasnost* official reports and articles began to appear on the abuse of children in orphanages and the deplorable conditions of children's homes and boarding schools. In July 1987, a national decree sought to "radically improve the care, education, and material welfare of orphans and children left without parental care." Although the government also encouraged the development of services to assist troubled families, these initiatives remained modest and few. The social welfare infrastructure for children further deteriorated because of fewer government resources and competing priorities for those resources. As a result, fewer children entered residential care. By the late 1980s there were 284,000 children in residential institutions in the former Soviet Union. Thus, at the start of the transition to a

market economy, the number of children living in residential care was relatively small compared to earlier periods in Soviet history, although the 1987 figure excludes children in boarding schools who are not in the custody of the state.

In the late 1980s public criticism of the care provided by residential institutions grew. The homes were poorly furnished, and the children lacked proper clothing and nutrition. In one case, journalists exposed the conditions of a boarding school where children who misbehaved were locked in a tiny, empty room without heat, light, or adequate ventilation for up to three weeks.

The transition to market economies caused conditions in residential institutions to deteriorate further. In many cases, for example, the consumption levels provided by these institutions were lower than those of the average household with children.

At the start of the transition period, three main groups of children lived in residential institutions: "normal children," neglected children and orphans, and disabled children.

"Normal children" attended boarding school for a variety of reasons, including living far from a neighborhood school, difficulty in another school, family difficulties in caring for the child, and the desire of parents and teachers for gifted students to attend specialized boarding schools.

Socially vulnerable, dependent, or neglected children and orphans were often placed by parents who petitioned the local children's commission for permission to put a child in an institution or by schools and polyclinic nurses who recommended the placement.

It is important to note that although children in residential institutions are often referred to as orphans, most have at least one living biological parent. Only an estimated 2-3 percent of institutionalized children in the NIS and CEE are true orphans, except in countries where wars or natural disasters have caused many deaths. According to one study in Romania, 97 percent of the children in residential institutions have at least one parent; another study in that nation indicated that 80 percent of the children in institutions received occasional visits from parents or other family members. The confusion has developed in part because these children are often referred to as "social orphans"—children whose parents are unable to care for them because of economic or social factors.

The third and largest group of children in residential institutions—those with physical and mental disabilities—were placed into one of two types of institutions: those for children who could become productive workers and those who could not. The belief was that "normal" children should be separated from "defective children," the physically handicapped, and the mentally retarded.

Damaged Individuals Unprepared to Live in a Changed World

An estimated 790,000 children were living in residential institutions in the NIS and CEE at the start of the economic transition, many for the entire span of their formative years. In extreme cases, children remained in institutions for their entire lives. During this time in Romania, for example, 10-40 percent of all children living in these facilities remained in institutional care their entire lives, moving from a maternity hospital to an orphanage to an adult institution. Children's isolation was intensified because institutions were often located far from a child's community, and contact between children and their families was often discouraged.

Young people received vocational training while at the institutions and were placed in jobs and housing when they left. Now, however, both job placement and the provision of housing in the community have become unavailable.

Although the command economies favored collectivist upbringing, research within the region documented the harm caused to children by institutional life and emphasized the importance of the family in raising healthy children. A review of a series of studies conducted in Czechoslovakia that compared infants and young children raised in institutions with children raised in their own homes indicates that although institutionalized children's physical development was normal, they suffered deficits in language and social development. In Russia there were reports of child beatings, suicides, and the appointment of staff with criminal records. One Soviet researcher concluded that "children brought up without the participation of the family are at far greater risk of one-sided or retarded development than those who are members of a family collective."

At the end of the socialist era and the beginning of the transition to a market economy, few if any comparative assessments were done on the impact of residential institutions on individual development. Nevertheless, many assessments and anecdotal reviews were conducted of healthy children and those with disabilities living in residential institutions soon after the transition began or who were adopted from such institutions. The impression from a review of these studies and visits to nearly 100 institutions in eight countries of the NIS and CEE during the early years of transitions is that many children were damaged by regimented, impersonal, institutional life and became dependent, isolated from their families and the outside world, and ill-equipped to function independently outside the institution. Vast numbers of children who have been socialized for one world are unable to fit into another.

the youth center with my friends. They have a few computers there and we can play our favorite game, 'Street Fighter.' I also like to fish, swim, and help Svetlana in her garden. I help dig the potatoes," he explains, noting that summer is his favorite time of the year because he can swim, go on picnics, play outdoors, and—best of all—he doesn't have to go to school.

"Svetlana is like a mother to me and she treats me the same as she treats her own son. The family has rules—no smoking, no drinking alcohol, and no misbehaving—and I follow these rules even when I am not at their house," Ivan says, noting that many of the kids at the orphanage smoke and drink beer.

For Svetlana, a 36-year-old gas station attendant, Ivan does indeed seem like a second child. "It's very simple; I cannot imagine that he would go away one day and never return. He is part of our family and part of our lives. The only thing that is inconvenient is that both he and my son have the same name and sometimes confuses us all to no end," she says with a laugh.

When Ivan talks about his hopes for the future, an adventurous gleam lights up his eyes: "When I grow up, I'd like to drive a big cargo truck. I want to drive all over the country. I want to go to all the cities in the land."

DREAMS OF DESIGNING A BRIGHT FUTURE

Katya lives in the same orphanage as Ivan and while he dreams of driving all over Russia, she dreams of traveling to a large city—maybe Moscow—where she hopes to become a famous fashion designer one day. A quiet girl with deep brown eyes and long sandy hair, her unassuming manner cannot mask her talent for the artistic—especially not when she is modeling her latest creation, a flamboyant, eye-catching Native American costume she prepared for a school pageant.

"I remember that my father had brown eyes," Katya says softly. "He died when I was only three, then my mother took care of me by herself until she met Kosta. They got married and had my half-brother, Valeriy, who is seven years old."

Both Katya and Valeriy live in orphanages now—she in Pereyslavka No. 2 and he in another facility nearby. "My teachers let me go to visit my brother from time to time," Katya claims, stating that her mother and stepfather are also close by but that she never sees either of them. "Mama lives in Khabarovsk with her new husband, but I don't know much else about her."

Then Katya starts to talk about clothes and fashion, and her eyes begin to shine. "I like knitting and sewing and putting together beautiful costumes," she says before describing the plot of a popular Russian soap opera about a poor girl who became a dressmaker



Katya, who designed her own Native American costume for a school pageant, says her relationship with Elena has helped her see the future in a more positive light.



Barriers to Change

The legacy of reliance on residential institutions profoundly shapes and constrains the development of social welfare systems that are emerging today. Many barriers must be overcome before community-based social services can be a credible alternative to large residential institutions. These obstacles have been created by the legacy of the command economy, the deteriorating socioeconomic conditions, and the loss of much of the preexisting social safety net, and may include:

- organizational pressure to maintain residential institutions;
- absence of a social welfare infrastructure;
- absence of a legislative framework;
- financial incentives to place individuals in residential institutions;
- public opinion;
- centralized fragmented bureaucracies; and
- the placement process.

Socioeconomic Conditions, the Transition, and Residential Institutions

The transition from reliance on residential institutions to community-based services has created opportunities as well as problems for the region. At the same time that rapidly deteriorating socioeconomic conditions and limited government resources have increased the use of residential institutions, a slow, but growing, interest in community-based alternatives by people in the region and international organizations has laid the groundwork for change.

The region's economic conditions not only deteriorated dramatically during the early years of the transition, but the movement to a market economy encouraged the privatization of services that had previously been free or heavily subsidized. Millions of children, families, and the elderly lost the benefits they had received as entitlements. For example, between 1991 and 1995 more than 30,000 preschools were closed in the countries of the NIS. Access to healthcare also became more restricted. In Georgia 670,000 primary school children received a health checkup in 1989; only 250,000 had one in 1996. And subsidies for food, housing, and transportation were dramatically reduced or eliminated. Childcare leaves, after-school programs, and free or subsidized vacations were also eliminated.

The unprecedented peacetime deterioration in the standard of living, coupled with the loss or reduction of social supports and financial assistance, resulted in profound consequences—particularly for children, people with disabilities, and the rural elderly living alone. Most of the demographic,

economic, and social changes in the region have increased the health, psychosocial, and developmental risks for children. Life expectancy has fallen dramatically, leaving more children vulnerable to the premature death of parents from such factors as poor nutrition, alcoholism, smoking, stress, and deteriorated living conditions.

With the decrease in marriages, more children are being born out of wedlock. The number of single mothers has increased and represents a growing portion of the poor, and births to teenage mothers have also increased in most countries, reaching a high of 22.6 percent in Bulgaria, according to a 1997 UNICEF report.

The deterioration in the quality of people's lives may have also heightened both the incidence of child abuse and wife battering within the marriages that remain. In Lithuania, for example, one survey of 1,000 married women reported that 18 percent were severely beaten by their husbands. Data, however, are unavailable to compare with the incidence of intimate partner violence before the transition.

A growing share of children do not attend schools because of truancy, work, or family problems. In Romania secondary school enrollment rates in 1995 were 14 percent lower than in 1989. In Poland, 10 percent of those aged 7 to 9 were left without adult supervision for more than two hours a day in the mid-1990s, a large increase over the beginning of the decade.

The number of children involved in juvenile crime, child prostitution, and drug abuse has also increased throughout the region, as has the number of children living on the street, many of whom are homeless. Between 1992 and 1995 the number of street children held in detention centers grew 300 percent in Bishkek, Kyrgyzstan.

These growing social problems have increased the percentage of children who are placed in residential care by court order, such as in Russia where court-ordered placements accounted for 20 percent of all children left without parental care in 1991. By 1994, 33 percent of children entering the care system did so by court order.

Deep historical prejudice toward and discrimination against ethnic minorities have also been unleashed. These attitudes have led to armed conflict in many parts of the region and to pogroms against Roma in Hungary, Romania, the Czech and Slovak Republics, and other countries. Historical prejudices have contributed to extreme disproportionate representation of Roma in many residential institutions in several countries in the region. The number of children registered with disabilities has grown sharply because of broadening categories and levels of disability. In addition, deteriorating maternal and child health during the transition may indicate that part of the registered increase in

some of these countries is due to a rise in the number of new cases of children with disabilities. Furthermore, there are indications that only a portion of individuals with disabilities are actually registered as disabled. In Russia, for example, the number of children with recognized disabilities is almost 400,000, though one estimate places the actual figure at no less than one million.

As poverty has increased, the number of healthy children whose families seek residential care has increased as well. There are strong incentives to classify healthy children as disabled and place them in residential institutions. Such classification is necessary for placement in specialized boarding schools, for example, and adoption legislation in several countries permits international adoptions only for children with disabilities.

The number of children who have become refugees because of war or natural disasters has also increased. In Armenia the 1988 earthquake and the 1992 war with Azerbaijan created 1.28 million refugees and displaced persons: 380,000 in Armenia and 900,000 in Azerbaijan. The 1991-92 civil war in Georgia created 280,000 refugees and displaced persons, including roughly 90,000 children under the age of 16—of whom 1,700 had disabilities and 8,000 were orphans. In 1995, more than one million refugees resulted from the conflict in Chechnya, Russia. In Tajikistan the number of displaced persons peaked at 660,000 in 1993. And the 1991-95 conflict in the former Yugoslavia created about 4.2 million refugees and displaced persons; about 1.4 million were children. Most recently, in Kosovo there are roughly one million displaced persons; about one-third are children. (For a more detailed description of the socioeconomic plight of children in the NIS and CEE, see “Homeless Children in the NIS and CEE” on page 54.)

Increased Reliance on Residential Institutions

Although residential institutions have always cared for a small percentage of the vulnerable individuals, more children and people with disabilities are residing in long-term facilities throughout the NIS and CEE today than 10 years ago. At least 820,000 poor, vulnerable, or disabled children in the 27 countries of the region live the early years of their lives isolated in 5,500 large, regimented residential institutions. Excluded from these figures are many children who live in boarding schools or sanatoria but are in the custody of their parents. Included in this number are about 495,000 children with disabilities or labeled with disabilities. The highest percentage of institutionalized children in the region is in Romania (1.8 percent); the lowest is in Albania (0.05 percent). Nearly one-third of all children in residential institutions are in Russia. Children generally remain in residential institutions from the time of placement until they

and, little by little, became well-known all over the country. “I think that can happen in real life, too,” the 12-year-old says with conviction. “I think that can happen to me.”

Elena Ivanova, the 25-year-old home economics instructor at the orphanage who teaches children to sew clothing and make toys and other items out of fabric, thinks so too. “Katya and I spend time together each day. She is very helpful and inventive and she’s a quick learner. Right now she is working on simpler things—making towels and some other small items—but soon she will be able to make skirts and dresses. She has a real aptitude for sewing and a creative flair,” Elena affirms, pointing to Katya’s costume.

Elena says that she is “very happy to be able to spend time with Katya and to be a friend and mentor to her,” explaining that she too was brought up in an orphanage so she knows very well the hardships and obstacles Katya faces each day. “Fate was very good to me. . . . I never started drinking or smoking like many of the children I grew up with and I was able to leave the orphanage after a time to go to a vocational school to study dressmaking. Later I went to a pedagogical university to become a teacher myself.”

The two often discuss the day-to-day happenings at the orphanage and share their hopes and dreams for the future. Sometimes Elena brings her two-year-old son Maxim to the orphanage and she and Katya go on long walks. “I try to nurture Katya’s special talents and encourage her to lead a very active life, to take part in the many interesting opportunities that are available to her.”

For Katya, her close relationship with Elena has helped her to look at herself and her future in a positive light. “I’m so happy that Elena is in my life. She started out as my teacher, but now she is like a big sister to me. She made me see that my life can be anything I want it to be as long as I am willing to work for it.”

AN INTEREST IN ELECTRONICS SPARKS A FRIENDSHIP

Eighteen-year-old Sasha has lived at Pereyaslavka Orphanage No. 1—which is about a 10-minute drive from the orphanage where Ivan and Katya reside—for nearly nine years. He says he really doesn’t have many memories of his father and those he does have are far from pleasant. “My mother died when I was nine and my father drinks a lot. . . . My older brothers were able to move out on their own, but I came here. I see them maybe once a year.”

An ambitious boy who taught himself to draw, Sasha also enjoys tinkering with radios and other small electronics. “I became interested in fixing radios and tape recorders when I was still living at home and, with some practice, I am now pretty good at it,” he explains.

His skill at fixing things has improved thanks, in part, to 29-year-old Svetlana, who works evenings in the orphanage as a teacher’s assistant. “I come here each day, so I know all the children pretty well,” Svetlana Ivanova says, explaining that when she learned of Sasha’s interest in electronics she decided to introduce him to her



Photo: Suzanne E. Grinnan.



reach the institution's age limit of 14 to 18, although some return home or are adopted.

Many factors contribute to the excessive and harmfully long lengths of residential care for children. First, staff believe that vulnerable children are better off in residential institutions than in the community, especially because community-based social services are rarely available.

Second, many institutions—particularly those for children with disabilities and medical conditions and some boarding schools—accept children country- and region-wide, increasing the distance between them and their families. In addition, staff in institutions discourage contact between children and their families because such contacts disrupt the daily routine. Moreover, many staff believe that families have a harmful influence on children in residential care.

Third, there is a lack of responsibility and oversight outside the institution for a child. In Romania, for example, any movement of a child from an institution—whether to another institution or back to the community—must be approved by the commission for the protection of minors that placed the child. The commission, however, has no ongoing responsibility for the child and rarely receives information about any child it has placed.

Fourth, a disproportionately large percentage of children placed into residential facilities are ethnic minorities, particularly children of Roma. In Romania as many as 40 percent of institutionalized children are Roma, though less than 10 percent of the population is Roma. In Bulgaria the disproportion is reported to be more extreme. Prejudice toward ethnic minorities has led staff in residential institutions to discourage contact between parents and their institutionalized children and has reduced the options for foster care and adoptive placements in community-based service programs.

Finally, housing and employment are scarce for children who leave residential care. Children are now unofficially allowed to remain in many institutions beyond the institution's age limit to avoid the homelessness, unemployment, and social isolation that afflicts many deinstitutionalized children.

The Current Situation of Residential Institutions

While some changes—in attitudes and oversight, for example—in the use of residential institutions in the NIS and CEE has shifted since the transition and may have improved conditions of children in institutions, other changes, such as deteriorating care and reduced funding, have had detrimental effects. An examination of these changes can inform the debate on social welfare policy in the region.

Throughout the NIS and CEE, as the family is increasingly seen as the most important social unit for raising children and fostering social values, the family is becoming a primary focus of social welfare policy, reflecting a return to the more traditional role that was deemphasized during the command economy. At the same time, attitudes toward residential institutions are also changing, albeit slowly. Senior policymakers, newly trained social workers, some social welfare administrators, and staff in many residential institutions are beginning to recognize the limitations and harm of residential care and the high cost to government. They increasingly see residential care as a last resort, an orientation that began to develop before the end of the socialist era. The concerns raised by senior policymakers, however, often focus on the high cost of residential care. The importance of quality care, high standards, and the harm to clients caused by residential care are still secondary concerns.

These changes in attitudes, however, have had little impact on the region's reliance on residential institutions and few of these facilities have been closed since the transition began. Even in a country such as Romania, which has hundreds of residential institutions for children and people with disabilities and new legislation to create a national system of social services, only a handful have been closed. War-torn Georgia and Moldova are two notable exceptions—severe government deficits drastically reduced the funding to institutions and caused their closings. But even in those two countries the number of closed institutions is small. In Georgia between 1992 and 1996, the number of children's homes dropped from 12 to nine.

One interesting development is the redesign of some residential institutions and their use for other purposes. In Yerevan, Armenia, a wing of a boarding school is being used to house IDPs and in Budapest, Bucharest, and Utena, Lithuania, parts of former institutions are being converted to housing for mothers and their children.

While some institutionalized children have been reintegrated into general schools, these represent only a small fraction of those living in residential facilities and are primarily well-functioning individuals.

Although the conditions in some of the worst institutions have improved and staff in many have received some training, the overall picture for residential care is worse today than it was 10 years ago. More people are cared for with fewer government resources and, while private donors have supplemented government revenues to the institutions, these funds have generally not fully compensated for the loss of public funding. In addition to the general harm caused by residential care, research has begun to document abuse of children in facilities. In Armenia,

children report being exposed to frightening incidents, including harsh punishment by staff and attacks by other children at or outside the institutions. Abuse of people with disabilities is especially acute, particularly in southeastern Europe and the NIS. According to UNICEF, 73 of the 493 mentally disabled children in state residential facilities in Moldova died in 1995. In Ukraine about 30 percent of severely disabled children living in specialized homes die before they reach the age of 18.

The worst conditions in the region exist in countries that have experienced war, natural disasters, or have severe poverty, such as Georgia and Moldova. According to UNICEF, children in those two countries "are now living in institutions beyond the point of financial collapse."

Many children who grow up in residential institutions find it difficult to reintegrate into mainstream society and have fewer options available to them than before the transition. According to survey data from the Procuracy General of Russia, one in three children who leave residential care becomes homeless, one in five ends up with a criminal record, and as many as one in 10 commits suicide. Other studies reported similar findings throughout the region. Few studies have been conducted on the effects of residential care on children who left institutions during the transition; without such studies it is difficult to differentiate the effects of poverty from the effects of residential care.

The Current Situation of Community-based Services

Many community-based service modalities are being tried in various parts of the region, most notably in three areas: social services, foster care, and adoption.

Social Services

Over the past 10 years, community-based social services have developed very slowly in the NIS and CEE. Small, isolated programs have been established by multinational organizations, international donors, NGOs, and religious organizations. These projects often collaborate with national or local governments, operate mainly in large cities, and serve relatively small communities. Romania is one of the few countries that has passed legislation creating a national social service system for children and families, though implementation of the legislation has only recently begun. And in Hungary—one of the few countries with an extensive family support network—there are 150 municipally funded family help centers and 20 advisory centers for parents.

In contrast, many countries are developing successful individual programs. In Shkodra, Albania, a family support center



Photo: Suzanne E. Grinnan.

It is plain to see that Sasha and Sveta consider each other family.

husband, Vladimir, who is himself an electronics specialist. "I saw that Sasha sometimes had questions about this thing or that, so I invited him home with me one day; that's how he came to be part of our family. Now he comes by whenever he has free time—after classes, on the weekends, or when he's on holiday from school."

The time he spends with Sveta, her husband, and their 10-year-old daughter Tanya is very pleasant, according to Sasha. "I feel comfortable when I am with them, like a member of their family. They are very warm and loving people and I enjoy being with them very much. We talk about everything and I help them around the house or outside in their garden and, because she was doing poorly in art class, I decided to teach Tanya how to draw," he says, explaining how the two of them started by working on some simple sketches then progressed to more complicated pictures. "She's much better now and has even started getting the highest marks for drawing in her art class," Sasha states proudly. "Tanya and I also play chess together. We both know a little bit about the game, but we are getting better. I think of her as my sister."

Sveta sees Sasha as part of her family, too, and says she is glad she invited him to her home that first time. "So many kids like Sasha need warmth and caring; people in the community must pay attention to their needs. These children lack the love of their own parents, so it is up to us to show them what normal family life is like so they can learn how to build good families of their own in the future."

A MISTAKEN IDENTITY LEADS TO A TRUE FRIENDSHIP

Sasha is not the only teenager at Orphanage No. 1 who is lucky enough to have found a mentor. Anton, a small-framed boy with a big, bright smile, has been visiting the home of Nina Kovalenko for the past four years. "A friend of mine heard that there was a young boy at the orphanage who had her same last name, so the two of us came to see if he was somehow related to her. It turned out that Anton and my friend were not related, so she decided that she didn't want to see him again," Nina explains. "But as soon as I saw him, I knew I couldn't just leave him there without trying to help him in some way." So it came to pass that a mistaken identity resulted in a wonderful relationship between the 63-year-old retired cook and the 16-year-old orphan.

"I think the time that I spend at Nina's home reminds me very



provides counseling, parent training, home visits, and referrals. Yerevan, Armenia, now has a theater company and a special education program for children with severe disabilities, and several cities throughout that country—and many others in the region—have established Special Olympics and sports and recreation programs for people with disabilities.

Foster Care

Most children in foster care in the NIS and CEE reside in the homes of relatives—primarily grandparents or aunts. In fact, relatives account for about 80 percent of foster parents in Poland, Romania, and Russia. Across the region there are marked differences in the use of foster care and nonrelative foster homes are used infrequently. When they are, few countries have programs to recruit, train, monitor, and assist foster families. When nonrelative care is used, it is often as a preadoptive placement or in place of adoption rather than as a short-term placement as is the case in Western Europe and the United States. Few children from infant or children's homes are returned to the community through placement in a foster home, and almost no children with disabilities are placed in foster families.

Professional foster parents—though rare in the region—have been used in Hungary since 1986. Some 30 percent of the 8,500 children in foster care in Hungary live with professional foster families. The families have been trained as educators and have raised children of their own. They receive 60 percent of the average national salary in addition to a foster child allowance, and care for at least five children in addition to their own.

Several factors account for the difficulty of using foster care in the region. First and foremost, the financial and housing difficulties of many families make it hard to care for an additional person, particularly with the limited financial assistance provided by the government. Other factors limiting the use of foster care include cultural prejudices toward children who have lived in residential institutions, limited public awareness about foster care, and the absence of a legal framework or cultural tradition to use nonrelative foster care.

Adoption

Adoption is still an underdeveloped resource in the NIS and CEE. Only a small percentage of children living in infant homes are adopted each year, although Hungary (22 percent) and Russia (37 percent) have relatively high rates of adoption from infant homes. According to UNICEF, the number of children adopted each year since 1990 has decreased in most of the region—a phenomenon that reflects disruptions in old admin-

istrative systems for adoption without adequate replacements. In Armenia, for example, adoptions had been the responsibility of district committees on guardianship, foster care, and adoption. These committees no longer function, but have been replaced by municipal committees that do not yet operate. As a result, adoption lacks formal criteria, referral, or decision-making procedures. Another factor contributing to the reduction in adoptions has been the decrease in the age cohort of children under 3, the main age group of adopted children.

Major work is needed to improve adoption practices throughout the NIS and CEE. Most countries lack a central adoption authority to provide high-level oversight of adoptions and many also lack simple, clear, and transparent procedures for adoptions. Eligibility rules must be developed to make possible the adoption of a child by the most suitable person or persons. Currently, most adoptions are geared toward the needs of the adopting family rather than the needs of the child and international adoptions still account for only a small percentage of adoptions in the region.

Finding a Solution: Core Principles of Effective Community-based Social Services

Community-based social services are provided where people live, close to friends and relatives. Ideally, a range of assistance would be provided to individuals at one community location in a comfortable, familiar environment. The people who staff these centers would know the neighborhood, the needs of the community, the services that are available, and how to get them for their clients. Individuals who are assisted in their home neighborhoods maintain close bonds with their friends and families, which is important for normal child development and maintenance of healthy adults.

One goal of community-based social services in the region should be to assist individuals and families in periods of difficulty and ensure their safety. These services should also be used to promote independence, not merely to care for those who are temporarily dependent. In the longer term, however, when additional resources are available within the region, community-based social services should try to maximize an individual's chances of reaching his or her full potential and be available before an individual's problems become severe.

The underlying principles on which community-based social services are built are key to their effectiveness in achieving these goals. One widely accepted set of principles for highly effective social services was identified by Lizbeth Schorr in the book, *Within Our Reach* (1998). According to Schorr's study of com-

munity-based social service programs for families in the United States, those that are the most successful:

- offer a broad spectrum of services;
- provide services that are coherent and easy to use;
- provide a continuum of services to meet a range of individual and family needs;
- offer flexible, adaptable service structures;
- view children in the context of their families and families in the context of their surroundings;
- are staffed by highly skilled and committed individuals;
- adapt or circumvent traditional professional and bureaucratic limitations as necessary to meet the needs of clients; and
- address the needs of individuals with disabilities.

The continued reliance on residential institutions has created a vicious cycle in the NIS and CEE. The institutions absorb much of the limited governmental and nongovernmental resources that are desperately needed to assist vulnerable groups. The lack of alternatives has pushed donors and governments to increase the region's reliance on residential institutions. More vulnerable individuals are being placed into deteriorating facilities. As a result they experience more hardship and find it difficult to reintegrate into the community, further burdening the public sector.

The transition to a market economy has created opportunities as well as problems for people of the region. Political openness and democratization have given rise to new governmental and nongovernmental solutions for vulnerable groups. Decentralization and community participation have laid the groundwork for consumers to influence the types and quality of services they receive. And the transition has created the opportunity for new community-based social services to reduce the region's reliance on residential institutions.

A paradigm shift that focuses on the larger group of people in poverty and prevents the causes of institutionalization is needed. A prevention strategy needs to attack the causes of poverty and provide assistance to individuals and families before problems develop or become overwhelming.

The strategy also carries the risk that deinstitutionalization will occur without preestablishing community-based services or long-term support mechanisms. But if national systems are not created to care for individuals housed in residential institutions, the medium- and long-term costs and risks are likely to be even greater. More children will become homeless when they leave institutions, more healthy children will become disabled by institutionalization, and vast human resources will be wasted. ■

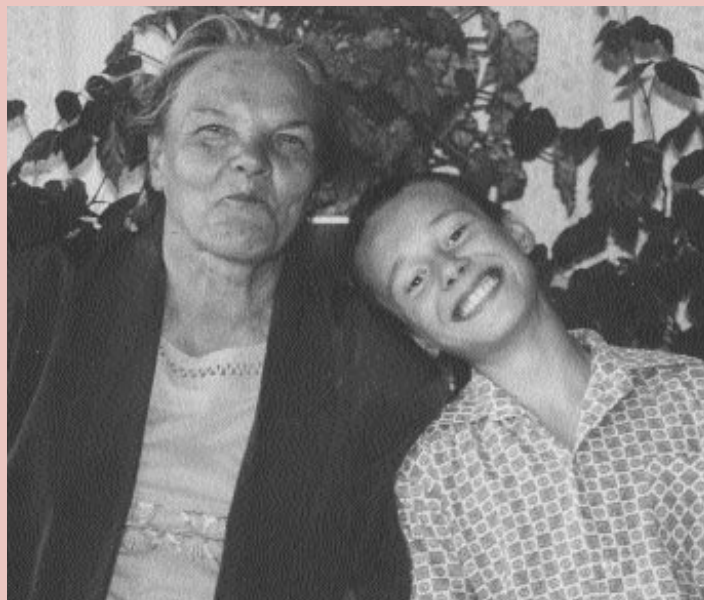


Photo: Suzanne E. Grinnan

Nina says that she loved Anton the moment she first saw him at Pereyaslavka Orphanage No. 1.

much of my life before my parents died. They were good to me and I was very comfortable and happy. That's the way I feel when I'm with Nina," Anton says. "She and I have heart-to-heart talks about life, mainly about the past and the future, but sometimes about girls," he says with a grin.

"My husband died eight years ago and my son and daughter are adults and living on their own now, so my house is pretty lonely. That's why, when I met Anton, I thought we might be good for each other—he has no mother or father and I no longer have anyone to look after," Nina states. "So he comes to my home, which is about 15 kilometers from the orphanage, in the summers, during school holidays, and even sometimes on the weekends. He's my best assistant," she beams.

Anton smiles, too. "I like helping her. She has a big house and it is a lot for her to take care of by herself, so I help her in the garden, carry water buckets for her, and even try to cook sometimes," he says, noting that Nina also teaches him how to repair this thing or that. "She tells me that one day I will get married and have a home of my own and that it will be my duty to know how to fix things."

He says he dreams of becoming a Formula One race car driver or maybe even a motorcycle racer because he likes to drive fast and enjoys the thrill of risk-taking. But, without missing a beat, he declares that he'd like to go to college to learn how to build computers. "I want to build a personal computer that is better than any other computer around today. I want it to be absolutely perfect," he states.

When the weather is nice, the pair often take a 20-minute stroll to the river where they share a picnic—sometimes with a few of their friends or Nina's family. "We all love Anton and consider him part of the family. He's not just some boy from the orphanage, he's our boy. I love him very much and respect him, too."

Anton nods in agreement. "We have known each other for four years now, and this is not four days, you know. We love each other and understand one another. In fact, sometimes we can even read each other's minds." ■