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Child Welfare Outcomes During the 1990s: The Case of Russia

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ABBREVIATIONS

RF – Russian Federation
MLSD – Ministry of Labor and Social Development
MOE – Ministry of Education
MOH – Ministry of Health
MOF – Ministry of Finance
RLMS - Russia Longitudinal Monitoring Survey
HH – household
IMR – infant mortality rate
WHO –World Health Organization
MMR – maternal mortality rate
PPE - preprimary education
PE - primary education
LSE - lower secondary education
FSE - full secondary education
TE - tertiary education.
GDP – Gross Domestic Product
ECA – Europe and Central Asia
SWSCS - Social work and social care services
NGOs – non-governmental organizations
MHI – mandatory health insurance
CIS – Commonwealth of Independent States
CRC - The Convention on the Rights of the Child
UN – United Nations
PMPC – Psycho-Medico-Pedagogical Commissions
MDRI – Mental Disability Rights International

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Preface

This study is about child[1] welfare outcomes during the 1990s—a decade of transition that brought about sweeping changes in the Russian political, social, and economic landscape. The deep and prolonged economic decline and rapid social change weakened the capacity of Russian families to manage risks, as well as the capacity of the state to provide meaningful support. As a result, the well-being of Russian children has deteriorated significantly. The deterioration, if not addressed, will likely lead to human capital loss, increased social costs and ultimately an economic performance that falls short of the country's potential.

In its first part, this report reviews child welfare developments during the 1990s, focusing on the rise in child poverty and vulnerability, as well as the decline in children's health, education, and nutrition status. The report links these developments to protracted economic crisis, increased inequality, dramatic demographic and family formation changes, as well as inadequately structured, inefficient, poorly funded, and ineffective family and child welfare policies and programs. The report emphasizes the economic and social aspects of human capital formation, improvements, and protection through investment in children. It also identifies knowledge and information gaps, discusses the unfinished reform agenda and suggests strategies for furthering family and child protection reform.

Part II of this report focuses on the two groups of children identified as particularly vulnerable: children deprived of birth family upbringing and children with disabilities. It highlights their growing numbers against a continued decline in the child population, as well as a continued practice of their long-term out-of-home placement—one of the more harmful, costly, and intractable legacies of the Soviet era. It analyzes the current public system that provides care and protection for such children—its institutions, organization, decision-making process, practices, human resources, and financing flows—and identifies incentives and factors that determine child care choices: family versus residential institutions. It reviews child welfare reform strategies implemented so far and suggests further steps for moving toward cost effective, child-focused, family- and community-based care for children deprived of family upbringing and children with disabilities.

[1] A child is defined as an individual who is 0–18 years of age. Children make up 23.3 percent of the Russian population (2000).

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Part I: Child Welfare in Russia during the 1990s: A Review of the Trends, Outcomes, Institutions, and Policies

Chapter 1: What Happened to Child Welfare in Russia during the 1990s

1.1 The case for investing in children

Child welfare outcomes reflect investment in children. Why should we invest in children? Because they are future human capital, which has long been identified as one of the key determinants not only of individual welfare but also of overall socioeconomic growth and development.

Investing in children achieves the following:

- It *generates higher economic returns* through increased productivity—both individually and overall. It appears that even a few years of early schooling can increase the economic value of an individual's skills substantially. For aging societies, it is important that each individual be given an opportunity to develop skills and gainfully participate in the labor market. By decreasing the relative burden of taxation to cover the public pensions bill, increased employment and productivity are important means for mitigating the adverse economic impact of aging;
- It *reduces social costs*. Increased chances for an individual's participation in economic and social life could reduce the costs associated with adolescent and adult antisocial, self-destructive, and criminal behavior, thus decreasing the probability that the individual would become a burden on public health, public safety, or social services budgets. Similarly, investing in children's health early on reduces their needs for health services in the future;
- It *contributes to greater social equity and social cohesion.* Access to human capital formation is particularly important for poor and disadvantaged children, who otherwise may have no chance to break the cycle of poverty, deprivation, and social exclusion;
- It *increases the efficacy of individual social sector programs.* An increased desire and ability to learn, along with better health and nutrition status, contribute to higher school enrollment, less repetition, fewer dropouts, and higher academic achievement, thus increasing the efficiency and effectiveness of public spending on education, as well as the efficacy of investing in children's health and nutrition.
- It *contributes to greater labor force participation of mothers.* Safe child care programs and regular school attendance allow women to continue their education, learn new skills, and participate in the labor market, thus improving the welfare of their families.

1.2 The child welfare situation and trends during the 1990s

Child welfare in Russia deteriorated significantly during the 1990s.[2] Russian children face an increased risk of being poor, particularly if they have multi-children or single parent

[2] In an attempt to summarize shifts in living standards in 27 countries in transition in the Europe and Central Asia Region during the 1990s, the latest UNICEF Regional Monitoring Report compares the 1999 to 1989 changes in 20 indicators that reflect different aspects of well-being, including incomes, health, education, and child protection.

families. Their health and nutrition status has worsened. Quality education and access to it show signs of deterioration as well, with market relevance of education becoming one of the major challenges for the education system. Children face higher risk of being deprived of birth family upbringing and placed in an institution; being neglected, homeless, abused; becoming an alcoholic; or committing a crime. These developments, if not addressed, indicate likely human capital loss, increased social costs, and ultimately an economic performance that falls far short of the country's potential.

This chapter reviews the trends in three areas key to child welfare: material well being, health and nutrition, and education.

1.2.1 Material well-being

There is emerging consensus that children in Russia face the same, if not greater, risk of poverty relative to the population as a whole (Figures I.1–I.7).[3] The analysis presented below indicates that (i) households with children have high poverty rates; (ii) the poverty rate increases with the number of children in the household; (iii) single-parent families with children, particularly those with many children and relatives, have the highest poverty rates in the country; and (iv) children form a significant group of poor in Russia. Single-parent and multi-children families are also over-represented among the extremely poor as well as among the chronically poor.

Regional poverty studies and research work in Russia indicate that children in poor families also tend to fare worse in terms of their health and their nutritional and educational status, increasing their risk of chronic poverty. Alleviating poverty among children is therefore an important element of Russia's goal of alleviating poverty for the country as a whole.

(i) Which children are at risk?

Children have the highest poverty rate among all age groups in Russia (See Tables 1.1–1.6 in Annex 1—the "Statistical Annex"—and Figures I.1 and I.2 here).[4] In the third quarter of 2000, according to Goskomstat data and its calculation of the poverty rates, children up to 16 years of age had a poverty rate of 47.8 percent—about 10 points above the national average (38.1 percent). In the RLMS data, poverty rate for children up to 14 years of age was 58.2 percent, 9

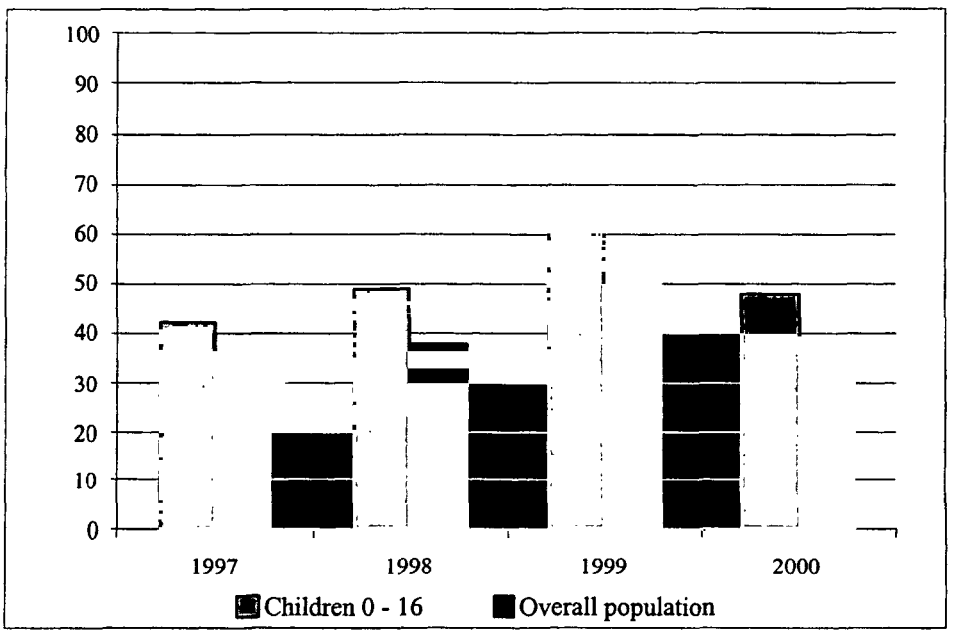
With 5 improved indicators out of 20, Russia together with Ukraine and Belarus is at the bottom of the list. The counties at the top of the list—with the highest percentage share of improvements—are Poland (74 percent), Croatia (72 percent), and Hungary (70 percent). See UNICEF (2001, pp. 9–13).

[3] At the $2.15 per day poverty line, the poverty rate for children is not much different from that of the national average (World Bank 2000d). In Central and Eastern European countries, by contrast, the risk of poverty for children is much higher than the national average (at the same poverty line).

[4] In this section poverty rates are estimated at the official minimum subsistence poverty line, both for Goskomstat and the Russia Longitudinal Monitoring Survey (RLMS) data. Goskomstat collects household data and publishes the results, including poverty rates for various categories of households and individuals, quarterly (see; Goskomstat 2000b and 2000c). All references to RLMS data are to the 8th-round data collected in 1998. Poverty rates based on RLMS data were calculated by the report authors using total expenditures and official regionally differentiated subsistence minimum adjusted for economies of scale in the household (Ministry of Labor and Social Development of the RF).

percentage points higher than the national rate (49.1 percent). In both data sets, poverty rates declined with age for both men and women.[5]

Figure I. 1: ***Poverty rates for children 0–16 and overall population in Russia***



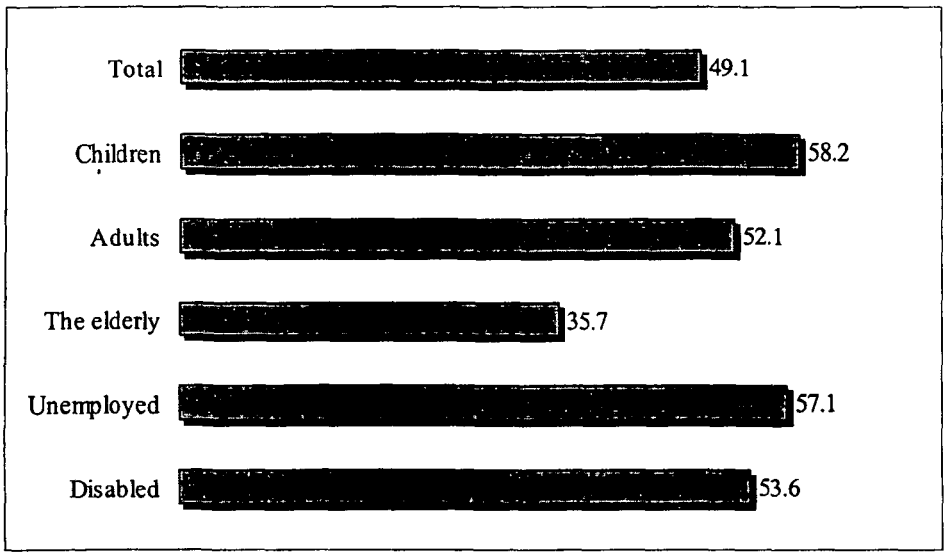
1997–2000[1] *(in %; Goskomstat data and calculations)*
Source: Goskomstat. See Table 1.1 in the Statistical Annex.
Note: 1/ The third quarter of 2000.

Poor children are likely to reside in urban areas. Both data sets show that while the highest poverty rates are in rural areas, the majority of the poor live in urban areas.

Families with many children. Looking across households (Goskomstat data), families with 1–2 children face a poverty rate that is more than double the rate for families without children (39.9 and 16.6 percent, respectively), and about 8 percent above the national average for all households (31.1 percent). The poverty rate of extended families with 1–2 children is even higher (46.8 percent). Households with more than three children, particularly those in extended families, have the highest poverty rates—almost 2 and 2.8 times the national average, respectively. RLMS data also show that the poverty rate among households increases with the number of children in the household (See Tables 1.1–1.6 in the Statistical Annex and Figures I.3, I.4, and I.5 here).

[5] In both data sets, the lowest poverty rates were among working and old age pensioners. However, disability and survivors pension recipients had much higher poverty rates than working or old age pensioners.

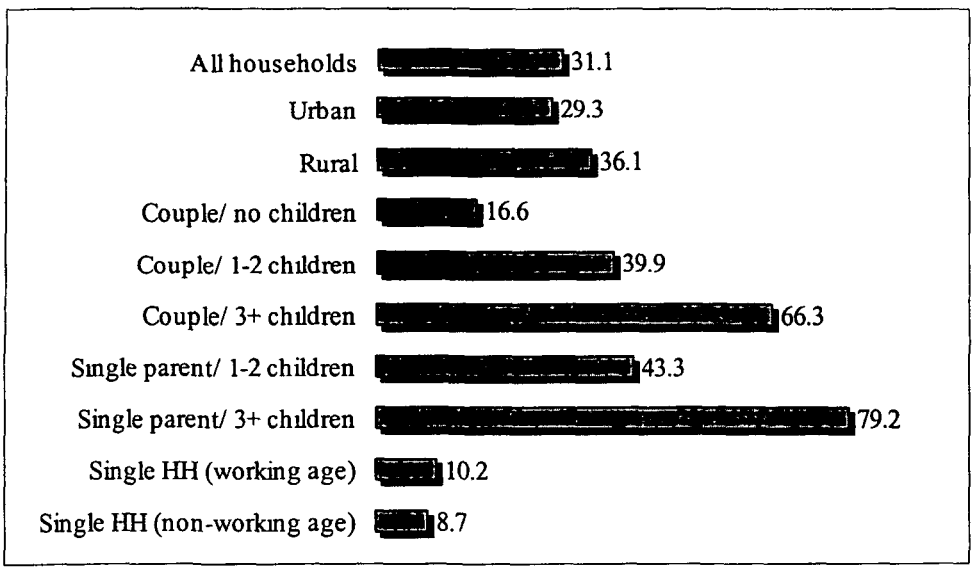
Figure I. 2. ***Poverty rates for individuals in Russia in 1998 (in %, RLMS data)***



Source: RLMS, Round 8. See Table 1.2 in the Statistical Annex.

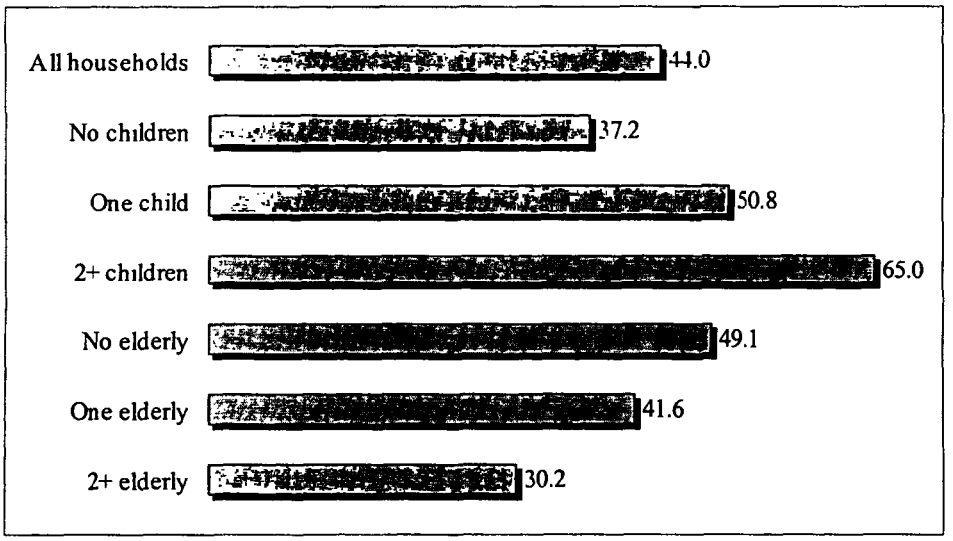
Single parent ("incomplete") families. According to Goskomstat data, children in single-parent, or "incomplete" families, as they are referred to in Russia, have a higher poverty rate than those in dual parent (or "complete") families with the same composition. The highest poverty rates among single-parent families are for those with 3 or more children (2.8 times the national average) and with 3 or more children and relatives (3 times the national average). RLMS data confirm these results (Figures I.3 and I.5).

Figure I. 3: ***Poverty rates for households in Russia 2000[1] (in %; Goskomstat data)***



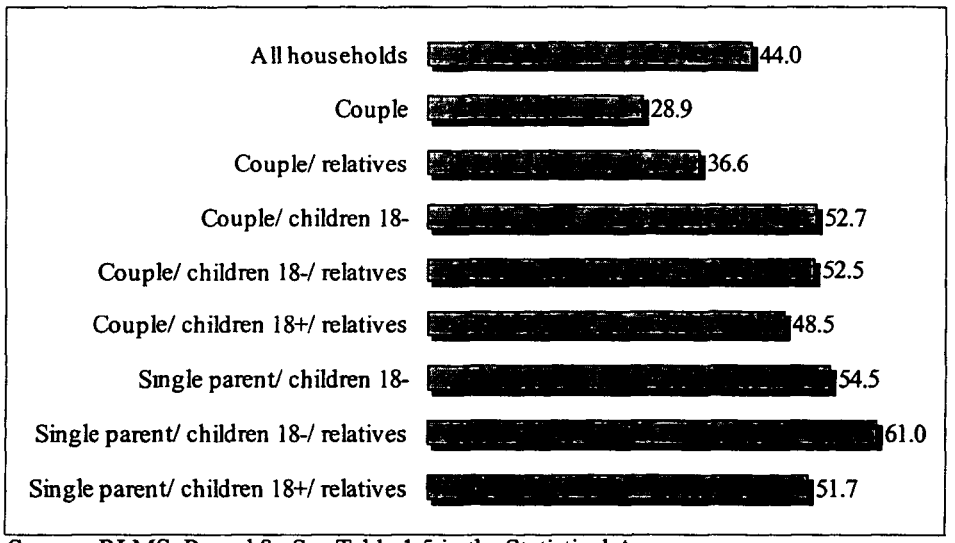
Source: Goskomstat. See Table 1.1.a in the Statistical Annex.
Note: 1/ The third quarter of 2000. HH stands for household.

Figure I. 4: ***Poverty rates by household characteristics in Russia in 1998 (in %; RLMS data)***



Source: RLMS, Round 8. See Table 1.3 in the Statistical Annex.

Figure I. 5: ***Poverty rates for households with different composition in Russia in 1998 (in %, RLMS data)***

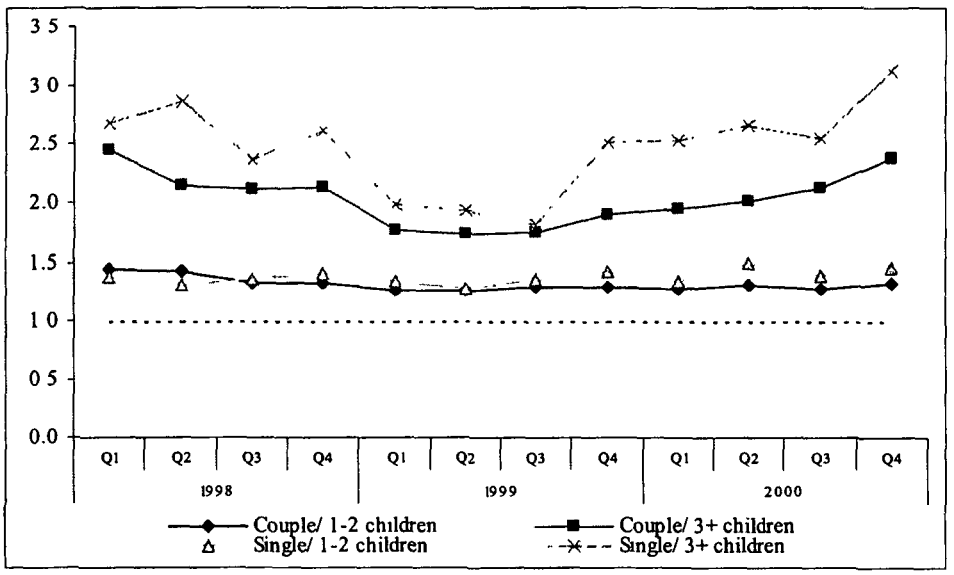


Source: RLMS, Round 8. See Table 1.5 in the Statistical Annex.

Children with disabilities. It is difficult to obtain information from government statistics on the living standards of households that have children with disabilities. Households with disabled members, in particular families that have children with disabilities, are not referred to as such in Goskomstat household surveys. The only source of information on children with disabilities is the 1998 RLMS data set. Results from this survey indicate that among households that have members with disabilities, the highest poverty rates are for families of children with disabilities; followed by the working-age individuals with disabilities. RLMS data also show that

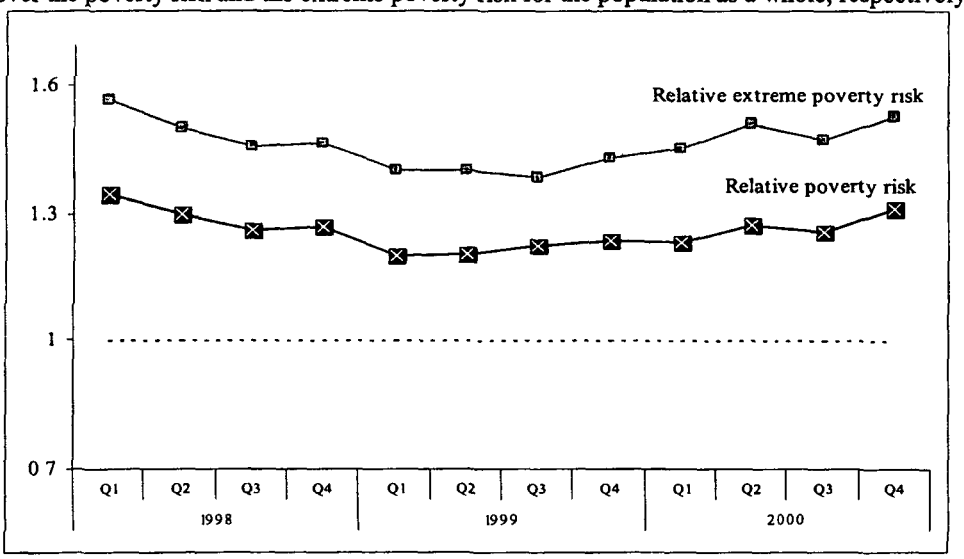
households that have individuals with disabilities have a poverty rate of 53.6 percent—about 10 points higher than households with no disabled members, which have a poverty rate that is approximately equal to the national average (44 percent). Families of children with disabilities often have higher dependency rate because mothers are often forced to quit their jobs to take care of the children. These families are also often headed by a single mother.

Figure I. 6: ***Relative poverty risk for different types of families with children in Russia over the poverty risk for all households 1998-2000***



Source: Goskomstat Rossii.

Figure I. 7: ***Relative poverty risk and relative extreme poverty risk for children under 16 in Russia 1998–2000***
(over the poverty risk and the extreme poverty risk for the population as a whole, respectively)



Source: Goskomstat Rossii.

Children constitute a significant part of the poor. According to Goskomstat, households with children constitute an important share of the poor—53.4 percent. According to RLMS data that percentage is 54.8 (Table 1.6 in the Statistical Annex).

1.2.2 Health and nutrition

Good health is an important component of individuals' and households' well-being. The child welfare is significantly affected by the health status of his care givers. Also, good health is a crucial precondition for child development, enabling the child to acquire skills and knowledge and paving the way for gainful participation in the labor market later on.

Most of the health status indicators for the population in general, as well as the health status of women and children, have either deteriorated or stagnated over the 1990s, reflecting the impact of a number of factors—including unfavorable lifestyle changes, environmental degradation, lax sanitation and hygiene, poor nutrition, increased economic and social instability and insecurity and related stress and depression, and deterioration of the health care sector. Nutrition—in terms of energy, vitamins, and micronutrients intake—has worsened as well. However, the picture is not entirely bleak: according to the official statistics, some of the indicators improved at the end of the 1990s. As a result, infant mortality, under-five mortality, and vaccination rates for young children were slightly better than in 1990. Similarly, the abortion rate has declined, as well as maternal mortality rate, although it is still among the highest in the region.

Mortality in Russia has reached unprecedented peacetime levels, affecting adversely the well-being of many families. The number of deaths in Russia soared during the 1990s. Between 1990 and 2000, crude death rate for entire population increased from 11.2 to 15.3 per thousand population, an increase of almost 37 percent. In this, Russia is among the countries in the Europe and Central Asia region that fared the worst. Among the Russian regions, the situation varies significantly: from 4.3 in the Republic of Ingushetia, to 22.0 in the Pskovsk Oblast. This increase took place in the early 1990s (1992–94), when mortality rates—in particular among working age males—reached record heights (17.8 per thousand respective male population in 1994). The situation then improved in the period between 1995 and 1998, but it deteriorated again in 1999 and 2000. According to UNICEF estimates, the "excess mortality"[6] in Russia over 1990–99 totaled some 2.6 million deaths, of which 72 percent were males (UNICEF 2001). For families with children, a death of a parent in most of the cases causes a significant welfare loss.

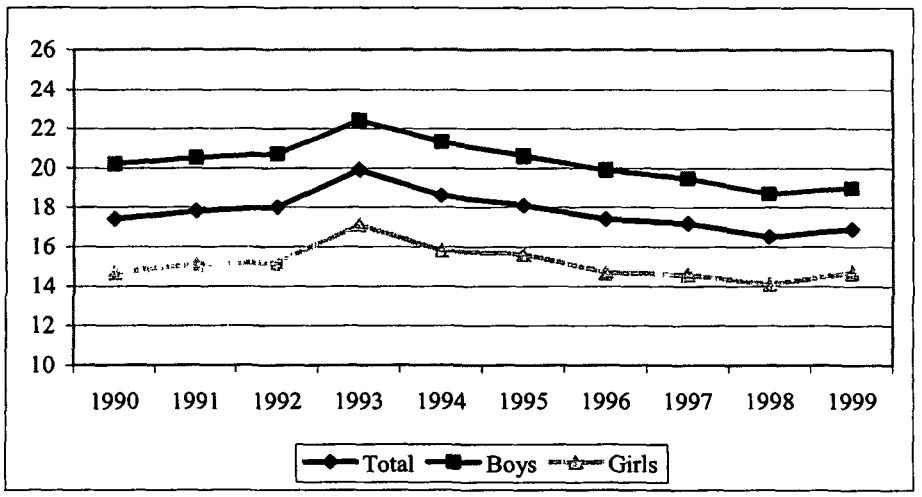
The increasing mortality in Russia led to a substantial worsening of one of the most comprehensive welfare indicators: life expectancy at birth. Russia started the decade with female and male life expectancy at 74.3 and 63.8 years, respectively. For women this was approximately at the regional average; for men, it was one of the lowest. Both decreased sharply at the beginning of the 1990s: to 71.2 years for women and 57.6 years for men in 1994. After

[6] The "excess mortality" is defined as "deaths that would not have occurred if mortality rates had stayed at the 1989 levels (taking into account the changes each year in the age structure and size of the population)" (UNICEF 2001, pp. 47).

that the situation had improved somewhat, but it deteriorated again in 1999 and 2000. Russia ended the decade with life expectancy at birth for women at 72.2 years (one of the lowest in the region) and for men at 59 years, the lowest in the region.[7]

The long-term social and economic consequences of decreased life expectancy are yet to be fully understood. However, recent research findings indicate that health, measured mainly by life expectancy and infant or adult mortality, is a significant and reliable predictor of future economic growth. For a large sample of countries it was estimated that an increase in life expectancy in 1965 by 1 percent accounted for an increase in GDP per capita of over 3 percent each year for the subsequent quarter century.[8]

Figure I. 8: ***Infant mortality in Russia 1990–99 (per thousand live births)***



Source: Goskomstat Rossii. See Table 3.1 in the Statistical Annex.

The infant mortality rate (IMR) remained high throughout the 1990s, although the second half of the decade recorded a decrease.[9] The rate, which had grown over 1990–93 (from 17.4 in 1990 to 19.9 in 1993) has declined since then to 16.9 as of 1999 (just slightly below the 1990 level).[10] Still, it is among the highest in the ECA Region (Figure I.8). The IMR in Russia is higher in rural than in urban areas; it also is higher for boys than for girls. Also, the differences

[7] More than 75 percent of the decline in life expectancy was due to increased mortality rates for ages 25 to 64 years. Overall, cardiovascular diseases (stroke and heart disease) accounted for 36 percent of the decline in life expectancy over 1990-1994, external causes of death for 29 percent, infectious diseases for 5.8 percent, chronic liver diseases and cirrhosis for 2.4 percent, and other alcohol related causes for 9.6 percent (Notzon and others 1998).

[8] Bloom, D. E., and J. D. Sachs (1998), Sala-i-Martin, X. (1997), and Bhargava, A., D. T. Jamison, L. Lau, and C. J. L. Murray (2000). Cited in UNICEF (2001, p. 48).

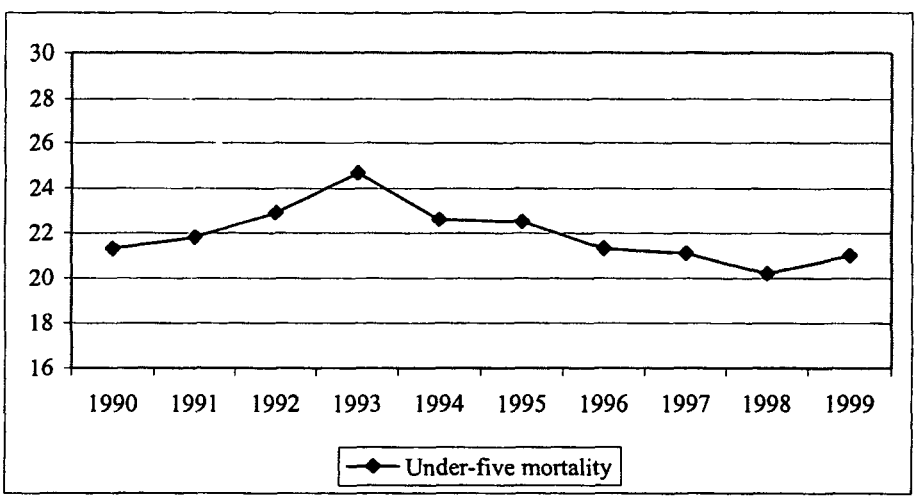
[9] Infant mortality rate and under-five mortality rate are per thousand live births.

[10] Some researchers argue that infant mortality in Russia is sill under-reported. The old, Soviet-era definition of infant mortality excluded substantially preterm infants who died within seven days of birth. The official definition was changed in 1993 to conform with WHO standards, but it appears that traditional reporting practice prevails. As a result, some authors estimate that infant mortality is underreported in Russia by about 25 percent (Notzon and others 1998; OECD 2001a, p. 93).

among regions are striking—ranging from 10.7 in St. Petersburg and 12.6 in Moscow, to 34.4 in the Republic of Ingushetia and 36.2 in the Republic of Tuva. Neonatal mortality accounts for the majority of infant deaths (58 percent in 1999). The leading causes of infant mortality in 2000 were prenatal conditions such as insufficient fetal growth because of the poor nutrition of mothers and inadequate conditions during childbirth and the postpartum period (44 percent), congenital anomalies (23 percent), and respiratory diseases (11 percent).

The IMR changes can be attributed to changes in socioeconomic conditions, in the number of births, and in health services. Fewer births mean that existing resources in the health sector for maternity care can buy better care (UNICEF 2001). They may also mean less at-risk pregnancies. Efforts to improve prenatal health care might have played a role as well. Yet, the improvement appears at odds with the declining economic performance and shrinking public spending on health during 1993–98.[11] Obviously, for the formulation of future child health policies, the factors behind the IMR trends in Russia need to be better understood. Also, data on IMRs across different socio-economic groups (for instance, consumption quintiles) are needed, in order to assess whether and to what extent the rates differ between poor and non-poor groups of the population.

Figure I. 9: ***Under-five mortality in Russia 1990-1999 (per thousand live births)***



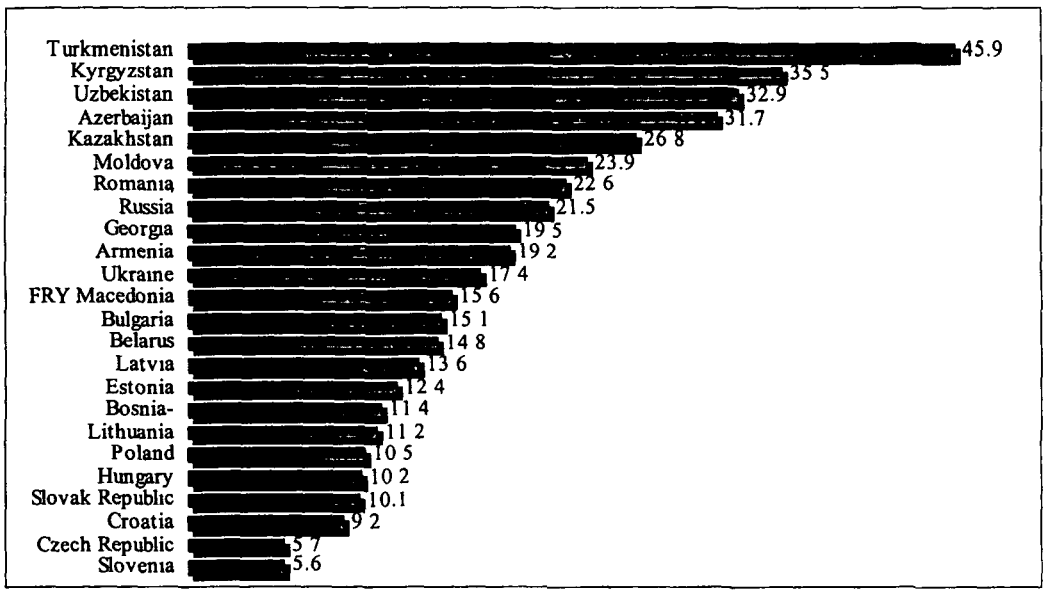
Source: Goskomstat Rossii. See Table 3.4 in the Statistical Annex.

Under-five mortality—per thousand live births—remained high and fluctuated over the 1990s. However, reflecting improvements in infant mortality, it also improved at the end of the decade, so that it was slightly lower than in 1990 (see Figures I.9 and I.10). Under-five mortality is considered a key summary indicator of child well-being, associated with child and maternal nutrition and better access to basic social services, including health and education.

[11] The accuracy of an indicator depends critically on the capacity of the statistical system to record the events. One of the ways to cross-check the data is to periodically conduct a health and demographic survey.

After having increased over 1990–93 by almost one-fifth, from 22.3 to 26.4 per thousand live births, under-five mortality fell to 20.4 in 1998 (with a relapse in 1999 to 21.5 per thousand live births). Therefore, it was 3.6 percent lower at the end of the decade than at its beginning. Although lower than in Central Asia, it is higher than in most other countries in the Region (Figure I.3). The leading causes of under-five mortality are prenatal conditions, congenital anomalies, and "external causes" such as accidents, injuries, and so on.

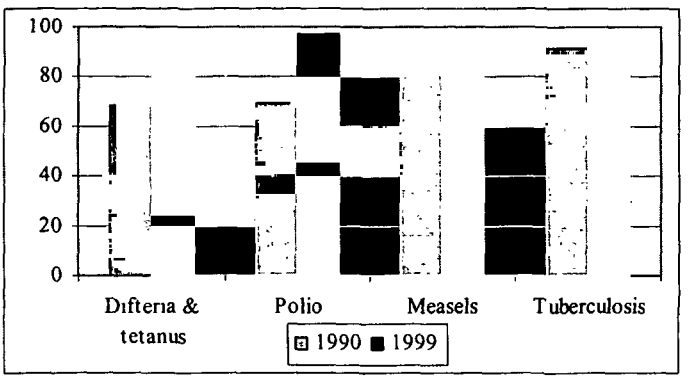
Figure I. 10: ***Under-five mortality rates in the Europe and Central Asia Region 1999***



Source: UNICEF, MONEE Project Data Base. **Note**: Rates are per thousand live births.

As in the case of infant mortality, data on under-five mortality across different socio-economic groups are needed, in order to assess whether and to what extent the rates differ between poor and non-poor groups of the population.

Figure I. 11: ***Vaccination rates for children under two years of age in Russia in 1990 and 1999***



Source: MOH 2001.

Vaccination rates have improved as well (Figure I.11). However, while vaccination coverage appears high in younger child groups, it decreases for older groups to 50–80 percent (MOH 2001). Therefore, the actual immunization level is unknown.

In contrast to the above trends, according to MOH data, *the incidence and prevalence of diseases in children* have sharply increased (see Table I.1) for all age groups and all disease categories. The case notification for 0-14 year olds increased by 23 percent over 1990–99.

Table I. 1: ***Disease prevalence among children in Russia 1994–2000***

Newborns (per ten thousand live births)		Children 0–14 (per hundred thousand relevant population)		Children 15–17 (per hundred thousand relevant population)	
1994	2000	1994	2000	1994	2000
3,450	5,491	139,970	182,980	105,680	151,140
Increase: 59%		**Increase: 30.7%**		**Increase: 42%**	

Source: MOH (2001).

The factors behind persistent increase in child morbidity, such as poverty, poor nutrition, deteriorated environment, worsened health services, spread of unhealthy behaviors and similar are yet to be fully understood. The same applies to their consequences, for instance on children's school attendance, learning abilities, and school achievement; on their long-term health status and labor market participation and performance; and on their future need for social care services. Moreover, information on morbidity patterns, and their factors and consequences across different socio-economic groups is completely lacking.

The high incidence and prevalence of diseases in Russia stretches further already limited and shrinking public resources allocated to health care.

Russia is experiencing *epidemics of preventable diseases such as tuberculosis (TB), HIV/AIDS, and sexually transmitted infections (STIs)* (Vinokur, Godinho, and Nagelkerke 2001). The majority of victims are of working age. According to national data, incidence of these diseases has increased from over two times (TB) to almost sixty times (STIs). The officially registered new HIV cases in Russia totaled 18,000 in 1999, 56,000 in 2000, and 43,000 in the first six months of 2001.[12] The data likely underestimate the extent of the problems, given the growing inefficiency of the reporting system. The social, economic, and human losses due to the epidemics are enormous: about 30,000 people die and another 30,000 develop long-term disabilities annually because of TB alone.[13]

The children are not spared either. According to Goskomstat (2000d), in the case of children aged 0–14, TB incidence doubled, reaching in 1999 17.7 and 19.0 per hundred thousand for boys and girls, respectively. For adolescents aged 15–19 the incidence more than doubled to

[12] In 2000, according to MOH, there were 300 infants born to HIV infected mothers.
[13] Vinokur and others, *ibid.*

53.5 and 34.5 per hundred thousand for males and females, respectively (data are for 1998). The syphilis incidence for boys of age 0–14 increased from 0.1 in 1991 to 7.9 per hundred thousand in 1999 (in the case of girls: from 0.1 to 11.5). For 15- through 17-year-olds it skyrocketed as well: from 2.7 to 93.9 and 8.8 to 300.8 per hundred thousand boys and girls, respectively.

Unhealthy behaviors. Russia has recorded a surge in unhealthy behaviors among adults, adolescents, and children alike. Major public health concerns—alcoholism, drug use, and smoking—are all on the rise. Alcoholism is believed to be, directly and indirectly, one of the major causes of the premature deaths of hundreds of thousands of Russian men during the last decade (Akopyan, Kharchenko, and Mishiev 1999), millions of lost work days; dysfunctional families, abused and battered wives and children, and child neglect and abandonment. During 1994–2000, according to the MOH data, the rate of children 0-14 under the health services surveillance due to alcohol abuse increased from 12.1 to 20.7 per hundred thousand. Similarly, the rate of 15-17 year olds observed for drug abuse almost doubled, reaching 151.9 per hundred thousand in 2000. At the same time it is believed that the surveillance covers only a part of eligible children and youth. According to the WHO, in 1997/98, 20 percent of 15-year-old boys and 14 percent of 15-year-old girls in Russia reported smoking daily.[14]

Maternal health. One of more important indicators of women's health and the state of maternal health care services, *maternal mortality rate (MMR)*, has improved recently, falling to 39.7 per hundred thousand live births in 2000, according to Goskomstat.[15] Nonetheless, it still remains among the highest in the Region. The MMR is higher in rural than in urban areas: 51.6 and 34.6 respectively. The high rate of maternal mortality is at odds with the fact that practically all births are attended by professionals. The major causes of maternal deaths are complications of pregnancy and delivery, abortions and hemorrhages. The complications of abortions account for 24.2 percent of maternal deaths, of which 68.8 percent are related to abortions performed outside health facilities. All these point to an inadequate management of antenatal, natal, post-natal, and abortion services. Iron deficiency anemia among women that have finished pregnancy at 43.9 percent in 2000 (29.2 in 1994) is a risk factor in maternal deaths.

The MOH data indicate low prevalence of modern contraception methods: only about 24 percent of the fertile age women use IUD or hormonal contraception methods. Moreover, the situation has not improved since mid 1990s. Abortion is still one of the most common family planning methods. However, according to the MOH data, abortion rate has declined from 235.2 in 1993 to 179.6 per hundred live births in 1999. Yet, it is still the highest in the ECA Region—the next one to Russia is Belarus with 140.7 per hundred live births. The absolute number of abortions among girls up to 14 more than halved over 1994-2000, while among adolescents 15-19 dropped by 37 percent. In comparison, the total number of abortions dropped by 30 percent. While the abortion trends are encouraging, one should keep in mind that with the increased number of private facilities a number of abortions may stay unrecorded.

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[14] Smoking is the leading cause of lung cancer. Still, the streets in Moscow are literally lined with attractive billboards advertising smoking. Quite a few of them target adolescents.

[15] The MOH data show the same trend, but a higher level of maternal mortality. For 2000 the MOH rate was 45.2 per hundred thousand live births. The difference is explained by more complete registration of maternal deaths by the MOH (MOH 2001, p. 42).

Nutrition. National studies and anecdotal evidence indicate nutritional decline in Russia, particularly in terms of a balanced diet. Although the share of low-weight births[16] at 6.6 percent is not particularly high and it is about the regional average, the phenomenon needs to be addressed since it contributes to child mortality and morbidity.[17] Studies of child health and food intake in poor families by the Institute of Nutrition of the Russian Academy of Sciences (2000) find that nutrition of children under six years of age living in poor families is inadequate in terms of energy, vitamins, and micronutrients intake. These children's diet is characterized by calcium and iron deficiencies, which hinder their development. Wasting among preschool children and elementary school students is about 3–5 percent. Although this figure is not high, it does indicate acute malnutrition. Nearly a fifth of all children who live in families in the lowest income decile show signs of long-term malnutrition.

A particularly worrying trend is iodine deficiency due to low consumption of iodized salt, which, according to UNICEF,[18] is estimated at about one-fourth of total salt consumption (before 1990, all salt was iodized). Iodine is vital to the development of the brain in very young children as well as in utero. Serious iodine deficit can lead to mental retardation and thus cut into school performance and achievement. Another growing problem is iron deficiency and anemia related to it, particularly among pregnant women and children. In children these result in lethargy and lack of concentration and consequently threaten their learning capacity and health status in general. Both occurrences are public health issues *par excellence* and can be addressed by cheap interventions such as salt iodization and wheat fortification with iron.

1.2.3 Education

Education is a fundamental human right and essential for human capital formation. Russia inherited a system that provided broad access to education, regardless of ethnic background, gender, or geographical location; a high level of scholarly achievement; and nearly 100 percent literacy.

Since the beginning of the transition from its Soviet period, the education sector in Russia has been faced with enormous challenges, including the real decrease in public spending on education, the decentralization of education management and financing, and the issues related to the quality and market relevance of education.

Access to education. Available data indicate that there still is broad access to education in Russia. However, the lack of reliable statistics does not allow to answer precisely questions on whether the situation has changed since the beginning of transition—and if yes, how much, in what direction, and for whom.

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[16] Births under 2,500 grams as percent of total live births.

[17] Poor prenatal care and malnutrition in mothers have been linked to low birth weight, hearing problems, learning difficulties, spina bifida, and brain damage in children. Infants born to underweight mothers are more likely to develop certain diseases and conditions later as adults—such as diabetes, cardiovascular disease, and obesity (UNICEF 2000).

[18] Personal communication with UNICEF staff at the Moscow Office.

Access to education is commonly measured in terms of enrollment rates by different levels of education (preschool, compulsory[19] and postcompulsory—and, within postcompulsory, general secondary, vocational, and tertiary education). Except for preschool education, Russian official statistical sources do not present data on enrolment. This applies also to other data relevant for the performance of the education sector such as attendance, dropout, repetition, and graduation rates. Moreover, it appears that enrollments were not published during Soviet times either (MOE 2001). A solution may be to use data published by international sources, but their data on the same level of education differ widely.

Preprimary education is not only important for educational attainment later on, but it also socializes children and enables mothers to participate in the labor market. Although rural-urban and regional differences had been noticeable, a high preschool education coverage had been one of the features of the Russian education system. Over the course of the 1990s, according to the Ministry of Education (MOE), the situation deteriorated: the overall coverage of children aged 0–6 by preschool institutions dropped from 66.4 percent in 1990 to 54.9 percent in 2000 (MOE 2001a). This drop is explained by the closure of some of the preschool institutions previously run by enterprises (it is observed that most of the closure happens at the divestiture of facilities to municipalities[20]), as well as by the decreased ability of parents to provide co-payment. According to the MOE data, the preprimary education coverage varies from 8.4 percent in the Republic of Ingushetia and 19.4 percent in the Republic of Dagestan to 78.7 percent in the Komi Republic.

Given that child care provision (maternity leave, as well as child care leave; see Chapter 3), decreases the overall preschool coverage rate, it is important to look at the preschool coverage of older children. According to UNICEF, in 1999 preprimary gross enrollment of children aged 3–6 was 63.1 percent, down from 72.6 in 1990 (UNICEF 2001). According to Goskomstat data (Goskomstat 2000c), the preschool enrolment of children aged 1.5–3 declined over 1990–99 from 21.1 to 17.1 percent of the cohort, which may partly reflect higher unemployment rates among younger women. On the other hand, the enrollment of children 3–6 years old increased: from 78.2 to 82.1 percent of the cohort (the 3-6 cohort size is adjusted for the 6-year-olds enrolled in primary education, which may explain the difference between Goskomstat's and UNICEF's figures).

Preprimary enrollment of children 3-6 years old estimates based on RLMS data (Table I.2) also indicate high participation in preprimary education—76.6 percent for the whole cohort. Whilst enrollment is high in all socioeconomic groups, it is higher for children from the top expenditure quintiles. The coverage of rural children tends to be lower than the coverage of their urban peers. The least access to preprimary education have the poorest children in rural areas: 54.6 percent (the lowest expenditure quintile) and 45.5 percent (the second expenditure quintile).

Primary and secondary education. UNICEF provides estimates on education enrollment (gross rates) in Russia for 1990–99, according to which enrolment in compulsory education

[19] In Russia, compulsory education ends at age 16—grade 9. Compulsory education normally starts at age 7 and comprises two levels: primary education (grades 1-4) and basic education (grades 5-9).

[20] Over 80 percent of preschool facilities are owned and operated by municipalities. At the beginning of the 1990s that percentage was 20–25 (MOE 2000).

(children 7–15) decreased from 90 to 88.8 percent[21]; for upper secondary education (children 16–18) it dropped from 74.9 to 69.7 percent; and for higher education (population 19–24), it increased from 24.6 to 31.4 percent of the respective cohort (UNICEF 2001, p. 181). The European Training Foundation (ETF) estimates (with a caveat that the figure is incomplete) that about 61.8 percent of young people in the 14–19 age group were participating in education and training in 1997 (ETF 2000, p. 17).

Table I.2 presents estimates of net enrollment rates in education in Russia by per capita expenditure quintiles, based on RLMS data (Round 8, 1998). The enrollment rates are for the following age cohorts: 7-10 (primary education); 11-15 (lower secondary education); and 16-17 (upper secondary education). The table also provides information on participation in education for the 18-24 years of age cohort.

The estimates indicate that in 1998, access to primary and lower secondary education in Russia was almost universal: 96.9 percent of children 7-10 years old and 98.7 percent of children 11-15 years of age were enrolled in education. Overall, 97.8 percent of children in the 7-15 years age cohort were participating in education. No significant urban-rural or differences across socio-economic groups are observed.

Also, 81.7 percent of children 16-17 years of age were enrolled in education (both general and vocational): 58.8 percent of them were participating in upper secondary, while 22.8 percent were enrolled in higher education. The enrollment rates are higher for urban then for rural children, as well as for the children from better off quintiles.

As for the tertiary education, about one fourth (24.1 percent) of the 18-24 age cohort was enrolled in education. Here, persons from urban areas and upper expenditure quintiles were much more likely to be enrolled than their peers from rural arrears and lower expenditure quintiles, indicating that location and socioeconomic status play an important role in access to tertiary education.

1.2.4 Special (individual) risks

Dramatic economic and social changes experienced by Russia during the 1990s have also placed considerable stress on families and particularly on children, causing a breakdown of the traditional family structure. Thus, in addition to systemic risks, Russian children also face a number of increased idiosyncratic risks, including the risk of becoming an orphan; being deprived of family upbringing (that is, being institutionalized); being subject to family neglect, violence, and abuse; and becoming homeless.

[21] A gross enrollment rate of 88.8 percent for the 7–15 age cohort implies that over 2.3 million children were not enrolled in basic education in 1999.

Table I. 2: : *Net enrollment rates in education in Russia in 1998 (as percent of the relevant cohort)*

Total per capita expenditure quintile	Area	Age cohort (years of age)												
		3-6	7-10	11-15	7-15				16-17			18-24		
		Preprimary education (PPE)	Primary education (PE)	Lower secondary education (LSE)	PE&LSE	Full secondary education (FSE)	Tertiary education (TE)	Total	FSE	TE	Total	FSE	TE	Total
Lowest	Urban	88.46	97.85	100.00	78.11	19.74	0.43	98.28	59.46	29.73	89.19	8.13	13.01	21.14
	Rural	54.55	98.67	97.67	77.85	19.46	0.67	97.99	60.00	10.00	70.00	8.22	9.59	17.81
	Total	**72.92**	**98.21**	**99.25**	**78.01**	**19.63**	**0.52**	**98.17**	**59.70**	**20.90**	**80.60**	**8.16**	**1.73**	**19.90**
Second	Urban	81.82	97.14	94.83	74.55	21.21	1.21	96.97	71.79	12.82	84.62	0.58	22.22	22.81
	Rural	45.45	94.64	100.00	74.24	22.73	0.00	96.97	56.76	13.51	70.27	1.27	8.86	10.13
	Total	**69.70**	**96.03**	**97.09**	**74.41**	**21.89**	**0.67**	**96.97**	**64.47**	**13.16**	**77.63**	**0.80**	**18.00**	**18.80**
Third	Urban	71.43	95.95	100.00	74.02	22.06	1.96	98.04	48.72	46.15	94.87	2.72	23.81	26.33
	Rural	94.12	97.78	100.00	73.50	23.93	0.85	98.99	34.38	28.13	62.50	5.00	18.33	23.33
	Total	**77.97**	**96.64**	**100.00**	**73.83**	**22.74**	**1.56**	**98.13**	**42.25**	**38.03**	**80.28**	**3.83**	**22.22**	**25.60**
Fourth	Urban	80.65	94.94	98.18	72.47	23.60	1.12	97.19	62.16	24.32	86.49	1.41	26.76	28.17
	Rural	78.57	90.63	100.00	70.24	26.19	0.00	96.43	69.57	4.35	73.91	0.00	20.00	20.00
	Total	**80.00**	**93.69**	**98.82**	**71.76**	**24.43**	**0.76**	**96.95**	**65.00**	**16.67**	**81.67**	**0.99**	**24.75**	**25.74**
Top	Urban	85.19	100.00	96.92	81.41	14.74	2.56	98.72	70.37	25.93	96.30	4.08	32.65	36.73
	Rural	100.00	100.00	100.00	67.92	28.30	1.89	98.11	60.00	30.00	90.00	2.63	13.16	15.79
	Total	**88.24**	**100.00**	**97.59**	**77.99**	**18.18**	**2.39**	**98.56**	**67.57**	**27.03**	**94.59**	**3.87**	**28.65**	**32.43**
TOTAL	**Urban**	**80.59**	**97.11**	**98.28**	**76.07**	**20.41**	**1.39**	**97.86**	**62.01**	**27.93**	**89.94**	**3.15**	**23.97**	**27.12**
	Rural	**68.29**	**96.46**	**99.44**	**73.83**	**23.18**	**0.56**	**97.57**	**54.55**	**15.91**	**70.45**	**3.55**	**13.55**	**17.10**
	Total	**76.59**	**96.86**	**98.67**	**75.25**	**21.41**	**1.09**	**97.76**	**58.84**	**22.83**	**81.67**	**3.27**	**20.87**	**24.13**

Source: RLMS, 8th Round, 1998.

Abbreviations: PPE—preprimary education (kindergartens); PE—primary education (grades 1-4); LSE—lower secondary education (grades 5-9); FSE—full secondary education; TE—tertiary education.

Note: Primary and lower secondary education are compulsory in Russia. Enrollment refers to both general and vocational education.

Deprivation of birth parental care. Over the last 10 years the number of children deprived of birth parental care in Russia increased by 40.3 percent, reaching 663,000 or almost 2 percent of the child population in 2000. The numbers also have been increasing on an annual basis: 2.5 times more children were deprived of parental care in the year 2000 than in the year 1990. Most of these children are social orphans (with at least one parent alive). The increase has happened against a sharp drop in the birth rate and consequent decline in the general child population in Russia.

Institutionalization—Deprivation of family upbringing. In 2000, approximately 400,000 Russian children were placed in residential institutions, because of orphanhood, disability or poverty.[22] Although most of the children deprived of birth parental care are placed in a family environment—adopted, placed with relatives (under a guardianship or trusteeship), or cared for by foster families—some 27 percent are institutionalized. Moreover, over the decade, the share of residential care in the annual placement of children deprived of parental care has been steadily growing, and in 2000, some 29 percent of new placements were in residential institutions (versus 22.5 percent in 1990). In addition, another 8.6 percent were in temporary shelters waiting to be placed (in 1990, there were no new entrants waiting to be placed into care). In addition to children deprived of birth parental care, children with disabilities (particularly mental disabilities) and children from poor and dysfunctional families face an increased risk of being placed in residential care facilities. This particular form of placement, *institutionalization*, has been empirically found detrimental not only to the child's development, but also to his or her ability to adjust successfully to life after institutionalization.

Family violence and abuse. On this issue, no systematic evidence is available. Anecdotal evidence suggests frequent occurrence of violence, abuse, and neglect, particularly in families in which one or both parents are alcoholics. A recent survey conducted in several regions among the school administrators confirms these observations: 72.9 percent of surveyed administrators reported that they had to undertake measures to protect children against parental neglect; and 32.2 percent reported cases in which they had to protect children against physical abuse by their parents (MOE 2001c, p. 143). It is difficult to assess whether and to what extent the risk has increased, because the topic was closed for public discussion before *glasnost.*

Neglect and homelessness. This is an issue of major public concern. Recently, a Law on the Prevention of Neglect and Homelessness of Children and Youth was passed. The problem is intensely discussed and reported on by the media. Neglected *(beznadzornie)* and homeless *(bezprizornie)* children (who live or spend most of their time in the streets) are children who fall through the cracks of the family and child protection system. Essentially, they are social orphans not formally recognized as such. Their number is controversial, with estimates ranging from 100,000–200,000 children to as high as 2.5 to 4 million children. There is no evidence that supports the higher estimates. Estimates based on the Ministry of Interior data indicate that the number of Russian children living (homeless) or spending most of their lives in the streets for various reasons (working, run-way children, school drop-outs, lack of parental supervision, and similar) could be somewhere around 150,000. However, the reliable estimate of the number of homeless children is unavailable.

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[22] Children placed in general education boarding schools, often because of poverty or family dysfunction, are excluded.

The growing problem of neglected and homeless children can primarily be linked to adverse consequences of dramatic economic and social changes during the 1990s that contributed to increased family dysfunction and disintegration, as well as to the weakening and ineffectiveness of formal and informal social support and protection mechanisms. However, the recent surge in the problem and its visibility, particularly in urban centers, can also be attributed to some of the changes that were introduced into the child protection system without planning adequately and without developing necessary institutions to support them. A few years ago the placement of neglected and homeless children into temporary facilities under the jurisdiction of the Ministry of Interior was rightly abolished. However, in many regions, including Moscow, the change was not accompanied by the introduction of, for instance, street social workers, social work and care centers, and temporary shelters. No interim arrangements were provided either. These, combined with the general lack of risk reduction and mitigation interventions targeted at potentially dysfunctional families, resulted in an increase in the number of children living in the streets.

Chapter 2: Factors Affecting Child Welfare Outcomes in the 1990s?

The prolonged economic decline and rapid social change that characterized Russia for most of the 1990s caused significant increases in both idiosyncratic and systemic risks, while diminishing the ability of families and individuals to manage them, as well as the capacity of the state to provide efficient and effective support. This chapter discusses three groups of factors that were detrimental for children's well-being in Russia during the 1990s: (i) declined output and associated negative labor market developments that harmed the material well-being in many Russian families with children; (ii) dramatic demographic and family formation changes that contributed to changes in the composition of Russian families and hindered their ability to care for their children; and (iii) inadequate safety net policies that by and large have failed to reduce or mitigate various elevated systemic and idiosyncratic risks, as well as to assist families cope with the adverse consequences of those risks that materialized.

2.1 Economic developments

The level of income and equality in its distribution are key determinants of the well-being of the population. Russia has experienced a simultaneous decline in real income and a sharp rise in inequality. Consequently, the incidence and severity of poverty had increased significantly. Even after economic recovery in 1999-2000 and a decline in poverty and inequality, both remain high in comparison to many other economies in transition (Lokshin 2002, forthcoming).

In the period between 1990 and 1998, Russian output had continuously declined,[23] bottoming out at 57.6 percent of its 1990 level in 1998. In 1999 and 2000 the economy grew at 5.4 and 8.3 percent, respectively, bringing up the real GDP to 65.7 percent of its 1990 level (Figure I.12). In comparison to other countries in the region Russia was amongst the countries with the lowest GDP 2000 to 1990 index (Figure I.13).

Owing to high unemployment (10.4 percent in 2000[24]) and a sharp drop in real wages, real household income plummeted—in 2000 it was only 35.8 percent[25] of its 1990 level. Although wages have increased recently as a result of economic growth, they still remain low. In addition to the decline in wages, workers have been subject to wage arrears through most of the 1990s. According to 1998 RLMS survey data, 59 percent of the employed were experiencing wage arrears.[26]

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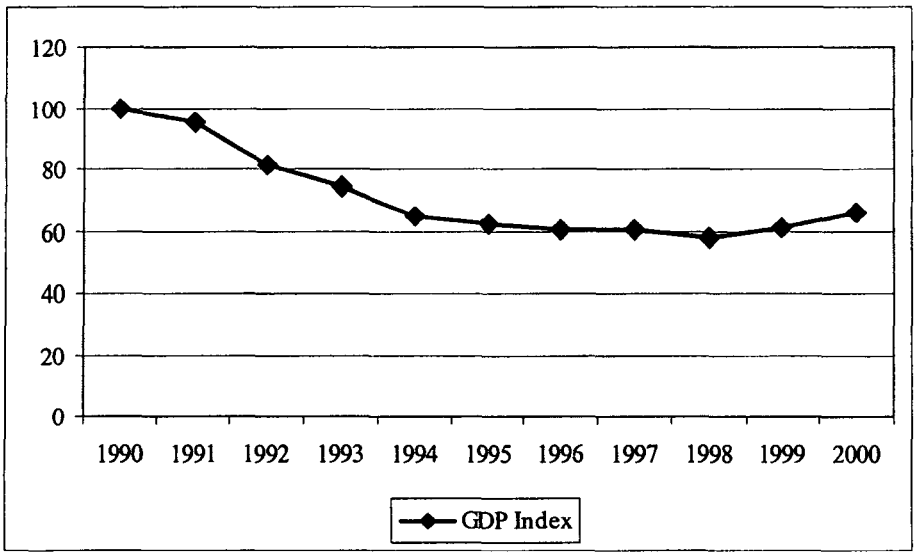
[23] With the exception of 1998, when it grew by 0.9 percent. See the World Bank's *World Development Indicators*.

[24] Goskomstat, ILO definition. In August 2001, the rate was 8.2 percent. The 1998 RLMS results suggest high unemployment rate among the population group between the ages of 17 and 35, the cohort in which most young families are formed. In 1998, 89.55 percent of the cohort was not enrolled in education; and 19.63 percent of those, or 17.6 percent of the cohort, were "unemployed and looking for a job."

[25] Calculated based on data from "Socio-Economic Situation in Russia in 2000, Statistical Digest," Goskomstat, Moscow, 2001; and "Socio-Economic Situation and Standards of Living in Russia, Statistical Digest," Goskomstat, Moscow, 2000.

[26] Administrative data provide somewhat lower arrears estimates, suggesting that the number of employees affected by wage arrears shrank from 37 to 27 percent of the work force between February and November 1999.

Figure I. 12: ***Real GDP indices in Russia 1990–2000 (1990=100)***



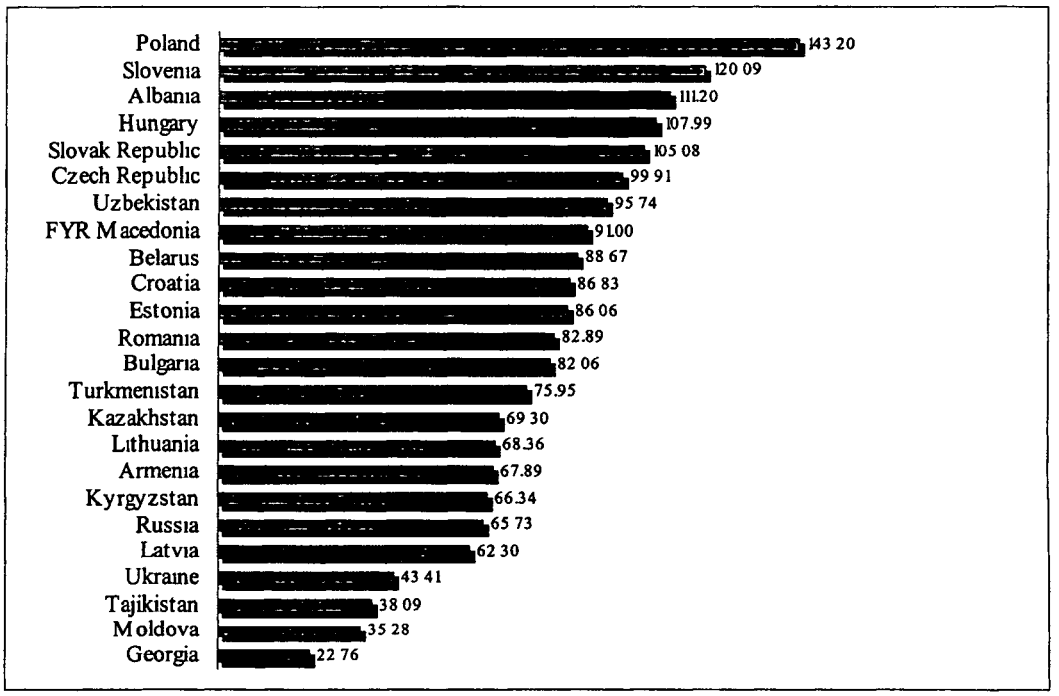
Source: The World Bank World Development Indicators Data Base.

These labor market developments have had a major impact on child poverty. As children's parents are generally of working age, they are likely to be in the labor market. The results of the 1998 RLMS indicate that among all individuals in the labor market, 28 percent were heads of families with children. While the poverty rate among labor force participants was 49 percent overall, it was 6 points higher among heads of households with children. Poverty rates among the unemployed overall, at 58.2 percent, were higher than rates among employed workers, at 44 percent. These comparisons are bleaker for the unemployed heads of households with children, who faced a poverty rate of 67 percent, compared to 52 percent among employed household heads with children. Poverty is not only greater among the unemployed; it is also higher in households with wage arrears. The poverty rate in households with children whose household heads had wages in arrears was 60 percent in 1998, compared to a poverty rate of 40 percent for households with children whose household heads were receiving wages (World Bank 2001).

Income inequality in Russia is high compared to other countries in the region (World Bank 2000b). Depending on the source of data, the Gini coefficient for distribution of income in 1998 varies between 0.374 (Goskomstat data) and 0.461 (RLMS data).[27] In contrast, in 1989, Gini was estimated at 0.265 (Goskomstat data).

[27] Russia Longitudinal Monitoring Survey. See UNICEF (2001, p. 160, Statistical Annex, Table 10.11).

Figure I. 13: ***Real GDP in 2000 in comparison to 1990 (GDP in constant local currency units; index)***



Source: The World Bank World Development Indicators Data Base.

2.2 Demographic and family formation changes

Russia experienced dramatic demographic and family formation changes during the 1990s. Some of these changes had a negative impact on child well-being. Particularly important among these are the increased mortality of the working-age population and the persistently high number of divorces and growing number of births to unmarried mothers. By affecting the family composition (single parenthood—incomplete families), these developments reduced the earning and child care capacity of many families (see Box I.1). As discussed above, single-parent families experience higher risk of poverty.

Dramatic demographic change. Despite positive net migration flows from 1990 to 2000, the population in Russia declined by about 2 million people (to 145.6 million). The drop is the result of falling births and increased mortality (discussed in the previous chapter), which caused the rate of natural population increase[28] to plunge from 2.3 in 1990 to –6.6 in 2000 (varying between 12.9 in the Republic of Ingushetia to –14.8 in the Pskovsk Oblast). In this, Russia is no exception in the ECA Region—all countries have recorded a drop in their rate of natural population increase.

The crude birth rate[29] declined by more than one-third over the period 1990–99: from 13.4 to 8.7. Among the Russian regions, the lowest birth rate is in the Leningrad and Smolensk

[28] Birth rate minus death rate, per thousand population, excludes changes due to migration.
[29] Live births per thousand population.

oblasts—6.7, while the highest is in the Republic of Dagestan—17.6. In Russia as a whole, there were almost one million less newborns in 2000 than in 1990. Accordingly, the total fertility rate[30] fell from 1.89 to 1.17 (in 1999). In comparison, the average fertility rate in EU countries was 1.45 (in 1988). Overall, the absolute number of children in Russia declined by more than 6 million over the decade: from 40.2 to 33.7 million (27.2 and 23.3 percent of the total population, respectively). The number of 0 to 4-year-olds was almost halved, dropping from 11.7 to 6.4 million (7.9 and 4.4 percent of the total population, respectively). Again, in these trends Russia is no exception in the ECA Region. Although the pace increased during the 1990s, the falling birth rates in the ECA countries (i) are a continuation of the earlier trends, and (ii) follow historic demographic patterns observed in industrialized countries.

The observed demographic trends—high mortality, low birth rate and decreasing population—have stirred an intense public debate in Russia. Their causes and long-term social and economic consequences are yet to be thoroughly analyzed and determined. Concerning the short- to medium-term consequences of increased mortality, in addition to psychological and emotional stress and deprivation, a shock such as parental death means less income for a family and may result in the material deprivation of children through increased poverty and vulnerability. In the absence of adequate child care services, it may also increase the risk of child neglect. Additionally it may increase pressure on public resources through growing demand for state support to affected families. When it comes to falling births, fewer children might mean less pressure on individual and public resources and, other things being held constant, should result in improved child well-being.

Persistently high number of divorces. The number of divorces in Russia remained stable, but high throughout the 1990s. In 1999, there were 533,000 divorces involving about 390,000 children. During the 1990–98 period, a total of 4,660,000 children experienced their parents' divorce.[31] General divorce rate measured as number of divorces per one hundred marriages is high: 59 in 1998, owing to the decreased number of marriages (the number of marriages dropped by 35.7 percent). Divorce, like parental death, adversely affects the welfare of children. In most cases alimony is not sufficient to compensate for family income loss. Moreover, irregular payment (or nonpayment) of alimony seems to occur frequently.

Non-marital births. The number of non-marital births increased by 16.8 percent, from 290,600 in 1990 to 339,240 in 1999. Owing to the decreased number of births, the share of children born out of wedlock in the total number of births almost doubled: from 14.6 to 27.9 percent. A similar increase in the share of non-marital births is observed in some other countries in the region (Baltic states, Hungary, Slovenia, Bulgaria). Although high at 27.9 percent, the share in Russia is well blow figures observed in some of the industrialized countries (for instance Sweden or Finland at 55 and 37 percent, respectively).

[30] The average number of children per women of child-bearing age.

[31] Since 1999, statistical agencies have stopped publishing the number of children involved in divorces.

Box I.1: ***Factors behind the increased poverty and vulnerability of single-parent families in Russia***

"The family and individual characteristics of single-parent families suggest that their higher poverty incidence largely reflects gender disadvantage in the labor market, both in terms of lower employment rate and lower rate of pay in formal and informal jobs. However, there are clearly several characteristics that affect the welfare status of single-parent families that cannot be attributed to a gender disadvantage. The absence of a spouse alters a Russian family's welfare status through three main effects: absence of a potential additional wage earner in the family; reduced capacity to engage in home production; in the case of marital split, the disruption of family income is only party compensated by the receipt of alimony. A further factor characterizing single parents is the high incidence of unemployment: single mothers had higher unemployment rates than both mothers and male heads in dual-parent families, even though Russian women generally experience lower unemployment rates than men."

Jeni Klugman and Alexandre Kolev, "The Welfare Repercussions of Single-Parenthood in Russia in Transition," in Klugman and Motivans, eds., 2001.

Less than one half (about 45 percent) of children born out of wedlock in Russia are registered at the civil registry office jointly by both parents. The situation is slightly better than in 1990 when this percentage was 43. The joint registration is an indication that parents may cohabitate, or that both of them will support the child. To the extent that the growing share of non-marital births contributes to the growing occurrence of single parenthood, it would require changes in the family and child support policies—through adequate child care services, so that a lone parent can work, as well as through sufficient income support so as to prevent a family from sliding into poverty.

On a more positive note, although still among the highest in the ECA region, the adolescent birth rate[32] in Russia decreased during 1990–99 from 52.1 to 29.2. Moreover, the share of births to mothers under age 20 (as a percentage of total live births), which had continuously grown from 1989 to 1994 reaching 18.2 percent, has been declining since then—falling to 13.8 percent in 1999. However, the share of non-marital births in the total number of births to adolescent mothers has been growing steadily throughout the 1990s, reaching 41 percent in 1999 (an increase of over 100 percent in comparison to 1989). In absolute terms this means that in 1999 out of 1,214,700 million children born in Russia, 167,628 were born to adolescent mothers—and 68,724 of those were non-marital births. Socially and economically these are potentially the most vulnerable children and families—particularly if the children are born with congenital anomalies, in which case they may well end up abandoned.

[32] Live births per thousand women aged 15–19.

2.3 Public programs in health, education, and social protection

As living standards declined and poverty and unemployment increased, the public programs in health, education, and social protection were unable—owing to lack of resources, and limited and ineffectively implemented reforms—to address the health problems of the population, provide marketable skills through the education system, and target social protection services and benefits to a population that was greatly in need. Consequently the role of public interventions in helping families to manage risk—that is, to reduce it, mitigate it, and cope with it when it materialized—was limited during the 1990s.

In the case of social protection, the following characteristics determined its limited capacity to provide meaningful support to individuals and households at risk.

- The lack of a comprehensive national strategy.
- The lack of a poverty and vulnerability focus. Through most of the period attempts to introduce and consistently apply poverty-targeted cash benefits have not been successful.
- Overload. The system has been flooded with numerous benefits, badly diluting scarce resources and resulting in low benefit levels and often unpaid benefits—the regular financing of which, even at low levels, would have claimed a substantial portion of GDP, much beyond the fiscal capacity of the economy. Moreover, the variety and number of benefits have made prioritization an exceedingly difficult task.
- The lack of a viable structure. The system has overemphasized merit-based subsidies and privileges favoring the better-off population. It has excessively relied on expensive and ineffective forms of risk-coping mechanisms (such as the institutionalization of vulnerable individuals) at the expense of more desirable and cost-effective risk reduction and mitigation interventions (such as social work and care services, as well as family-centered, community-based risk-coping programs).
- The severe shortage of human and financial resources at all levels though most of the 1990s. These shortages have not only cut into the performance of the system, but also in some cases compromised efforts to implement reform.
- Moreover, changes introduced during the decade have not produced the expected outcomes. Necessary institutions were not in place, administration was ineffective, resources were insufficient, and there was significant resistance to abolishing many outdated privileges and subsidies.

The characteristics and performance of the safety net in Russia over the 1990s are discussed in great detail in the next chapter. The chapter also discusses some developments related to the health and education sectors.

Chapter 3: Social Protection, Health, and Education in the 1990s

3.1. The social safety net—Policies, institutions, and impact

Safety nets can be defined as a set of public interventions aimed at assisting individuals, households, and communities to better manage systemic and idiosyncratic risks and reducing economic and social inequities. Governments can assist individuals to *reduce* the likelihood of income risk and enhance earning opportunities through investment in human capital and sound labor market policies. Similarly, they can introduce programs that help individuals and households reduce the risk of family dysfunction and breakdown. The state can formulate policies that allow individuals to *mitigate* these risks and optimize welfare through consumption-smoothing programs over their lifetime. Finally, social safety nets are intended to assist individuals to *cope* with the impact of the risks that materialize. The risk-coping programs include a range of interventions to alleviate poverty, foster social inclusion, and support and protect individuals and households. These combined measures should increase individuals' and households' welfare and improve equity.

The public safety net in Russia comprises a range of *cash benefits* (for instance, pensions, unemployment benefit, child allowance, maternity benefits) as well as *subsidies and privileges* (such as housing allowance, transportation subsidies, subsidized utilities, special benefits to particular groups such as war veterans and military) and *social care services* for vulnerable individuals, including long-term institutional care.

In this section, we evaluate the role of the safety net in achieving its objective of protecting the poor and other vulnerable groups. Whenever available data allow, we do so for poor and vulnerable children as well.

3.1.1 Background

Prior to reviewing the safety net system in greater detail, it is important to provide an overview of its evolution, current design, financial costs, and organization.

The socialist legacy. Russia inherited a social support system shaped by the ideology, institutions, and economic and social needs of the previous regime. The system had three main objectives: to provide benefits to individuals with merits; social insurance payments to workers (pensions, disability); and assistance to certain categories of the population such as children, single-parent or multi-children families, people with disabilities, and the single elderly or chronically sick.

To a large extent the system was focused on the first objective. Provision of benefits to individuals with merit was consistent with Soviet principles. Support based on low wages could not be justified and had little relevance, as wages were supposed to be egalitarian in principle. However, the merit-based support introduced inequality in a system that was supposed to promote equal access to benefits and services. The system also led to non-transparency,

particularly in the distribution of housing and access to quality services across individuals and households. As could be expected, over time, the number of privileged categories increased as more groups demanded to be included in the "special privileged" categories. The second objective, the provision of insurance-based benefits to workers, was brought in line with insurance principles to the extent possible under the planned economy—that is, benefit payments were often linked to an individual's employment history. The third objective of the system—to provide cash benefits and a range of social care services to at risk groups—had the lowest priority.

The current system: A complex mix of new and old. With the advent of a market economy, the safety net had to be transformed into one that could quickly respond to growing and more acute socioeconomic problems. It had to address, among other things, the increase in the number of poor and unemployed, the emergence of refugees and migrants, as well as a growing number of socially excluded and therefore marginalized groups and individuals. Accordingly, new types of social benefits and privileges at all government levels were designed and implemented. Of these, the most important new programs were unemployment benefits and housing allowance. However, the majority of Soviet-era social obligations and social support principles were retained. In addition, as in the socialist period, many enterprises continued to provide social services to families—health, education, and child care services—although on a much lesser scale than before.

The juxtaposition of the new and old programs resulted in a very large number of social protection benefits and a very complex system, administered at the federal, regional, and municipal levels. At the federal level alone there are approximately 156 social payments, benefits, privileges, and subsidies given to 236 population categories (Ovcharova 2001) comprising approximately 100 million people (estimates of the MLSD)[33] (Tables I.3 and I.4).

Design issues. The design of the safety net in Russia has some structural problems. First, the safety net lacks poverty focus. It overemphasizes merit-based subsidies and privileges relative to benefits targeted explicitly to the poor. Periodic attempts at the regional level to introduce and continuously implement targeted cash poverty benefit have not been successful in all regions. Second, the targeting is based on a subsistence minimum calculated using a basic needs method. However, the level of subsistence minimum used as a threshold for targeting has been very high—relative to the average wage in particular regions—making it ineffective in targeting the poor. To address this issue, in the case of some benefits (for example, child allowances) the threshold has been reduced, and in many regions (by law) social assistance can be targeted as a proportion of the subsistence minimum. Finally, the safety net does not focus on preventive interventions to reduce risks. Preventive social work and family-based or community care services are underdeveloped, and reliance on ineffective programs such as the institutionalization of vulnerable individuals—which consume substantial resources (see Table I.4) and severely compromise the welfare of children and other at-risk groups—is extensive.

[33] Pensions not included.

Table I. 3: *A Summary of major social protection programs in Russia*

Programs	Eligibility	Benefit	Main funding source/Administration
		Cash benefits	
Pension (labor)	Women 55+, men 60+, people with disabilities and survivors	Monthly cash benefit	Contributory. Federally mandated. PAYGO funded part (recently introduced). Financed by the social tax paid to the tax authority. Administered by the Pension Fund at all administrative levels.
Unemployment benefit	Officially registered unemployed	Monthly cash benefit for a limited period of time	Non-contributory. Federally mandated. Funded by the federal budget. Administered by the Employment Services administration.
Sick-leave compensation	Employed, temporary incapable of working	Monthly cash benefit for a limited period of time	Contributory. Federally mandated. Funded by a tax paid to the Social Insurance Fund (SIF). Administered by enterprises.
Social pension	Women 60+, men 65+ and people with disabilities (including those disabled since childhood) ineligible for labor pension and with no other source of income; orphans not eligible for survivor's pension, and children with disabilities who are certified as "child invalids"	Monthly cash benefit	Non-contributory. Federally mandated. Funded by the federal budget. Administered by the Pension Fund and at all administrative levels.
Housing allowance	Low-income households; income tested	Monthly housing subsidy	Non-contributory. Federally mandated. Funded by local budgets. Administered by local governments.
Child allowance	Children from low-income households (income tested: per capita household income below regional subsistence minimum)	Monthly cash benefit	Non-contributory. Federally mandated. Funded by the federal budget. Administered by MLSD at all administrative levels.
Payment to pregnant women	Pregnant women (early pregnancy, up to 12 weeks of gestation) at registration for prenatal care	One-time cash payment	Non-contributory. Federally mandated. Funded by the SIF for the employed and local governments for the unemployed. Administered by enterprises and local social protection administration.
Birth grant	Newborn children	One-time cash payment	Non-contributory. Federally mandated. Funded by the SIF for the employed and local governments for

Programs	Eligibility	Benefit	Main funding source/Administration
			the unemployed. Administered by enterprises and the local social protection administration.
Maternity leave	Employed mothers before and after delivery: 70 calendar days before and 70 (86 for complicated delivery, 110 for more than one child) calendar days after delivery	Monthly cash payment	Contributory. Federally mandated. Funded by a tax paid to the SIF. Administered by enterprises.
Child care allowance	Mothers (employed and unemployed) until a child is 18 months old	Monthly cash payment	Non-contributory. Federally mandated. Funded by the SIF for the employed and local governments for the unemployed. Administered by enterprises and local social protection administration.
Other benefits	Various categories of individuals and families; merit or needs based; often based on double eligibility requirements: categorical + income/means test	Various one-time and regular cash and in-kind benefits and subsidies	Non-contributory. Mandated at all government levels. Funded and administered by regional and local governments.
Privileges and subsidies			
Privileges and subsidies	Various categories of individuals and families; merit or needs based	Discounted or free-of-charge goods and services (for food, transportation, housing and utilities, recreation and rehabilitation, medical services, preschool and training, and so on)	Non-contributory. Mandated and administered at all government levels. Funded by federal, regional, and local budget and non-budgetary funds and enterprises. Administered by local governments and enterprises.
Services			
Social work and care services	Vulnerable children and youth and their families; adults and elderly	Counseling services, at-home services, rehabilitation, day care, temporary shelters; psycho-social support, legal counseling, and so on.	Non-contributory. Mandated at all government levels. Funded by regional and local governments. Administered by local government administration.
Residential institutions	Children deprived of parental care, poor children, children with disabilities; adults with disabilities and the elderly; frail elderly.	Long-term placement (in some cases, lifelong)	Non-contributory. Mandated at all government levels. Funded by regional and local governments. Administered by local government administration.

Source: Various legal and administrative documents.

Table I. 4: ***Expenditures on social protection in Russia: An estimate for 1999***

	Number of beneficiaries (millions)	Expenditures (Billion Rb)	Share in GDP (%)	% Share in total expenditure
1. Cash benefits				
(1) Pensions (labor, disability, and survivor's)	37.0	244.3	5.37	79.8
(2) Unemployment benefit		7.5	0.16	2.4
(3) Sick-leave compensation		19.6	0.43	6.4
(4) Social pension[1]	1.4	5.5	0.12	1.8
(5) Housing allowance[2]	7.9	1.96	0.04	0.6
(6) Child allowance[3]	32.0	14.5	0.32	4.7
(7) Birth grant	1.1	1.5	0.03	0.5
(8) Maternity leave	0.8	2.4	0.05	0.8
(9) Child care allowance	0.85	1.9	0.04	0.6
(10) Other benefits[4]		7.2	0.16	2.4
(11) Total		**306.36**	**6.73**	**100.0**
(12) Total without labor pension		62.06	1.37	20.2
(13) Total without labor pension and sick-leave		42.46	0.93	13.9
2. Privileges and subsidies				
(14) Total[5]	**32.8**	**32.3**	**0.71**	
3. Social work and care services				
(15) Social work and care services for children[6]		3.8	0.08	8.6
(16) Residential institutions for children[7]	0.38	20.5	0.45	46.2
(17) Social care services for adults and elderly[8]		8.7	0.19	19.4
(18) Residential institutions for adults and elderly[9]	0.21	11.3	0.25	25.5
(19) Total		**44.3**	**0.97**	**100**
TOTAL (1+2+3)		**382.96**	**8.41**	

Source: Compiled based on various tables from (1) *Rossiiskii statisticheskii ezhegodnik 2000* and (2) *Social'noe polozhenie i uroven' zhizni naselenia Rossii 2000.* Goskomstat. Moscow.

Notes: 1. See Source (2), p. 230, Table 5.23. 2. Housing allowance was received by 2.63 million families (6.5 percent of the total number of families). The number of individual recipients calculated based on the assumption that the average recipient family had 3 members; average calculated monthly subsidy per family was 62 Rb. 3. In 1999, the estimated number of children eligible for child allowance was 32–33 million. The mandated monthly benefit amount was 58.4 Rb; for children of a single parent, 116.9 Rb. The arrears for child allowances amounted to 11.5 billion Rb (only 20 percent lower than the amount paid to children). 4. Includes payments to the victims of Chernobyl catastrophe, benefits to refugees and migrants, funeral assistance, cash social assistance, and so on. 5. The number of recipients and the amount of expenditures estimated based on the Goskomstat Household Survey data on decile shares of recipients and the average monetary value of the subsidies/privileges received. See Source (2), pp. 222–23, Tables 5.15 and 5.16. 6. Assuming that 73,000 employees received the national average net wage, that average labor taxation coefficient was 1.45, and that labor cost made up one half of the total cost. 7. Estimated based on the assumption that there were about 380,000 institutionalized children deprived of birth parental care and children with disabilities in various institutions and that average monthly cost per child was 4,500 Rb. The cost is normative; no information that would allow an estimate of actual spending is available. The estimate does not include children in general boarding schools and children institutionalized for poverty or family dysfunction. 8. Same as in the case of services for children; total number of employed estimated at 200,000. 9. Same as in the case of residential institutions for children.

Financial costs. The safety net is also overextended relative to its revenue base. The large number of poorly targeted benefits and the emphasis on costly programs, such as institutionalization, is part of the problem. However, the shortage of resources also stems from insufficient budgetary allocations, or resources available to programs that are below planned allocations.

In 1999, non-pension expenditures on the safety net comprised about 2 percent of GDP (excluding pensions); based on particular assumptions (see note to Table I.4), about .71 percent of GDP was spent on privileges and subsidies and 1.2 percent on cash transfers (Table I.4). The share of public spending on the safety net (non-pensions) has varied over time. It increased from 1.6 percent of GDP (1994) to 2 percent of GDP in 1997, but fell to only 1.2 percent of GDP in 1999. Thus, even as the number of benefits expanded, the resources to fund them (as a share of GDP) declined (Table 1.26 in the Statistical Annex). Given the programs' expansion, the fall in expenditures meant that many of them, such as unemployment benefit and child allowances, experienced arrears during the past decade. While arrears have recently declined as a result of economic growth, they have not as yet completely disappeared (Table 1.25 in the Statistical Annex). The safety net has therefore not been fully funded over the transition period, limiting its ability to protect the poor.

According to Goskomstat (1999a), non-pension benefit expenditures as a share of total household cash income also fell, from 2.6 percent in 1994 to only 2.0 percent of total cash income in 1999 (Table 1.26 in the Statistical Annex).

As indicated in Table I.4, residential care consumes much of public spending on safety nets. In 1999, institutional care for 380,000 children deprived of birth parental care and children with disabilities claimed 0.45 percent of GDP.[34] Thus, significant resources are locked in costly and, as empirically proven by numerous studies both in the Western and Russian literature, ineffective public care programs.

Regional decentralization. An important aspect of the social protection system in Russia is the key role played by regional authorities in program financing and implementation. Total social protection expenditures are financed from several sources: (i) federal budget; (ii) regional budgets; (iii) federal non-budgetary funds; and (iv) regional and local non-budgetary funds. (Ovcharova 2000). For example, in 1999, social privileges and benefits under the item "Social Protection" were financed by[35] the federal budget (53.3 percent), and by consolidated regional budgets (46.7 percent).

The decentralized provision of benefits caused variations in their financing and delivery across the Russian regions. In particular, large regional differences existed in both contribution (for instance, for unemployment benefit) and benefit arrears of social protection programs (for example, for unemployment benefit and child allowances). This variance in arrears

[34] The estimate does not include children placed in general education boarding schools, as well as children with parents, but institutionalized because of poverty. Based on the Table 5.3 in the Statistical Annex, the total number of children living in various residential institutions in Russia in 1999 is estimated at 490,000.

[35] Refers to the budget financing of social privileges and benefits; payments from non-budgetary funds are not included.

compromised the regional equity in benefit provision, and is one of the reasons for the shift in the financing of both child allowances and unemployment benefits to the federal level.

The main mechanism for equalizing regional finances in social protection and other expenditures is the Federal Regional Equalization Fund. Transfers from the Fund to the regions are not earmarked for social assistance and there has been no monitoring mechanism to ensure that such transfers are indeed allocated to social assistance programs and effectively target the poorest regions.

To sum up, the Russian safety net is limited in its poverty focus, is complex to administer, pays insufficient attention to preventive programs, and has experienced inadequate financing over the 1990s, as is evident in the continued presence of benefit arrears. As such, it has not been, able to play any meaningful role in protecting the welfare of vulnerable segments of the population in general, and children in particular.

The main safety net programs and their distributional impacts are discussed in greater detail below.

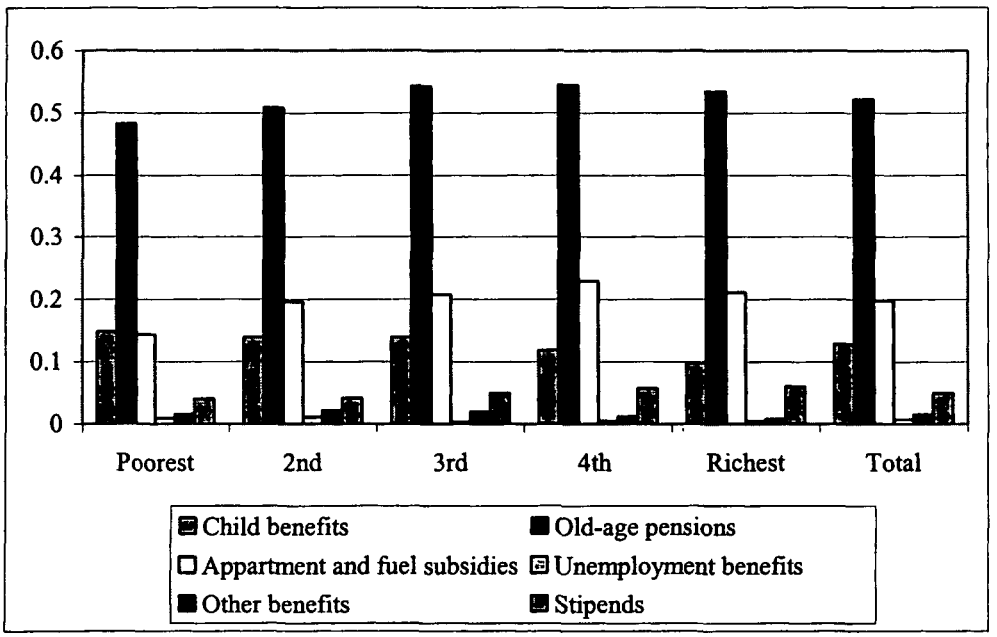
3.1.2 Social privileges and subsidies

Social privileges and subsidies remain the cornerstone of the social support system in Russia. They provide (mostly merit-based) categories of the population with access to a wide range of discounted or free-of-charge goods and services: food, transportation, housing and utilities, recreation and rehabilitation, medical services, preschool facilities, and training. The privilege/subsidy system faces three main issues: (i) by law, the eligibility covers over 70 percent of the population; (ii) the Government does not honor all its obligations under this mandate; and (iii) contrary to social protection principles in a market economy, the system represents an inequitable use of scarce resources, as it does not explicitly benefit the neediest, that is, families with low income and at high risk of poverty. For these reasons, the Government has proposed to phase out most of the privileges and convert others into cash benefits or wage supplements. However, the proposed phase-out of benefit is facing strong political resistance and has yet to be realized.

Coverage. The actual coverage of subsidies and privileges is lower than formal entitlements. In 1999, according to particular assumptions based on household budget survey data (see note to Table I.4), there were about 32.8 million recipients of privileges and subsidies (Table I.4). Further evidence on program coverage is provided by the 2000 Goskomstat household budget survey (Table 1.22 in the Statistical Annex). The survey finds that 36.4 percent of the households received subsidies and privileges in 2000, up from 32.7 percent in 1999. Transportation and housing subsidies were the most prevalent among the population—received by about 20 percent of the households respectively in both years, while the number of recipients of food subsidies was very low—only 4–5 percent of all households in 1999/2000. The main recipients of subsidies—in terms of incidence—were concentrated in urban, not rural areas. Only food subsidies had a higher incidence in rural areas.

Information on the coverage of households receiving fuel and rent subsidies is provided by RLMS data (Tables 1.8 and 1.14 in the Statistical Annex and Figure I.14 here). In 2000, about 20 percent of households received these subsidies. The coverage rates were higher in 2000 relative to 1998, perhaps because of better economic conditions in that year and the reduction in arrears in payments. In both years, coverage was higher in urban than rural areas. Specifically, in 2000, the coverage was 36 percent in Moscow and St. Petersburg, 24 percent in other urban areas, and much lower (only 6 percent) in rural areas.

Figure I. 14: ***Social benefits coverage by per capita expenditure quintiles in 2000***



Source: M. Lokshin (2002). Based on RLMS data 2000.

The adequacy of benefit.[36] The average level of benefit per beneficiary household varies by type of benefit (Table 1.23 in the Statistical Annex). In the second quarter of 2000, the largest privilege/subsidy benefit was spas/sanatoria/subsidized vacation (777 rubles per recipient household per month), followed by preschool institutions (383 rubles) and drugs and medical services[37] (310.7 rubles). The level of benefit was higher in urban than rural areas (the only

[36] The adequacy of a benefit program can be measured in terms of level of per capita benefit and the share of benefit in total household consumption. It can also be measured as a share of subsistence minimum (or the poverty line), or in terms of how much the benefit reduces the poverty rate. However, the adequacy of the program has to be assessed based on the affordability aspect as well. Furthermore, if benefits are too generous they can reduce incentives to work and therefore need to be assessed relative to average wage. (If the ratio of benefit to average wage is very high, this is an indication that while the benefit is generous, it may reduce incentives to work and impose fiscal costs.) On the other hand, if the benefit is very low relative to average wage, there may be no work disincentive effects, but the program would fail to provide protection. The level of benefit, therefore, has to be set to provide adequate protection but minimize disincentives to work.

[37] Medical services outside the package covered by medical insurance.

exception appears to be gifts from enterprises/foundations). The level of spa/sanatoria benefit is about 33 percent of the average wage—a not insignificant amount.

Fuel and rent subsidy data from the RLMS show that in 2000, the average recipient household received a subsidy equal to 132 rubles per month (Table1.17 in the Statistical Annex), amounting to about 5 percent of household expenditures (Table 1.15 in the Statistical Annex). The absolute amount of the fuel and rent subsidy was higher for the non-poor relative to the poor households, but the subsidy was relatively more important in the consumption of low-income households (12 percent) relative to those in the top quintile (2.3 percent). The level of subsidy was very low relative to the average wage (about 5 percent).

Targeting. Subsidies and privileges benefit the better-off population more than they do the poor. The number of benefits and the amounts per recipient of the same benefit increases with income deciles (Goskomstat 1999a). Subsidies for spas/sanatoria/subsidized vacation and for drugs and medical services are particularly poorly distributed.

The 1998/2000 RLMS data confirm that rent and fuel subsidies are not targeted to the poor (Tables 1.11 and 1.18 in the Statistical Annex). In 1998, about 14 percent of total expenditures on rent and fuel subsidies accrued to the bottom expenditure quintile, while almost 30 percent was received by the top quintile. In 2000, the targeting efficiency of rent and fuel subsidies slightly improved. While the share of total subsidy did not change for the bottom quintile, it increased for the second quintile (from 12 to 21 percent) and fell for the top consumption quintile (from 28 to 21 percent). However, despite these changes, rent and fuel subsidies remained largely targeted to the non-poor.

In summary, the evidence so far indicates that privileges and subsidies cover about a third of all households. This coverage rate is far lower than that promised by the government, mainly because of a lack of resources, but is second only to that of pensions, which has the highest coverage rate among cash benefits. Privileges and subsidies are largely received by better-off groups, and in some cases, can be quite generous (spas, sanatoria, subsidized vacation) as a share of total consumption and average wage.

3.1.3 The cash benefits system

(a) Types of benefit

In Russia, social transfers comprise cash social payments including social insurance pensions, social pensions, unemployment benefits,[38] child allowances, maternity allowances, birth grants, and child disability benefits. These benefits can be financed through general revenues (for instance, unemployment benefit, child allowances, social pensions) or through contributions, such as labor pensions, maternity, and sickness benefit.

It should be emphasized that *child allowances and social assistance* are the *only* poverty-targeting cash benefits in Russia. Pensions and unemployment benefit are linked to an

[38] Since 2000, all social funds have been included in the budget.

individual's past wages and are therefore not explicitly targeted to the poor.[39] Maternity benefits, birth grants, and benefits to mothers with children under 2 are also not specifically intended for the poor. Table I.4 provides a detailed description of cash transfer programs.

Maternity, child[40] and family cash benefits and their coverage. The most common benefit received by households in Russia is a *child allowance*. It is a monthly, flat benefit provided to all children under 16 (18 if they study) in families whose income falls below the minimum subsistence threshold.[41] As of September 2001, according to administrative data, 18.3 million children (55 percent of the total number of children in Russia) were registered as eligible.[42] At the end of 2001, the monthly child allowance was 70 rubles (for children of single mothers it was 140 rubles). In comparison, the average monthly subsistence minimum for children in the third quarter of 2001 was 1,514 rubles. This benefit is financed from general revenues.

Another important benefit is *maternity leave*, a contributory social insurance benefit paid to employed mothers for a period of 140 calendar days (or about 20 weeks or 5 months): 70 before and 70 after delivery; 86 in cases of delivery complication, 110 if more than one child is born. It replaces 100 percent of earnings prior to delivery. The benefit is similar to that found in OECD countries. Among the transition economies, the maternity leave in Russia is similar to those in Ukraine, Armenia, Belarus, and the Baltic countries. However, it is more modest than in Poland, the Czech Republic, Albania, and the countries of former Yugoslavia. It is estimated that in 1999 about 800,000 women received the benefit, which is funded by the Social Insurance Fund (SIF).

A child care allowance is a benefit paid per child until he or she is 18 months old. It is paid to both employed (with a job reentry guarantee) and unemployed mothers. The monthly benefit amounts to two minimum wages and is funded by the Social Insurance Fund. It is estimated that about 850,000 women were receiving the benefit in 1999.

The birth grant is a lump sum paid to each child at birth. It amounts to 15 months' worth of minimum wage. There were 1.1 million payments in 1999. Finally, in 1999, 302,325 pregnant women received from the Social Insurance Fund one half of the minimum wage for registering for prenatal care at the early stage of pregnancy. Data on the recipients of the benefit funded by the local social protection administration, however, are not available. This particular

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[39] However, in most countries, pension systems have extensive coverage and a large benefit size, and therefore do contribute to poverty reduction. Unemployment benefit systems also tend to contribute to poverty reduction, but their impact is much smaller.

[40] Maternity leave provision in Russia is more generous than that found in European countries. For instance, in Germany, maternity leave replaces 100 percent of net earnings (but with a cap per day) for 6 weeks before and 8 weeks after delivery; in Italy, it equals 80 percent of earnings for 2 months before and 3 months after delivery; in France, it amounts to 80 percent of earnings and covers 2 months before and 3 months after delivery; in Japan, it amounts to 60 percent of average basic daily wage and lasts 42 days before and 56 days after delivery; in Austria, it is 100 percent of earnings for 8 weeks before and 8 weeks after delivery. (It should be noted that in the United States employers are not mandated to offer paid maternity leave; only 3 months of unpaid leave is guaranteed by law.) See *Social Security Programs Throughout the World, 1999* at www.ssa.gov/statistics/ssptw/1999.

[41] In 1998, according to RLMS data, about 7.8 percent of households received child allowances.

[42] The child allowance was universal until 1999, when it became income tested. However, the threshold was set so high that targeting did not make much difference in terms of the number of eligible children (about 32 million).

benefit is so low that it could be assumed most pregnant women just do not claim it—in other words, the benefit does not play a role in one's decision to undergo prenatal care.

Child disability social pension. Children certified as "child invalids" are entitled to *a child disability social pension.* In 1999, there were 592,219 "child invalids" receiving the benefit. Information that would allow an assessment of the benefit's impact on the material well-being of the recipient families is lacking. Anecdotal evidence indicates that it is an important source of income for such families and that it encourages families to keep their children, thus decreasing the demand for the expensive and harmful institutionalization of children with disabilities.

Orphans whose deceased parent did not qualify for a labor pension are entitled to a *social pension.* This benefit is funded by the federal budget and administered by the Pension Fund. No information on the recipients of this benefit is available.

In addition to the benefits listed above, there are other provisions such as *paid sick leave for the care of a child who is sick or has a disability.*[43] Either parent is entitled to most of the benefits, and provisions do not discriminate among children in any way.

The final benefit that is important for the material well-being of vulnerable families is *social assistance.* Targeted social assistance programs were initiated in the Russian regions in 1995. The most common form of social assistance to the poor in Russia is in-kind assistance—free lunches, food packages, clothing, and footwear (61 regions) as well as subsidized housing, goods, and services (53 regions).

(b) Financing of cash benefits

Level and composition of expenditures. In 1999, cash transfers (including labor pensions) accounted for about 7 percent of GDP.[44] Labor pensions are the largest social transfer, constituting 80 percent of all cash transfers.[45] Excluding the labor pensions, the three main benefits in terms of expenditure size are the sickness benefit (21 percent of non-labor pension expenditure), monthly child allowance (15.4 percent), unemployment benefit (8 percent), and social pension (6 percent); see Table I.4. RLMS data also confirm this ranking of benefits by level of expenditures. In 2000, 76 percent of all transfers (excluding sickness) received by households were pensions, 12 percent were child benefits, and 2 percent were unemployment benefits (Figure I.15).

As noted above, the spending on non-pension cash benefits is about 1.2 percent of GDP and fluctuated during the 1990s. Among these benefits, the GDP share of maternity and child

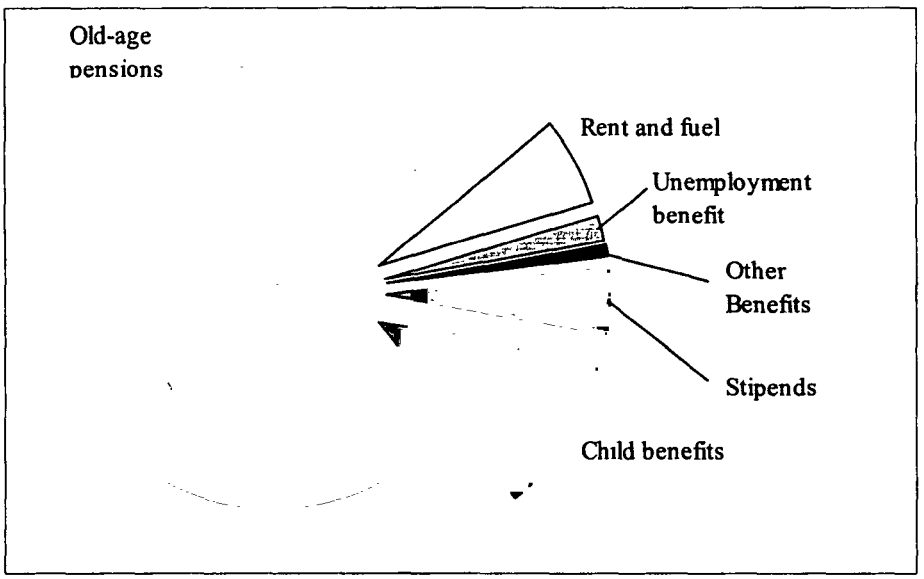
[43] Social protection benefits for children with disabilities are discussed in Part II of this report (see Chapter 2 in Part II). Also, a detailed count of benefits for "child invalids" and their families is given in Annex 5.

[44] The estimate is based on various tables from Goskomstat publications (see the source information for Table I.4). Based on household survey data, Goskomstat estimates total cash social transfers for 1999 at 8.4 percent of GDP. However, it does not provide information on its composition by type of transfer. The purpose of the estimate presented in Table I.4 is to compile spending by types of benefits. As such, it includes the benefits for which separate data are available.

[45] Pensions, benefits/allowances, stipends, insurance payments, and other cash payments are included.

benefits has been falling steadily since 1996. As a result, the share of family and maternity benefits in total non-pension expenditures declined from 52 percent in 1994 to 37 percent in 1999 (Table 1.26 in the Statistical Annex). The decrease in overall spending on maternity and child allowances, and the decline in their share in total spending relative to other benefits can partially be explained by the decline in the number of births. The low level of child benefits (initially tied to the minimum wage,[46] which lost most of its real value during the second half of the 1990s) and arrears in benefit payments are also factors that explain this trend.

Figure I. 15: ***The share of specific social benefits in the total received benefits (RLMS 2000)***



Source: M. Lokshin (2002). Based on RLMS data 2000.

Arrears in benefits payments have been a major problem affecting social protection programs over the past decade. In 1998, as a result of the financial crisis, almost 40 percent of all assessed benefits were left unpaid. In 1999, with the improvement in the fiscal situation in Russia, this share declined to 21 percent of all benefits—which still is significant. The arrears particularly affected the child allowance program: in 1998, two-thirds of the benefit was in arrears; in 1999 the situation improved—less than half of the benefit payments were in arrears. In contrast, benefits financed by the social insurance fund (maternity benefit, birth grant, allowance for a child under 1.5 years old, allowance for the care of a child with disability) were paid regularly through most of the 1990s.

Regional decentralization of benefits payment has been a major issue confronting the effective implementation of safety net programs. Since mid-2000, child allowances and, more recently, unemployment benefit have been financed by federal general revenues. The reason for the consolidation of financing/benefit payment at the federal rather than the regional level was to eliminate arrears and disparities in financing across regions, which had resulted from the

[46] As of 2000, the child allowance is de-linked from the minimum wage.

decentralized provision of benefit. It is not clear whether this consolidation will be sufficient to achieve its objective. The experience with child allowances suggests that arrears and regional inequities can persist even after the benefit has been paid from general revenues.

The efforts to consolidate the benefits at the federal level have not affected social assistance. The benefit is mandated by the generic Federal Law, but the responsibility for its funding is devolved to the regions.[47] The only federal mechanism for providing social assistance is the regional equalization fund. However, as noted above, this fund does not specifically earmark transfers for social assistance. Specifically, regional budgets (41 percent), local budgets (32 percent), the federal budget (6 percent), and other sources such as donations (21 percent) are used to finance social assistance programs targeted to the poor. The information on expenditures on social assistance at the regional level is difficult to obtain as the benefit is paid at the municipal level, and is often delivered in kind.

A recent monitoring of social assistance programs undertaken by the Ministry of Labor and Social Development (1999–2000) demonstrates that in 52 regions social assistance to the low-income groups is delivered on a regular basis and in 12 regions, it is distributed depending on availability of funds. In 9 regions (namely, Kaluga, Kursk, Ryazan, Tver, Tula oblasts, Buryat Autonomous Okrug, Karachaevo-Cherkessia Republic, Republic of Ingushetia, and Republic of Kalmykia) this type of assistance is not provided owing to lack of financial resources. The poverty assistance proper is provided only in 21 regions, but in only 17 of those it is paid in cash (Ovcharova 2000).

(c) Distributional efficiency impact

(i) Coverage

Child-related benefits. Were poor families receiving child-related benefits? The RLMS survey finds that in 1998, only 7.84 percent of all households received child-related benefits—these included child allowances, benefits to mothers with children under 2, and other child-related benefits. In comparison, only 0.75 percent of households received unemployment benefit while nearly 40 percent of households reported receiving pensions[48] (Table 1.8 in the Statistical Annex). Were poor households receiving more child-related benefits relative to richer households? The 1998 RLMS data indicate that the coverage of child-related benefits did not vary significantly by expenditure groups. In the lowest quintile, 5.66 percent of households claimed to have received benefits, while 6.91 percent of the top quintile did so. We can conclude, then, that at least according to RLMS data, the poor did not receive child-related benefits disproportionately compared to richer households. The coverage of the program favored urban areas, however. The coverage rate of households in Moscow and St. Petersburg was much higher relative to other urban, and particularly rural areas.

Did coverage of the program improve in 2000? Tables 1.8 and 1.14 in the Statistical Annex (see also Figure I.16 here) show that coverage increased between 1998 and 2000. In the

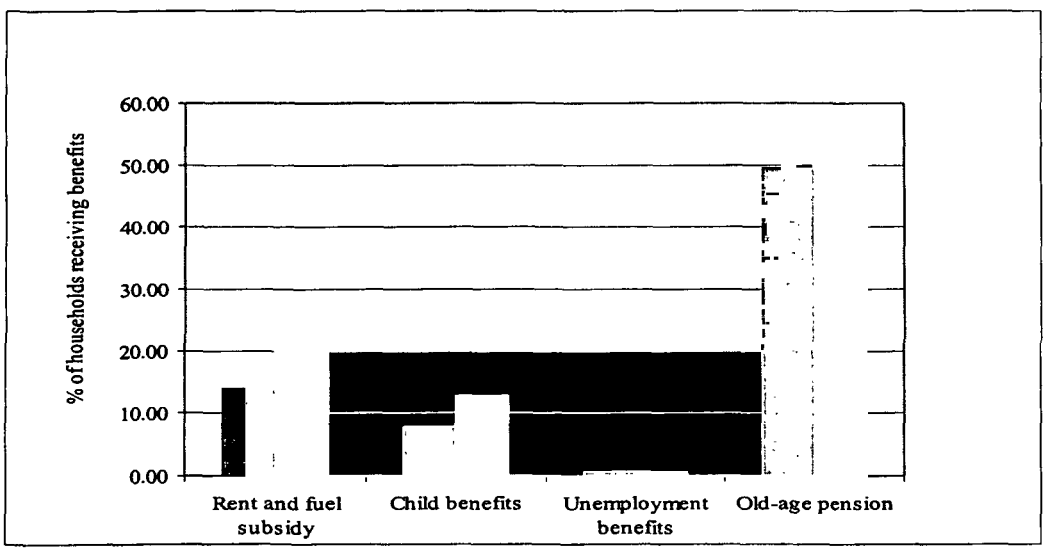
[47] In compliance with Presidential Decree #405 "On Immediate Measures to Stabilize Living Standards of the Population of the RF in 1993," dated March 27, 1993, subjects of the Russian Federation were made responsible for the provision of social assistance to the poor.

[48] All types of pensions—that is, labor pensions (old-age, disability, and survivor's) and social pensions.

latter year, 12.8 percent of all households received a child-related benefits (compared to 52.2 percent for pensions and 0.7 percent for unemployment benefit). The coverage of poor households also increased in 2000, both in absolute terms (to 13.9 percent of all households in the bottom expenditure quintile) and relative to the well-off (households in the top quintile, 9.8 percent of whom reported to having received the child-related benefits). Thus the coverage of households in the bottom quintile was 4 percentage points higher than the coverage of households in the top quintile. However, looking across poor and non-poor households, this difference is lower. The coverage rate was about 15 percent for poor households (compared to 12.3 percent for the non-poor; Figure I.17).

Figure I. 16: ***Benefit coverage of households in 1998 and 2000—RLMS data***

(percent of households receiving benefits)

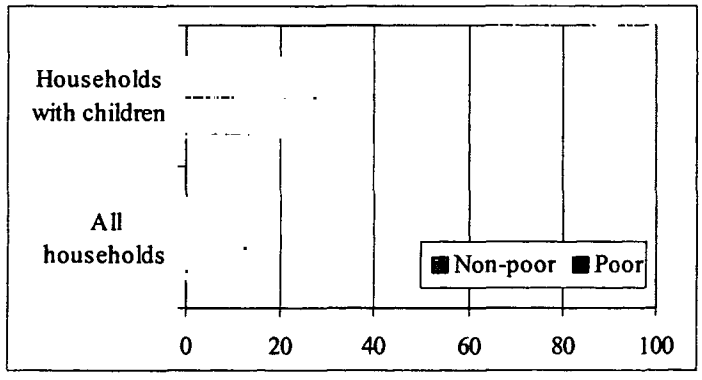


Source: M. Lokshin (2002); Based on RLMS data 1998 and 2000.

Comparing the coverage of households with children, about the same share (26–27 percent) of poor and non-poor households with children received the benefit (Figure I.17). These results indicate that a considerable share of high-income households participate in child-related benefit programs. This may represent an inclusion error (that is, ineligible groups participating in the program) for child allowances, but it is difficult to disentangle this result. As noted above, except for the child allowance, other child-related benefits are not specifically targeted to the poor. More important, these results show that child-related benefits have a low coverage rate among poor households with children. The results suggest that there might be exclusion errors in the program (in other words, eligible poor households not participating). These findings bear further investigation.

Figure I. 17: ***Child benefits coverage in 2000 (RLMS)***

% of households receiving child benefits



Source: M. Lokshin (2002). Based on RLMS data 2000.

Targeted social assistance. Do the poor receive means-targeted social assistance? Interestingly, recipients of the allowance comprise 5–6 percent of the population in each region, even though the share of the poor in respective regions exceeds 25 percent of the population (Goskomstat 2000b, 2000c). The difference between the number of potential claimants and actual recipients may be explained by the fact that almost all regions use an administrative poverty line (50–70 percent of subsistence level) and only certain population groups are eligible for the allowance. In almost all regions individuals of working age are ineligible. The outcomes of a pilot targeted program in the Volgograd oblast suggest that if able-bodied individuals are made eligible for the allowance, they would comprise 40–50 percent of the total number of recipients (Ovcharova 2000).

(ii) Adequacy

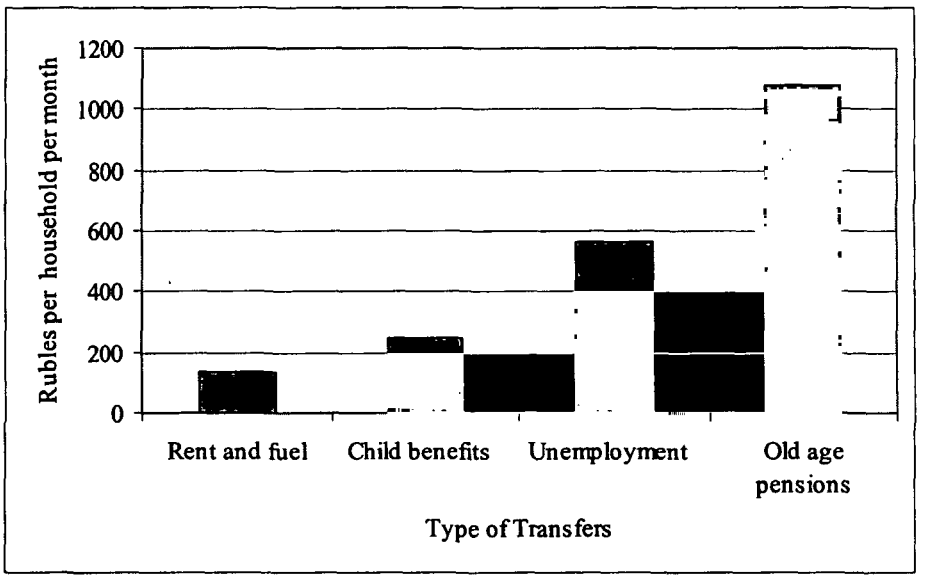
The very low share of non-pension cash benefits in GDP (1.37 percent) implies that their adequacy (as a share of household expenditures/consumption, or average wage) remained extremely limited over the 1990s.

Child-related benefits. The average amount of child-related benefits per member of the recipient household was 56 rubles per month in 1998 (about 196 rubles per recipient households, assuming an average 3.5 members), it increased to 247 rubles per recipient household per month in nominal terms in 2000 (Tables 1.12 and 1.17 in the Statistical Annex). In both years the level of benefits per recipient household was higher in better-off compared to less well-off households. For instance, in 2000, the average level of benefit was approximately 256 rubles per month for non-poor compared to 220 rubles per month for poor recipient households. The level of benefit per child was also lower for the poor (148 rubles per month) than for the non-poor (171 rubles per month). In contrast, the average amount of pension benefits was 1,077 rubles per recipient household per month and the unemployment benefit was 567 rubles (Table 1.17 in the Statistical Annex, Figure I.18 here).

Child–related benefits comprised only 7.06 percent of total expenditures of recipient households in 1998 (Table 1.9 in the Statistical Annex). In 1998, given lower level of per capita expenditures among the poor, the expenditure share of benefits was slightly more than five times the figure for households in the lowest (or poorest) quintile (22.05 percent) relative to the highest quintile (3.52 percent) (Table 1.9. in the Statistical Annex). For those households that received them, child-related benefits did reduce the poverty rate (World Bank 2001).

Figure I. 18: ***The average amount of transfers per recipient household in 2000:*** RLMS data

(rubles per recipient household per month)



Source: M. Lokshin (2002). Based on RLMS data 2000.

In 2000, child-related benefits still comprised 7.3 percent of total household expenditures. (Table 1.15 in the Statistical Annex). The share of these benefits in expenditures of the poor (bottom quintile)—15.3 percent—was about 7 times that of the top quintile (2.4 percent). The low levels of child-related benefit (about 10 percent of the average wage in 2000) and social assistance (comprising only 4 percent of average 2000 wage) mean that their work-incentive effects were negligible.

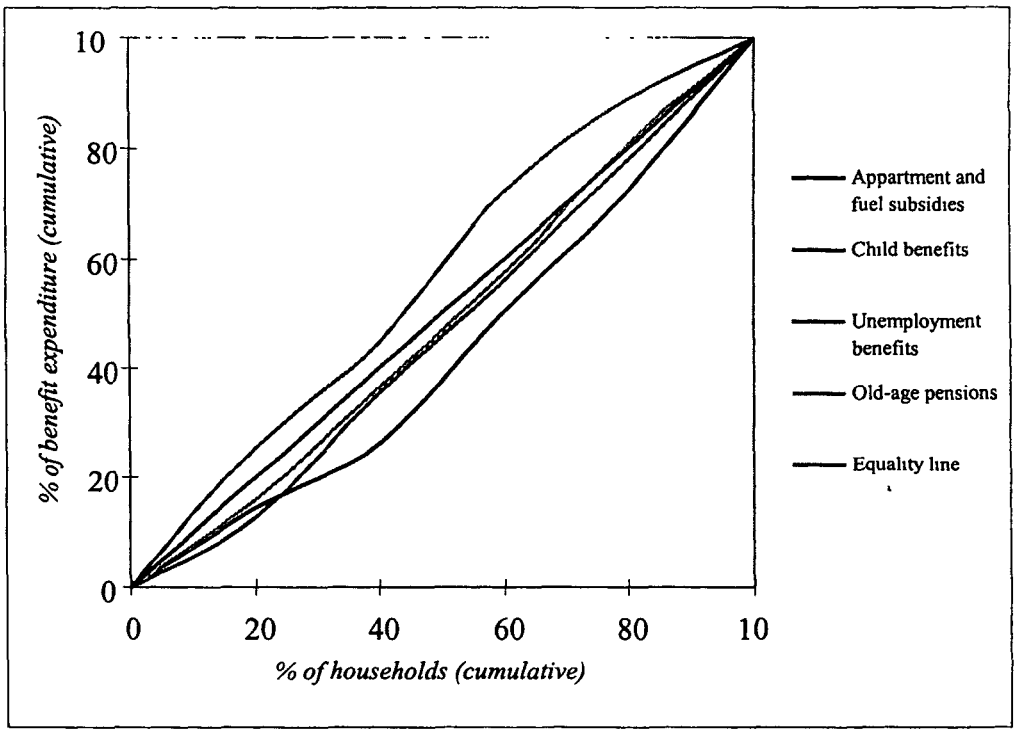
(iii) Targeting

Government has made some efforts to improve targeting of safety net programs. Details follow.

Child allowances. Child allowance was a universal benefit in Russia until 1999, at which point it became targeted based on family income. Initially the benefit was given to children in families with per capita income below 200 percent of the subsistence minimum, thus keeping

most of the children included in the program. In 2000, in order to improve targeting, the threshold was reduced to 100 percent of the subsistence minimum.

Figure I. 19: ***Distribution of benefit expenditures in 1998 (RLMS)***



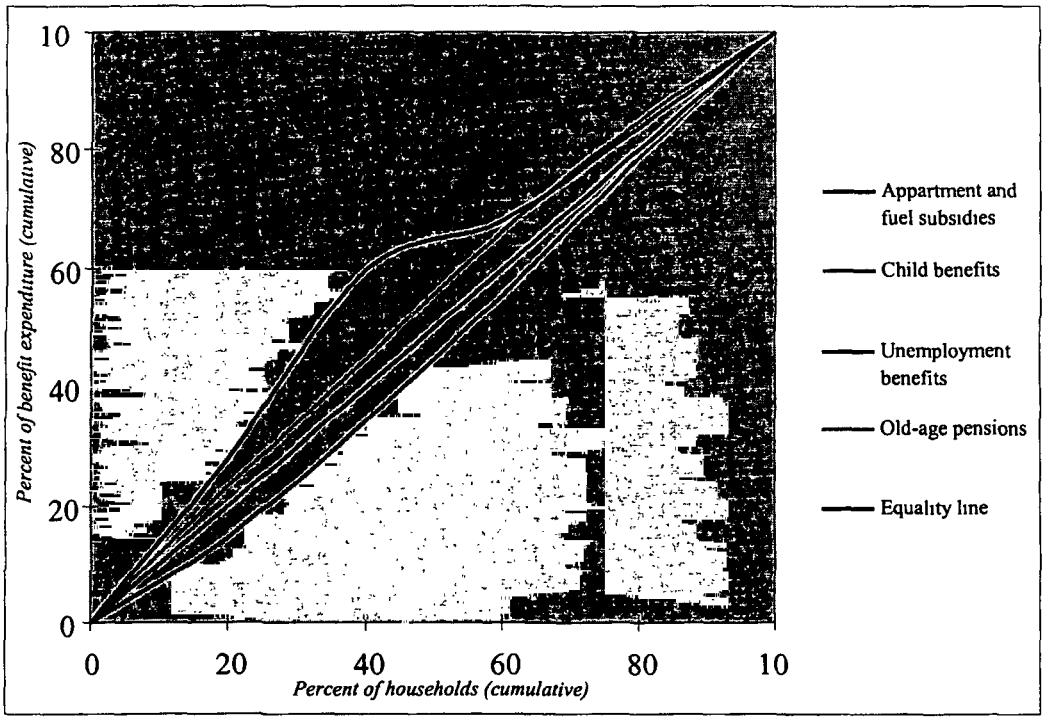
Source: RLMS data 1998. See Table 1.11 in the Statistical Annex.

Were child allowances expenditures well targeted to the poor in the 1990s? This question cannot be answered using existing data, as the RLMS data set does not separate child allowances from other child-related benefits. The Goskomstat Survey also does not provide information on the amount of child allowance benefits received by households.[49] Looking at all child-related benefits, it appears that the targeting of the child-related benefit programs was not efficient, at least in 1998 (Figure I.19). According to RLMS data, in 1998, the poorest quintile received only 12.63 percent of the total expenditures spent on child-related benefits (Table 1.11 in the Statistical Annex). In contrast, the highest quintile received a much higher share—22.05 percent.[50] This may well reflect the situation with the child allowance payment in 1998: the arrears were high and concentrated in poorer households and regions.

[49] Inclusion of questions on benefit amounts is being considered for the future rounds of the survey.

[50] In contrast, in 1998, unemployment benefits were progressively targeted, with 25.58 percent of total expenditures accruing to the poorest quintile; and 11.43 percent to the top quintile. In 1998, without unemployment benefits, the poverty rate among the few households with children that received them would have increased by 8 percentage points (to 83 percent). Old-age pensions expenditures were targeted relatively more toward higher income groups (Tables 1.8 and 1.11 in the Statistical Annex; neither pensions nor unemployment benefits are targeted benefits). In 2000, unemployment benefits remained progressively targeted: 28 percent of total expenditures were allocated to the

Figure I. 20: ***Distribution of benefit expenditures in 2000 (RLMS)***



Source: M. Lokshin 2002. Based on RLMS data 2000. See Table 1.18 in the Statistical Annex.

In 2000, child-related benefits became better targeted to the poor, perhaps a reflection of reduction in benefit arrears in the program. (Figure I.20, Table 1.18 in the Statistical Annex). The bottom quintile received 23.1 percent of total expenditures on child-related benefits (almost double the amount in 1998), while the top quintile received 15.3 percent. Thus, the distribution of child-related benefit expenditures shifted toward poorer households from 1998 to 2000.

Social Assistance. In 1998, a generic social assistance law—introducing a cash benefit of last resort that would be targeted on the basis of income rather than socioeconomic category—was introduced in Russia.[51] Important elements of the social assistance law are as follows: (i) the main recipients of social assistance are households; (ii) households are provided a cash

poor, while only 16 percent went to the top quintile. However, they did little to mitigate poverty overall because so few families received them (0.7 percent). Pensions were almost equitably distributed across all income groups, though the bottom two quintiles received slightly less than the top three quintiles (Tables 1.14 and 1.18 in the Statistical Annex).

[51] Key legislation and regulations include federal laws "On State Social Assistance" and "On Subsistence Level in the Russian Federation" and amendments hereto introduced in May 2000; "Recommendations on Determining a Minimal Consumption Basket for Major Socio-Demographic Groups," approved by the Government in March 2000; Federal Government Resolution "On the Procedure for Calculating Average Per Capita Income of Low-Income Families and Individuals Living Alone to Provide Them with State Social Assistance" (February 22, 2000); and "Recommendations" of the Ministry of Labor and Social development on means testing in the course of regional programs implementation (March 2000). These Recommendations were designed on the basis of summarized outcomes of a pilot targeted assistance program aimed at low-income families in three Russian regions (Komi, Voronezh, and Volgograd) during 1997–98.

assistance equaling the difference between the regional poverty line and per capita household income; (iii) if resources are insufficient to cover all eligible poor families, households with the greatest income gap can be accorded priority. In addition, an "administrative poverty line" equal to some percentage, but not less than 50 percent of regional subsistence minimum, can be established in the regions with the most acute shortage of resources.

Even though the current social protection system rests mainly on category-based distribution of social assistance, most regions have developed mechanisms for targeting assistance based on means tests. Some poverty alleviation approaches—for instance in the Republic of Komi—attempt to bring the income level of the poor up to a "minimal guaranteed level." Others have established a flat-rate allowance for all claimants. Concerned about a high number of potential claimants and having to rely on severely constrained resources, most regions have introduced a variety of screening mechanisms, in order to exclude those who are not in acute poverty. In Komi, a procedure for adjusting income data based on property and asset holdings information and employment potential of households is used. In Volgograd, potential consumer capacity of households is estimated based on statistical estimates of the difference between income and expenditures of households with different social and demographic profiles. An innovative technique to estimate revenues from small plots is employed in Voronezh.

Are social assistance benefits targeted to the poor? A recent report prepared by the Government finds that only one-third of the total amount of social assistance expenditures (including privileges/subsidies and cash assistance) goes to the poor, while two-thirds of the amount accrues to those who can do without support from the state.[52] This report raises questions regarding why programs are not targeted well and which mode of targeting works better than others in Russia. The results of targeting experiments would be of interest to policy makers and other regions. However, no comprehensive review of the impact of social assistance has been conducted at the regional levels in order to assess whether this assistance is reaching the poorest groups: children in multi-child families, and single parent families with children. Such an assessment is long overdue and merits further research.

Consumption Smoothing. Ravallion (2000) finds that safety nets helped individuals cope with the 1998 crisis. The incidence of poverty was reduced relative to that which would have occurred if such public programs (even excluding pensions) had not existed. However, slightly greater funding would have helped reduce poverty more significantly. Richter (2000) also finds that keeping transfers at 1994 levels would have reduced poverty by 10 percent in 1998: from 60 percent to 55 percent, as well as the poverty gap for recipient families.

The uncertainty of benefit provision also has reduced the poverty-alleviating role of social assistance transfers. Richter (2000) finds that individuals' propensity to consume is much greater for pensions—they are considered a form of permanent income because of a low incidence of arrears, than for child allowances, which are considered temporary (much larger arrears). Skoufias (2001) finds that Russian households were able to smooth food consumption using subsistence agriculture, as well as gifts and in-kind benefits (Desai and Idson 1998).

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[52] Report by M.Kasianov at the State Duma on May 17, 2000. "Rossiiskaia Gazeta," May 19, 2000.

In summary, the cash benefit program (social assistance/child allowances) covers few among the poor, provides low benefits, and targets as its chief beneficiaries non-poor households. Program financing has also declined over the past five years. While the cash benefit system has helped to reduce poverty somewhat (at least during the 1998 crisis), several design issues that lead to low coverage, inadequacy, and misdirecting of benefit need to be addressed to improve the system's role in assisting individuals and families manage risks and in improving equity.

3.1.4 Creating a new benefit system

Based on the discussion above, the main challenges facing the Government in creating an affordable, well-targeted, adequately funded, and effective social safety net are the following:
Mismatch between resources and obligations. A key problem facing the current social protection system is a mismatch between the state's obligations and available resources. The Federal Government has addressed this issue by consolidating the financing of regionally decentralized programs (for example, unemployment/child allowances) at the federal level, and providing these benefits through general revenue financing. However, the financing of social assistance remains the responsibility of the regions, which provide these benefits depending on their financial ability to do so.

It is not clear whether the payment of benefits by the Federal rather than regional governments will reduce arrears or inequities in regional access to benefits; child allowances, which are now federally funded, have continued to face arrears and regional disparities in their distribution. The centralization of unemployment benefits may not reduce the program arrears and regional disparities in their provision either. Therefore, a necessary condition for reducing regional inequities and ensuring greater certainty of benefit (that is, no arrears) is to make sure that adequate financing for program obligations is budgeted and that these financial resources are available for execution throughout the year.

Improving targeting. While recent payback in arrears has improved the targeting of both cash transfers and privileges/subsidies (at least in fuel and rent subsidies) toward the poor, these programs still continue to gravitate toward non-poor households. How can the targeting of the government safety net be improved?

- The phasing out of privileges should be expedited, as many of these appear not to be targeted to the poor. This should be followed by the provision of an effective social assistance (or poverty) benefit at the regional level.
- The type of targeting that works best needs to be identified. The innovative practices in targeting the poor through the child allowance, social assistance, as well as housing allowances should be evaluated so that best practice techniques can be established. It would also be important to assess whether, as in other transition countries, informal income makes the targeting of child allowances and housing allowances on the basis of income or assets difficult, and whether some other characteristics for targeting should be introduced to further screen recipients for poverty. For example, to reduce exclusion errors, the program might be targeted to single-parent families with many children, as these are among the poorest households in Russia.

- The targeting practices of the regional equalization fund should be evaluated to ensure that it targets the most needy regions, and that it reduces regional disparities in social assistance.

Improving the adequacy of programs. Improvements in the targeting of child allowances, and phasing out of privileges will allow an increase in the level of social assistance and child allowances, making them more adequate benefits than is currently the case.

Subsistence minimum. The use of a poverty line (such as the subsistence minimum) to target benefits to the poor is consistent with international best practice. As in the case of many other countries, Russia targets on the basis of a share of the poverty line where resources are scarce. However, where resources are not scarce, the level of the minimum subsistence should be evaluated to ensure that it is not set too high relative to the wages prevailing in a particular region. Full targeting at the full subsistence minimum might have adverse fiscal implications, if the subsistence minimum is too high relative to income per capita of the regional population. Another reason for not targeting at the full subsistence minimum, when it is a very high proportion of average wage or minimum income, is that it may create work disincentives. This is not an issue now in Russia, given that benefit levels remain low, but it could be a problem in the future if benefit levels increase relative to the subsistence minimum, but with no reference to the average regional wage. Therefore, even where resources are not scarce, their ratio of benefit should be set relative to the average wage (and at some percentage of the subsistence minimum) in order to avoid work disincentive effects in the future.

Finally, the use of an exogenously determined subsistence minimum might be contrasted with one that might be developed endogenously based on household consumption of food and non-food goods using the household budget survey. This would allow a more rigorous estimation of subsistence level of families (for both essential food and non-food goods) and potentially avoid political pressures from the regions to raise the level in order to garner federal resources.

Monitoring and evaluation. Improving the monitoring and evaluation of safety net programs is essential for enabling policy makers to fine-tune or redesign policies to reach children and other individuals in need of financial assistance. Improvements in the design of social protection programs can be made only their implementation has been experienced—and the assessment can be made only if a good monitoring system is in place. This involves improving regional financial systems so that information on regional social protection expenditures are transparent and readily available. It also involves improvements in administrative data on beneficiaries and improvements in its sharing among regions and with the federal level. Finally, it involves using nationally and regionally representative household budget surveys and appropriate welfare measures to assess risk, vulnerability, and poverty, and to evaluate whether social protection programs are indeed reaching the vulnerable groups.

3.1.5 Social services for vulnerable children and families

(a) Social work and social care services (SWSCS) for families and children

Social work and social care services are an essential element of a well-functioning social welfare system. By assisting families in reducing and managing risks—particularly those related to family dysfunction and breakdown, disability, old age, and disturbed behavior (especially among adolescents and the like), these services increase individual and household well-being and decrease demand for risk-coping interventions. They were lacking in pre-transition Russia.

Services and their delivery. Social work and care services were introduced in Russia in 1993.[53] Services for families and children are delivered through social work and social care centers established under the auspices of the Ministry of Labor and Social Development. In parallel, the Ministry of Education has introduced, within the education system, centers for psycho-social and medico-social assistance to children (CPSMS). The SWSC centers provide an array of facility-based and outreach services to families facing different risks and problems: family dysfunction, substance abuse, violence, child disability, poverty, sickness, and the like. They provide mainly advisory services and counseling, but also material assistance, day care and temporary shelters for children in uncertain family situations and for children deprived of parental care awaiting placement, and rehabilitation services for children with disabilities.

Centers are established, managed and funded by regional and local authorities. Some 87 percent of the shelters are run by municipalities. Private centers are licensed by the Ministry of Labor and Social Development. The Ministry monitors the SWSC centers, issues instructions and guidelines, and disseminates examples of good practice. The Ministry of Education centers assist children who are encountering difficulties in their education. They focus on children who are at risk of dropping out or have already dropped out of school, teenage mothers who have left their families, refugee and migrant children, victims of abuse, and similar.

At the beginning of 2001, there were 2,444 SWSC care centers within the social protection system (MLSD 2001a), covering some 20 percent of the population. The regional distribution of centers is highly uneven. There are also about 500 centers for psycho-social and medico-social assistance to children within the education system (MOE 2001a). In 2000, the SWSC centers served some 7.0 million clients, including 3.2 million children. The demand for SWSC services by far exceeds the service capacity of the centers. Day care and temporary sheltering of children at risk are an important activity. In 1999, some 465,000 children were accommodated—some 63 percent in day care, and the remainder in temporary shelters (MLSD 2001a). Most children placed in temporary shelters (68 percent) stay there for no more than three months, before being returned home or placed in substitute care.[54] In 1999, over 80 percent of

[53] Presidential Decree "On Priority Measures for Implementation of the World Declaration on Survival, Protection and Development of the Child in the 1990s," No. 543, June 1, 1992. The Decree encouraged the subjects of the Federation "to support the introduction and development of a territorial network of *'new'* institutions for social protection of families and children, based on local needs and local economic resources." It was followed in 1995 by a "Law on the Fundamentals of Social Services to the Population."

[54] Keeping children in temporary shelters (*priyomniki*) longer than the stipulated maximum of six months is often explained by arguing that there are "better conditions in a shelter, where a child goes to a nearby school and can have regular contacts with parents or relatives" and that "the child will be worse off if placed into a residential

children discharged from temporary shelters were returned to their homes, 3 percent were adopted or placed in guardianship arrangements, and the remainder, 11 percent, were permanently placed in residential institutions.[55]

Who are the SWSC centers' clients? Available data do not provide more specific information on the reasons why and how families and individuals were referred to SWSC centers or sought it out on their own. The following information from the Samara Region sheds some light on the social background of potential clients of SWSC centers: (i) *children and adolescents*—school dropouts and delinquents experiencing difficulties at school and not attending classes regularly; in conflict with parents (guardians), teachers, peers; registered with the local police as offenders; (ii) *families*—parents in the process of the parental rights termination or restriction; abusive parents and those neglecting their parental obligations; parents under investigation; parent who are imprisoned, alcoholics, drug addicts, of unknown residence, chronically ill and hospitalized for a long time, disabled (both parents), in conflict with each other; families at risk of falling apart; and socially unprotected families (with unemployed or destitute members) (Administracia 1997). In addition, children with disabilities and their families are among the groups targeted by the centers.

Financing. SWSC centers are financed both from local tax revenues and donations. It is difficult to assess what share of public resources actually goes to service provision, since the book-keeping makes no distinction between services and payment of social assistance benefits. A tentative estimate for 1999 ranges from US$140 million (0.08 percent of GDP) to US$210 million (0.12 percent of GDP).[56] Given that currently about 20 percent of the population is covered by the SWSC centers, the cost of the system that would cover the entire population could be estimated at 0.4–0.6 percent of GDP.

Issues and challenges.[57] Preventive services are an essential element of a well-functioning social welfare system, and the introduction of SWSC centers represents a significant shift in welfare policy from excessive dependence on institutionalization toward community- and family-based alternatives in caring for children who are at risk. The emerging SWSC system is decentralized and gives subnational authorities the flexibility to develop customized solutions that reflect the diverse needs and different resource endowments and capacity constraints of different regions. However, it is still modest, and MLSD is well aware that coverage is adequate only in a few regions, existing facilities are often overstretched, and financial and manpower constraints to expansion are formidable, especially in poorer parts of the country.

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establishment." Given that residential institutions are under different ministries (shelters are under the MLSD, while permanent placement institutions are under the MOE), this tendency may reflect different approaches to the care of children at risk of being deprived of parental care. It may also reflect vested interest and rivalry between different administrative segments of the child care system.

[55] This information can be misleading, because it puts together children deprived of parental care placed in shelters while a permanent care arrangement is sought, and children admitted into shelters for rehabilitation and treatment. As a rule, the latter should return to their families. What would be useful to know is the ratio between family and institutional care placement of children deprived of parental care placed in shelters—it seems that most of them are institutionalized.

[56] See note to Table I.4 for an explanation of the lower range estimate. The higher range includes an estimate of material assistance, assuming that it constitutes one-third of the total cost.

[57] The discussion pertains to the social work and care services provided within the social protection system.

Given such constraints, the expansion of the system will be gradual. Still, the process could be facilitated by the introduction of well-considered initiatives, so that regional and local expenditure responsibilities do not exceed revenue capacity.

Actions aimed at mitigating differences in implementation capacity among regions. Current equalization mechanisms reduce some of the economic disparity among regions, but it is not likely to be systematically targeted at expanding the SWSC network, as there are many other priorities; therefore, strategies need to be developed that optimize the use of resources for family and child care. Here the MLSD can play a crucial role by determining the most cost-effective interventions—specifically, those services that make it most likely that children stay with their families, or are returned to families or placed in family-like environments. This could form the basis for a menu of "best practices," promoted by the Ministry and regional authorities.

SWSC operations. Where SWSC centers currently exist, there has been a tendency for them to take on additional responsibilities, often as a result of trying to meet needs that should be addressed by other agencies, but are not. This further stretches already overburdened staff members, brings them into service areas for which they may have no specialized skills, and threatens adequate provision of SWSC core services (counseling and child protection), and limits possibilities for family outreach. While this may be unavoidable on occasion, it should at most be a temporary solution.

In many instances, the establishment of SWSC centers has not been accompanied by appropriate operational and procedural guidelines. In some cases there is no clear view of the role and responsibilities of the facility at the facility level, and this is reflected in the absence of business plans, quantifiable targets and objectives, plans for office organization or location, or information to assess the performance of the facility. This may in part underlie the opportunistic accumulation of tasks by SWSC staff, as well as case management practice that allows much scope for individual judgment to staff members who may not have the appropriate training necessary for independent case management.

Planning for de-institutionalization. Institutional placement of children is generally the most expensive form of care. Successful preventive measures should enable the downsizing and even closing of some institutions, and thus releasing moneys for channeling into more effective use and raising opportunities for staff redeployment.

Training. In addition to funding, the availability of skilled professional staff will be a major bottleneck in developing the preventive network. Regional training programs should be developed, based on skills requirements rising from the "best practice" menu and involving federal-regional collaboration (which would seem to be inevitable for training of this nature to succeed).

Information. Continuous monitoring and evaluation of individual programs by the local and regional authorities themselves is essential to ensure efficacy. This requires the identification of detailed indicators of performance and outcome and the development of data collection systems in SWSC centers. Secondary, aggregate indicators would be transmitted to

the MLSD for national-level and comparative surveillance, which in turn would allow the refinement of "best practice."

Development of partnerships with nongovernmental organizations. The role of nongovernmental organizations in the provision of family and child support is already significant in Russia and is likely to grow over time, especially as economic circumstances improve. Public authorities, including the SWSC centers, could benefit by drawing on appropriate skills that private organizations have and by collaborating with them—for instance through the subcontracting of appropriate services. Such collaboration may be best initiated at local levels.

The range and continuum of services. SWSC services are a necessary, but by themselves an insufficient component of an effective net of preventive and protective interventions. They can be fully effective only if they are tightly integrated into **the range of services** provided to families and children by different sectors, including education and health services, cash social assistance , family-based substitute care arrangements, and the like. There also has to be a continuum of services, so that the child is provided support and protection in all situations and as particular situations develop, so that he or she does not fall through the cracks of the system.

(b) Institutionalization of vulnerable children

Efficient and effective interventions are family and community based. The objective of risk-coping interventions is to assist individuals and families cope with the aftermath of an adverse event. Often, these interventions are designed for extreme situations such as homelessness, biological and social orphanhood, disability, incapacity to take care of oneself, and the like. Experience from developed countries suggests that the most efficient and effective programs are family and community based. In the case of vulnerable children such programs include family-based substitute care arrangements (adoption, placement with relatives, non-kinship foster care), community-based group homes, programs for the inclusion and integration of individuals with disabilities into he community, and similar.

In Russia, by contrast, institutionalization persists.[58] In contrast to the practice in industrialized counties, Russia still relies on institutionalization as a long-term solution for the care of highly vulnerable individuals. Moreover, the number of institutions and institutionalized individuals has increased over the 1990s, particularly in the case of children deprived of birth parental care (a 63 percent increase since 1993). Overall in 1999, there were about 380,000 children deprived of parental care and children with disabilities living permanently in over 3,000 institutions.

Institutionalization is ineffective. It has long been empirically proven that institutions are an ineffective, detrimental way of providing care to vulnerable individuals. They debilitate child development, particularly in children who enter institutions at a young age. Furthermore, children who grow up in such institutions are not well prepared for the outside life (for the Russian experience see MOE and others 2001c) and frequently end up as burdens on health, social protection, or public safety budgets. Institutionalized children with disabilities often

[58] Institutionalization of vulnerable children is discussed in great detail in Part II of this study.

become institutionalized adults, because during the institutionalization the links with the family "wither away" and afterwards there is no place to go back.

Institutionalization is expensive. In Russia, on average, a normative cost per month per child is calculated at 4,500 rubles per month, although in the case of infant homes it can reach as high as 12,000 rubles per month. The cost of sustaining 380,000 children in residential care in 1999 is estimated at 20.5 billion rubles, or 0.45 percent of GDP (Table I.4).[59] In addition, it is estimated that residential institutions for adults and the elderly that housed 210,000 persons in 1999, consumed about 0.25 percent of GDP in 1999. Thus, the total cost of residential care for 590,000 individuals was 0.7 percent of GDP,[60] while at the same time the total spending on non-pension, non-sick-leave cash benefits to the population was 0.93 percent of GDP. Similarly, the public spending on children's health was estimated at 0.8 percent of GDP. Therefore, shifting from institutions toward family- and community-based care would not only lead to better welfare outcomes for vulnerable children, but would also free resources for other social welfare programs.

How much can be shifted to other programs? It depends on the substitute care placement. For instance, if a child is adopted, instead of institutionalized, then all costs related to the child's upbringing are borne by the adoptive family. If the child is placed with relatives (guardianship), than the cost is less than one-third that of institutional care (guardianship allowance is usually set at the regional subsistence level). Foster care, as it is set now in Russia, tends to be as expensive as institutional care, but more effective. For instance, placing 10 percent of currently institutionalized vulnerable children with families (for children with disabilities) or guardians/patron families (for children deprived of birth parental care) might release about 1.5 billion rubles, that is, three quarters of the cost of their institutionalization (it is assumed that one-fourth of their residential care cost is given as support to their families).

Why has institutionalization increased? The increase in the institutionalization of vulnerable children has occurred despite (i) a changing legal and institutional framework and strategies that give priority to a family or family-type placement over institutionalization; (ii) growing public awareness of the adverse effects of institutionalization on children; and (iii) decreasing number of children.

The trend toward institutionalization may reflect the following factors: (i) reduced opportunities for placing growing numbers of children deprived of parental care into family-type environments (widespread economic hardship has reduced the number of families able and willing to take on orphans); (ii) persistent belief that institutions are superior to family upbringing; (iii) insufficient focus on promoting, developing, and supporting family-type substitute care arrangements; (iv) the presence of strong vested interests that support maintaining an important role for institutionalization; (v) systemic weaknesses (the absence of a national child welfare strategy with de-institutionalization as an explicit goal; functional fragmentation and unclear division of administrative responsibilities, ineffective implementation of national policies at the regional and local levels, and so on); (vi) scarcity of resources, that is, insufficient administrative capacity to efficiently provide a cost-effective substitute care arrangement in a

[59] In comparison, approximately the same amount was spent on child and maternity benefits.
[60] The estimate does not include general education boarding schools.

reasonable amount of time; (vii) inadequate operational guidelines and decision-making procedures, with case management practically nonexistent even as a concept; and (viii) lack of accountability and monitoring, including absence of a mandatory regular review of substitute care placement.

What are critical challenges and policy responses? During the 1990s, reflecting a changing economic and social environment that emphasized individual rights–based approaches, the family and child welfare system also started to change. The legal and institutional framework has been revised. A new Family Code was introduced in 1995, emphasizing a new rights-based, family- and child-centered approach to family and child welfare. The family and child welfare system has been decentralized, with framework legislation and general policy development undertaken at the federal level, while responsibility for detailed legislation and accompanying regulation, implementation oversight and service provision, including financing, has been assigned to regional and local governments. Preventive social welfare policies for families and children have been introduced, including a limited targeted poverty benefit, and community-based social work and care services for children and families at risk.

These changes that have taken place over the last 10 years have set a good foundation for the development of a rights-based, child- and family-centered, efficient and effective family and child welfare system. Yet many important issues remain on the reform agenda, as outlined below:

A comprehensive child welfare reform strategy. A smooth reform process will require a comprehensive and consistent national strategy. If one of the primary outcomes sought by the reform is increased numbers of children in family-based care, a central and explicit element of the strategy should be de-institutionalization. This would include efforts to decrease entry into care (for example, the demand for substitute care); increased family-based placement for children who enter care; and an increase in exit from institutions. To that end the following is needed: (i) changes in the decision-making processes that lead to placement in institutions or alternative care through the introduction of case management principles and practice and mandatory annual review of placement decisions; (ii) processes that provide alternatives for at least some children currently in residential care; (iii) measures to close down or transform residential care facilities; and (iv) strategies and policies for the redeployment of staff of residential institutions (to support alternative services, for instance). De-institutionalization would need to be accompanied by processes that strengthen alternative care mechanisms and preventive services for new entrants into the system, including SWSC centers and family income support, and by an upgrade of existing services for children remaining in institutions.

Functional coherence. Functional responsibility for family and child welfare remains divided among several ministries, resulting in inconsistencies and inefficiency in the development and application of strategies and policies and even in the apparent duplication of tasks. Most important, the fragmentation has inhibited the development of a single comprehensive strategy for moving toward a family- and child-centered welfare system. It is imperative that there be consistency—in the approach to general strategy and the delineation of responsibilities—among the major three ministries (MOH, MOE, and MLSD), as well as systematic communication, especially in major strategic areas. Initially, this may be best achieved through an inter-ministerial commission that would be charged with shaping a

comprehensive strategy and would serve as a focal point for reform. In the longer term, consideration should be given to a single ministry dealing with family and child welfare.

Organization and administration. There are significant organizational and administrative problems at local levels, which make the introduction and implementation of new strategies difficult. Some of these can be addressed by means of better organizational and administrative procedure. Others reflect systemic (including, in particular, resource) deficiencies: (i) regulations, guidelines, and instructions often are biased toward institutionalization and not well suited to implement new strategies; (ii) offices have no business plans, quantifiable targets, or objectives, and they lack the information to assess performance and establish accountability beyond adherence to formal rules and instructions; (iii) equipment is deficient: fax machines, copiers, and computer support are all in short supply; and (iv) there are insufficient numbers of staff with consequent case overload, and staff skills have in many instances eroded and need upgrading; likewise, staff skills are still often not oriented toward supporting new policies in case management situations.

Further development of preventive policies. With an estimated 20 percent of needs addressed by SWSC centers, coverage is still modest. However, a rapid expansion of the system may be severely constrained by limited availability of financial resources, administrative capacity, and staff training. Consideration will therefore have to be given to developing partnerships with nongovernmental organizations. Already, the NGO sector plays an important role in the provision of social services and assistance to the population and especially in promoting and protecting children's rights and interests. By raising awareness and advocacy for child welfare reform and in particular de-institutionalization, NGOs can significantly contribute to building public support and constituency for reform, and resource-constrained public authorities should make use of this capacity to further the child welfare agenda. Private nonprofit provision of social welfare services is still at an early stage of development in Russia and operates in a highly unregulated environment. Regulation has to be introduced that strikes an appropriate balance between safeguarding families and children at risk and allowing nongovernmental organizations sufficient freedom to operate, often as proving grounds for new approaches to care.

Cost-effective family-based substitute care for children deprived of parental care. There is a need to reverse the decline in the relative share of national adoptions in the placement of children deprived of parental care, the stagnation in guardianship, and accelerate the slow development of foster care arrangements. In part, better economic conditions over time will encourage childless and other families to receive children. However, there are also direct actions that the authorities can undertake to promote family-type placement: (i) access to information on children available for placement can be improved; (ii) the length and complexity of the placement process, particularly for adoption, should be reviewed to make it more straightforward; (iii) delays should be reduced and eliminated in the payment of benefits and remuneration to substitute families; and (iv) an active approach to recruiting and training substitute parents should be adopted by local administrations.

Institutions. Existing services for children in institutions need upgrading: (i) physical plants are in need of repair; (ii) the equipment needs to be modernized; (iii) care that includes the

mental and social well-being of the child needs to be introduced in order to balance the current focus on physical well-being; and (iv) staff is in need of renewal and upgrading of knowledge and skills.

Challenges of decentralization. Decentralization in the family and child welfare system will not be without its challenges. Implementers should pay attention to the following to avoid pitfalls: (a) regional differences—given large regional differences in administrative and human and financial resources, inter- and intraregional differences have already emerged in the provision of and access to family and child welfare services; (b) policy implementation – without a mechanism to ensure that national strategies and policies are correctly interpreted and implemented at subnational levels, strategy and policy intent is likely to be diluted, particularly at lower administrative levels; and (c) functional coherence—the effects of the functional division of responsibilities is likely to further dilute the effectiveness of national strategies and policy, as incoherence generated by the division effectively makes itself felt at each administrative level.

Information on system performance. The current database is inadequate for policy analysis and policy making when the emphasis is placed on achieving socially desirable outcomes in the care of children at risk; it also inhibits routine management and administration of child care services. Information is needed that allows authorities at all levels of the system to continuously monitor and periodically assess system performance—of institutions, managers and staff, of policies and programs, and of their effects on the families and children at risk. This in turn requires consensus on objectives and strategy; agreement on performance standards, on indicators of performance, progress, and outcome; and it requires the formal introduction of appropriate monitoring and evaluation functions at all levels of the system.

Dissemination of good practice. Advantage should be taken of the new programs being developed at regional levels by means of systematic dissemination of positive experiences, through national and regional conferences, workshops, seminars, newsletters, publications, and so on.

Adequacy of financial resources. The agenda for reform is broad, and resources are scarce. They have failed to keep pace with new initiatives, in part reflecting weaknesses in allocation mechanisms, in planning and budgeting processes, and, in part, simply a general insufficiency of resources to do everything. To the extent that channeling additional resources to child welfare may be limited, solutions should be sought that allow a better concentration of resources on new priorities. Actions might include consolidation or even elimination of badly targeted entitlements and subsidies, as well as downsizing, consolidation or closing of residential institutions, which remain the least cost-effective approach to care. Contracting of selected services to nongovernmental organizations and other entities should be considered, perhaps initially on a trial basis. Generally there should be a financial strategy accompanying the institutional strategy of reducing the role of institutional care—one that shifts resources to preventive policies and family-based substitute care arrangements.

Information. Provision of information to the general public can be strengthened through public information and education programs aimed at shaping attitudes about children in institutions and children at risk more generally, and at development, promotion, and support for

family placement alternatives. Such programs can be on a continuous basis combined with high-intensity campaigns.

3.2 Health

Unstable economic conditions and fiscal constraints limit the possibilities for increasing public financing for the health sector. Available data[61] indicate that public spending on health has decreased over the 1990s (Table I.5). A tentative estimate for 2000 indicates that annual public spending on health was about US$59 per capita. There are no data on public resources spent on child health services. Assuming that the children's share is one-fourth, that would give 0.8 percent of GDP in 2000 (US$62 per child per year).[62] In comparison, the average monthly cost of sustaining a child in a residential care facility is estimated at US$165 per month.

Table I. 5: ***Public expenditures on health in Russia 1991–99***

	1991	1992	1993	1994	1995	1996	1997	1998	1999
In % of GDP									
Total	2.9	2.6	3.7	4.0	3.5	3.6	4.2	3.6	3.3
Consolidated budget[1]	2.9	2.6	3.3	3.1	2.6	2.6	3.1	2.5	2.3
Compulsory Medical Insurance Fund	n.a.	n.a.	0.4	0.9	0.9	1.0	1.1	1.1	1 0
Index 1991 = 100									
Total	100	76.6	99.4	93.3	73.6	75.3	92.2	78.2	75.5

Source: Goskomstat, various publications. For consolidated budget expenditures 1992–94, see World Bank, *Fiscal Management in the Russian Federation, 1996.* **Notes**: 1. Includes public expenditure on sport.

At the same time, the health care delivery system inherited from Soviet times is overextended. There are excessive numbers of personnel who are too specialized and too hospital-based, while the primary and emergency care systems remain weak. Despite this discrepancy between the low level of resources and the excessive infrastructure, the norms and standards for clinical practice and for the organization of health care have not been adjusted. As the norms are set nationally, they remain an obstacle for reform at the regional level where there is a need to introduce more cost-effective and better quality services. The same is true for the state-guaranteed benefit package, which nominally guarantees almost the whole spectrum of health benefits to the entire population. Finally, the current system of financing care lacks appropriate incentives to providers to improve efficiency or quality.

Health Insurance. In 1991 and 1993, Russia adopted a series of laws introducing payroll-tax-financed mandatory health insurance (MHI) to supplement public budgets for health. This involved the establishment of a Federal Health Insurance Fund (FHIF) to oversee the system

[61] Goskomstat publications. See also UNICEF (2001, p. 146, Statistical Annex, Table 6.10).

[62] Assuming that the public spending on health share in current GDP in 2000 was the same as in 1999: 3.3 percent. The 25 percent share of children is slightly higher than their proportion in the population. A 20 percent share would bring down spending on children to US$51 per child per year.

country-wide, Territorial Health Insurance Funds (THIFs) to implement the system at the regional level, and health insurance organizations (public and private) to receive capitation payments from the THIF on behalf of consumers and in turn purchase services from providers on their behalf. The implementation of MHI has not generated the expected favorable results. Rather than increasing resources for health as intended, the introduction of MHI has actually led to the erosion of local budgetary allocations for health, made worse by the deteriorating fiscal situation. Financing, purchasing, and paying arrangements have been complicated with the entry of Health Insurance Funds and health insurance organizations. The establishment of a new, separately managed source of funding has led to the dispersal of public resources for health, and has made it more difficult to adopt consistent reforms at the regional level. Furthermore, with each region adopting its own approach to the introduction of MHI, there is no consistency across regions and no transparency with respect to health care entitlements for the population.

This inefficient use of fiscal resources has contributed to the sharp deterioration throughout Russia of physical facilities, and led to dismal sanitary conditions, obsolete equipment and medical technologies, frequent lack of basic medical material and medicines, and unmotivated staff, demoralized by low and irregular pay and discouraging working conditions. It also has contributed to large regional differences in care.

Health Care. Shifting from specialized inpatient care to outpatient services has been the main focus of the restructuring of the health care system during the 1990s, particularly at the level of primary care. However, despite the introduction of the State Family Medicine Program in 1992 and the sector General Practice (family medicine) Program in 1999, the efforts to improve the primary medical care system have been progressing slowly, largely because the level of integration with the rest of the health care system remains very weak. Experiences to date show that expanding primary medical care would not be possible without withdrawing resources required for the improvement of primary care from other parts of the health care system. This would call for a significant restructuring of secondary care, which at the moment absorbs a disproportionately high share of resources. Many of the issues discussed above reflect substantially deteriorated, underdeveloped, or lacking public health interventions. Those include health education, regular screening, family planning, and full completion of an extended immunization program.

Access to and quality of health care have deteriorated for the majority of the population. Ability to pay and location (the place of residence) have become the most important determinants of accessing health care and its quality. Systematic evidence is lacking. Anecdotal evidence indicates increased informal payment requirements for health services, which, according to experience in other countries in the ECA Region, particularly affect the poor. Hence, turning one's ability to pay[63] into the primary factor has likely contributed to the increased inequality in access to health care.

[63] According to OECD (2001a, p. 106), total spending on health in Russia was 8.54 percent of GDP in 1998, of which 36.8 percent was public spending and the rest was private spending. While the spending level was similar to the OECD average, its structure was very different: in Russia the public-private financing ratio was almost 1:2; the OECD average was about 3:1.

What is the situation among poor families and children? Reliable, survey-based data that would allow a multivariate analysis of the health status and access to health services by income and consumption levels are lacking. Given that poverty in Russia is correlated with regional income levels, that children face higher poverty risk, and that the poor regions are likely to allocate fewer resources to public health services, it is likely that poor children have reduced access to health services and in particular good quality services.

3.3 Education

Since the beginning of the 1990s, real decrease in public spending on education, combined with the rapid decentralization and slow reforms, have led to its deteriorating quality and market relevance. Overall public spending on education had dropped significantly by mid 1990s. Since then it has remained stable at about 70 percent of its 1992 level in real terms (Table I.6). Public spending on general education was not affected much: in real terms, its level in 1999 was just slightly below 1992's. In contrast, funds allocated to professional education were slashed in real terms.

Table I. 6: ***Consolidated public spending on education in Russia 1992–2000***

	1992	1993	1994	1995	1996	1997	1998	1999	2000
In % of GDP									
Total	3.58	4.03	4.36	3.40	3.49	3.48	3.34	3.47	3.58
General	2.37	3.27	3.49	2.88	3.01	2.89	2.93	2.95	2.95
Professional	1.21	0.76	0.87	0.52	0.48	0.59	0.41	0.52	0.63
Index: 1992 = 100									
Total	100	1.02	0.96	0.68	0.69	0.72	0.69	0.75	
General	100	1.26	1.17	0.87	0.90	0.91	0.91	0.97	
Professional	100	0.57	0.57	0.31	0.36	0.36	0.25	0.33	

Source: MOE (2001a).

According to the Ministry of Education, since 1995 the education sector in Russia has been plagued with wage arrears and debts to the utilities providers. At the end of June 2001, only 39 regions (or 44 percent of the total number of regions) did not have any wage arrears in the education sector. In 2001, the education sector owed to utilities providers about 23 billion rubles (roughly US$8 billion). The general education system (which includes preschool and basic general and full secondary general education) was particularly hard hit, which appears at odds with the public spending dynamics presented in Table I.6. One of the contributing factors could be exclusively municipal funding of general education.[64] Nominal average spending per student varies dramatically among the regions: in 1997 the ratio was 1:12.5; in 2000 it had increased to

[64] Russia decentralized the financing and management of its education sector in the early 1990s. As a result, in 2000, municipal budgets provided 63 percent of the public funds, regional budgets accounted for 19.2 percent, and the federal budget provided 17.8 percent (MOE 2001a). General education currently is funded by the municipal budgets.

1:15.6. While in 2000 average annual per student spending in general education was 7,273 rubles (about US$270), the poorest regions were spending 2.5–2.8 times less (see MOE 2001a, Section 1.7).

In principle, the decentralization of the education system can increase efficiency and accountability by providing greater autonomy to regions, municipalities, and schools and by encouraging greater participation of major stakeholders at the community level. In Russia, however, the delegation of responsibility for education to regions and municipalities has proven to be a particular constraint. At each level roles and responsibilities are poorly defined. At the regional and municipal levels, new burdens have been placed on administrators, asking them to fulfill roles for which they were often untrained. Moreover, the regional budgets for education have often been allocated to municipalities and schools in a nontransparent way, while budget execution has been poor. For example, school utility bills often go unpaid and threaten the availability of heat and electricity.

Resource shortages are having a particularly severe effect on poorer regions so that decentralized education management and financing, as discussed above, may be actually worsening interregional differences, while within regions rural schools and those catering to minority populations or children with special needs seem especially hard hit (Cunning, Moock, and Heleniak 1999).

Generally, the education system is responsible for developing skills and competencies in individuals that would enable their flexibility and adaptability to changes in the labor market. An underfunded and deteriorating education system reduces the supply of well-educated human capital that is familiar with new technology and capable of economic creativity. Recent studies point out that the educational system in Russia, especially vocational education, is poorly equipped to respond to rapidly changing market signals and changing labor market conditions (OECD 1998, 1999). Vocational education institutions have had particular difficulty in adapting to the changing social and economic environment. In addition, most secondary and tertiary educational institutions are still not oriented toward equipping school leavers and graduates with the problem-solving and attitudinal skills necessary for knowledge-based jobs in new labor markets.

Therefore, while, as discussed earlier, access to education may still be broad in Russia, because of constrained resources and increasing regional differences the quality of said education is deteriorating, as well equity in access to good quality education. In that, poor children from poor regions may be particularly adversely affected. Anecdotal evidence indicates shortages of even basic school material in some schools. In terms of more advanced measures, only 5 percent of eighth-grade students in Russia attend schools that have access to the Internet (UNICEF 2001).

The key challenge for the public education sector is to improve and modernize service delivery, primarily through major but attainable increases in efficiency. The fall in the number of school-age children because of demographic changes creates an opportunity for the sector to modernize the system and make the necessary efficiency improvements without sacrificing access to good quality services.

Chapter 4: Conclusions

Child welfare in Russia deteriorated significantly during the 1990s. Russian children face an increasing risk of being poor, particularly if they live in multi-children or single-parent families. Their health and nutrition status has worsened. Quality education and access to it show signs of deterioration as well, with market relevance of education becoming one of the major challenges for the education system. Children face higher risk of being deprived of birth family upbringing and placed in an institution, of being neglected, homeless, abused; becoming an alcoholic; or committing a crime. These developments, if not addressed, indicate likely human capital loss, increased social costs, and ultimately an economic performance that falls far short of the country's potential.

The following groups of factors have had a particularly negative effect on the well-being of children in Russia in the 1990s: (i) declined output and associated negative labor market developments; (ii) dramatic demographic and family formation changes that have contributed to changes in the composition of Russian families, affecting their ability to adequately care for their children; and (iii) inadequate safety net policies that by and large have failed to reduce or mitigate various elevated systemic and idiosyncratic risks, as well as to assist families cope with the adverse consequences of those risks that materialized.

In addition to policies that would ensure sustainable, equitable growth, Russia needs to define, persistently pursue, and effectively implement systemic reform in areas relevant to child welfare—health, education, and social protection—to ensure that children develop capabilities and acquire skills and knowledge that would enable them to fully participate in the country's (and ultimately the world's) economic and social life.

Part II: Well-Being of Children Deprived of Parental Care and Children with Disabilities

This part of the report focuses on particularly vulnerable segments of the child population—children deprived of parental care and children with disabilities. It surveys their situation drawing on available data, describes current practice in addressing their needs, and discusses appropriate policies and strategies to improve their well-being. It pays particular attention to the increased long-term institutionalization of such children. The detrimental effects of institutional care on the intellectual, physical, emotional, psychological, and social development of children, especially at young age, have been extensively, and critically, studied and documented in the literature, including research in Russia.[65] Moreover, in addition to being the most ineffective, residential institutions are the most expensive form of care for vulnerable individuals. Resources allocated to family and child care in Russia have been extremely tight during the 1990s. Institutional care has consumed a significant portion of available resources, demonstrating their inefficient use and yielding welfare outcomes that are far worse than would have been achieved by pursuing other care options. This part of the report also suggests approaches that would assist the Russian Government in its efforts to move more rapidly toward efficient and effective family- and community-based care for vulnerable children.

Chapter 1: Children Deprived of Birth Parental Care

1.1 Overview of the situation

1.1.1 Definition

According to the Russian Family Code, the concept of *children deprived of birth parental care* includes biological and social orphans. The former are children with one or both parents dead; the latter are those deprived of birth parental care for a number of reasons: parents' extended absence (because of long-term hospitalization, work assignment, imprisonment, unknown residence); parents declared legally incapable by the courts; voluntary relinquishment of parental rights; or termination and restriction of parental rights (because of a family dysfunction, alcoholism, violence, abuse, child neglect, and so on). Custody over such children is initially given to a guardianship authority at the local government level and subsequently—depending on the type of the substitute care placement chosen for the child—to a guardian (trustee), adoptive parents, foster parents, or an institution. The concept covers only those children who have been registered with a guardianship authority. It leaves out those who may have been thrown out of their homes or have left home because of a disturbed relationship, dropouts from the public care system, or children placed into residential care because of poverty.

[65] Kadushin and Martin (1988) provide a review of Western literature up to the early 1980s. More recent references can be found in Hauser, Brett, and Prosser (1997). Nechaeva (1994) refers to a number of Russian studies from the beginning of the 1990s that have shown negative effects of residential institutions on the development of children placed in them.

1.1.2 The data constraints

The data on which our analysis is based are drawn from official sources at the national level. The data currently provide information mainly about stocks and flows of children at various stages in the system, and physical capacity. While this may allow determination of general trends and costs in the system, it is inadequate when the intention is to measure progress toward expected outcomes—in this case a well-adapted adult. For that, data are needed that (a) allow the development of monitoring indicators and evaluation capacity that can measure the effects of family and child care policies, and (b) provide timely identification of problems and point to solutions, that is, allow policy makers and managers to consider whether to expand, curtail, or alter the design of existing strategies, policies, and programs. Frequent incompatibility between different data series creates additional difficulties; this incompatibility arises from the functional division of responsibilities in the area of child welfare and different data needs of three ministries—Health, Education, and Labor and Social Development. Data shortcomings also reflect generally relatively moderate use of data for performance monitoring and evaluation purposes beyond the monitoring of adherence to formal rules and instructions.

1.1.3 The numbers and the trends

The 1990s have been characterized by an increase in the number of children deprived of parental care, as well as their institutionalization (Table II.1, Figure II.1). In 2000, there were 662,000 such children in Russia, 40.3 percent more than a decade earlier. Almost two out of every hundred children are deprived of birth parental care. This compares unfavorably to the situation in industrialized countries, where the proportion of children deprived of parental care is about or below 1 out of every 100 children.[66] This is not only a significant increase in the total number of such children over the decade, but also an annual upward trend. Thus, 2.5 times more children deprived of parental care entered substitute care arrangements in 2000 than in 1990. In 2000, that number was 123,000; in 1990, it was 49,100.

An estimated 90–95 percent of children deprived of birth parental care are social orphans. The phenomenon is neither new in Russia, nor peculiar to it, and nor it is unusual in the sense that little information is available at the national level (Kadushin and Martin 1988). Until *glasnost*, social orphans were not a subject of professional discussion, because their existence was in stark contrast with official ideology (Harwin 1996).

Family-based forms of care dominate in the placement of all children deprived of parental care in Russia. In 2000, 72.8 percent of these children were either in guardianship arrangements or adopted. Still, a significant remainder—27.2 percent—were in institutions. Moreover, over the decade, there has been a gradual shift in the structure of annual placements, as institutional placement has risen from 22.5 percent of annual entrants into care in 1990, to 29.4 percent in

[66] Annex 7 provides comparative data for Germany, England, and the United States. It also provides data on placement into substitute care. Such figures are not fully comparable because of variations in the following among different countries: (i) terminology, categories, and indicator definitions; (ii) reporting rules and data collection practices; (iii) substitute care policies; (iv) the influence of social, cultural, ideological, religious, and ethnic aspects on substitute care policies.

2000. In addition, unplaced children—ones in temporary shelters and waiting to be placed—now account for 8.6 percent of new entrants. The longer these children wait to be placed, the higher the likelihood that they ultimately will be placed in residential institutions.

Table II. 1: ***Children deprived of parental care in Russia in 1990 and*** *2000 and their placement into care*

	1990	2000	Index 2000/1990
A. Total number of children (in thousands)	472 2	662.5	140.3
Placed into:			
Guardianship	188.4	329.0	174.6
Adoption	141.7	153.5	108.3
Residential institutions	142.1	180.0	126.7
B. Total number of children = 100%	100.0	100.0	n.a.
Placed into:			
Guardianship	39.9	49.7	124.6
Adoption	30.0	23.2	77.3
Residential institutions	30.1	27.2	90.4
C. Total number as percentage of the cohort population under 18)*	1.18	1.95	
D. Total number of children per 100,000 child population*	1,175	1,954	166.3
Placed into:			
Guardianship	469	970	206.8
Adoption	353	453	128.3
Residential institutions	353	531	150.4

n.a. Not applicable.

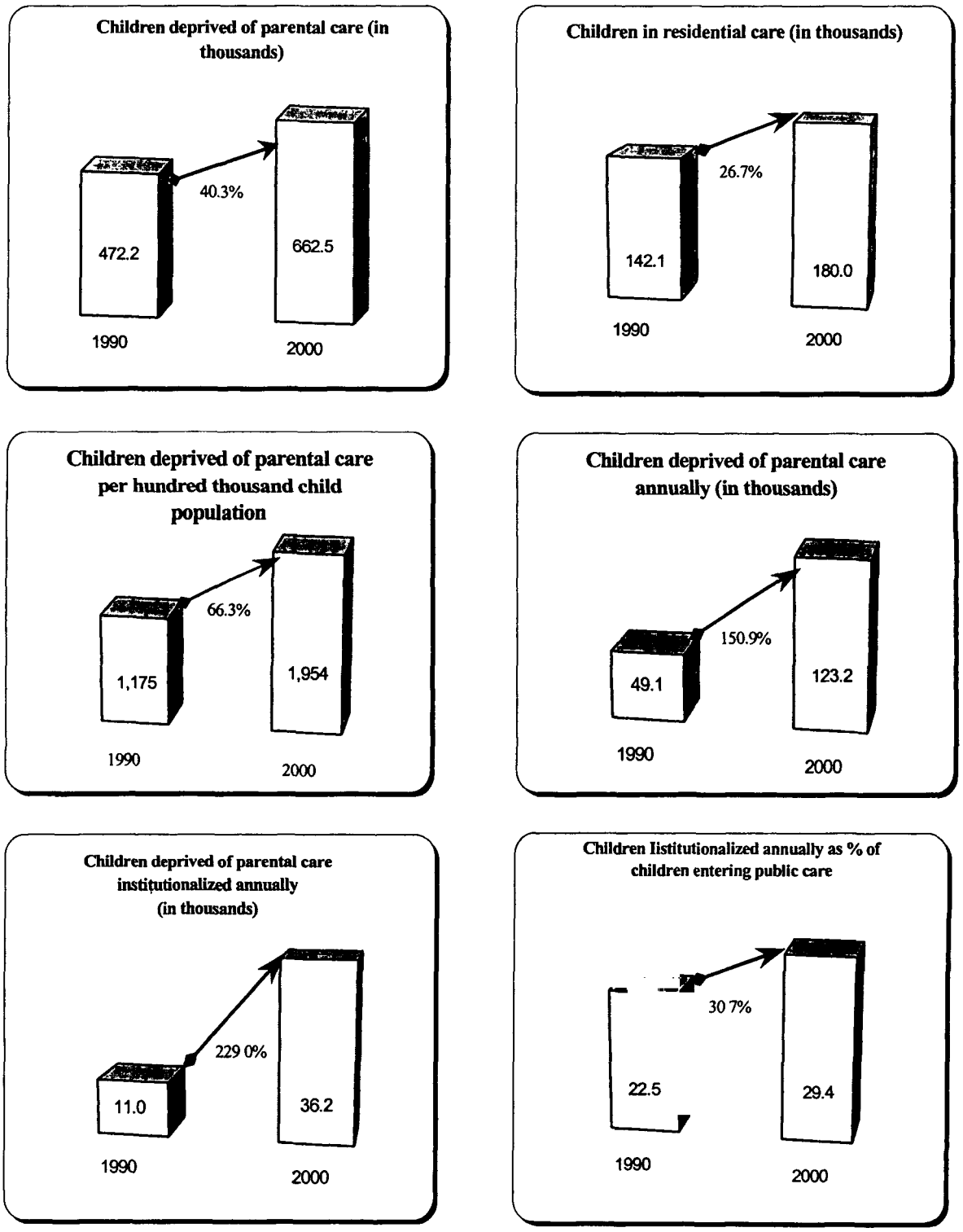
* Fast growth of the total number of children deprived of parental care has happened against a sharp decrease in the birth rate and consequent decline in the child population in Russia. Hence the rapid growth of indicators C and D.

Source: Ministry of Education, Ministry of Health, and Ministry of Labor and Social Development.

1.1.4 Who are children deprived of birth parental care and why has their number been growing?

The rapid increase in the number of children deprived of birth parental care, especially social orphans, has been extensively discussed by Russian scholars, policy makers and the media (Ribinskii 1997; Rossiiskii Detskii Fond 1999a; Komissiya 1998a; Nechaeva 1994). While systematic analysis of circumstances that lead to children being deprived of parental care and entering temporary and permanent substitute care still needs to be undertaken, the most frequently discussed causes are increased poverty, family dysfunction due to alcoholism, and single parenthood. None of these factors is unique in leading to a child's deprivation of parental care. It is their interplay and their mutual reinforcement that leads to situations where families find themselves unable to care for their children.

Figure II. 1: *Children deprived of parental care in Russia and their placement 1990–2000*



Poverty. Over the past decade, Russian families have experienced widespread poverty. Families with children, especially young children, have the highest poverty rates—practically every other child is poor. Single-parent families and families with many children tend to be particularly badly off: the more children, the poorer the family. Children with disabilities are the worst off: the highest poverty rates are found among families with these children, and they are often single-parent households, where a parent may have had to quit work to stay at home with the child.

While increases in the number of children deprived of parental care cannot be attributed to poverty alone in most cases, it is a contributing factor that aggravates preexisting risk factors which in turn may lead to family breakdown. The principal such risk factors involve single parenthood; alcoholism and substance abuse, and related abusive behavior and child neglect; and attitudes and approach to the care of children with disabilities. (Kalabikhina 1999; ISEPN 1999b).[67]

Family dysfunction because of alcoholism. Alcoholism is often considered one of the major health and social problems in Russia. It is listed as one of the most frequent causes for removal of children from their homes, termination of parental rights, and placement into care. Also, homeless children or children found on streets cite parental alcoholism and violence as the primary reasons for leaving home.[68]

Single parenthood/incomplete families. There has been a steady increase in incomplete families over the 1990s, reflecting increased mortality of working age males, persistently high number of divorces, and the rise in nonmarital births. As discussed in the first part of the report, incomplete families with children generally face a higher risk of poverty than other types of families, and this risk increases with the number of children in the household. The loss of a parent often leads to poverty, as the remaining parent is unable to provide sufficient income and adequate care for the family. Likewise divorce, which often leaves the mother alone to fend for the family—as the father avoids alimony payments—is likely to result in poverty in the family. Moreover, vulnerability to the effects of parental unemployment, illness, imprisonment, death, and abusive stepparents is exacerbated in single-parent families.

In 1999, 28 percent of the total number of live births in Russia were to unmarried mothers. Three categories of children born to unmarried mothers are particularly vulnerable to being given up or abandoned immediately after birth: children with disabilities, children born to teenage mothers, and children born to mothers employed in the informal economy—often young immigrants from other CIS countries, lacking appropriate documents (a residence or work permit) and without any labor and social guarantees. If a child is born with a disability, the mother is informed by the maternity ward staff about the challenges she may face in bringing up the child on her own. Given the lack of support services at the community level, inadequate and insufficient state assistance and support, and expensive medical care, the mother will most probably decide to give her child up, especially in cases of severe disability and particularly if

[67] Literature from England and the United States also demonstrates a relationship between poverty and admission to care (Barth and others 1994; Tolfree 1995a, 1995b) and among poverty, child abuse, and neglect (Pelton 1981).

[68] Attempting to find a job and support families is also cited as one of the frequent reasons for children leaving their homes and coming to Moscow.

her economic situation is uncertain.[69] Births to teenage mothers are associated with much stigma, and consequently the mothers are inclined to abandon their children. Finally, migrant workers, particularly from other CIS countries, may face job loss (and possibly a return to their country of origin) if they decide to keep the child. Hence, in most such cases, the mother decides to give up her child right after birth.

Child's disability. Children with disabilities, especially those with severe mental and physical disabilities, appear to be at particular risk of being abandoned by their parents not only at birth but also later on. For instance, a majority of children placed in infant homes (children zero to three or four years of age) suffer from congenital and other diseases and are experiencing some form of development delays (Government of the RF 2000). Difficulties related to raising a child with disability in the absence of adequate public support may lead to the child being placed out of home, particularly in the case of single-parent families.

The role of social protection policies. In addition to economic and social reasons, the social protection system has played a role in the increase of children deprived of birth parental care as well. Insufficiently developed and unfunded preventive and supportive programs, such as income support and social work and care services that would strengthen families at risk and help them take care of their children, has contributed to the increase in the number of children entering care. The factors that have contributed to increased institutionalization of vulnerable children include ineffective implementation of the changed legal and institutional framework, Soviet legacy, and vested interests of different stakeholders.

1.2 What has the Government done?

1.2.1 Some important changes have taken place since the beginning of 1990...

Responding to the new social and economic circumstances, as well as to new attitudes that emphasized individual and rights-based approaches, the family and child welfare system in Russia has undergone important changes since the beginning of the 1990s.

The legal and institutional framework has been revised. A new Family Code was introduced in 1995, and it serves as the centerpiece for a new rights-based, family- and child-centered approach to family and child welfare. It reflects the UN Convention on the Rights of the Child (1989, see Box II.1.) and other UN documents on family and child well-being. Extensive changes have been introduced in legal and regulatory acts at federal, regional, and local levels, and further changes continue to be introduced, as family legislation is being brought up to standard, and the family and child welfare system adapts to new realities on the ground.

The family and child welfare system has been decentralized, with framework legislation and general policy development undertaken at the federal level, while responsibility for detailed

[69] During the field visits, the team was repeatedly told that disabled children are often taken care of by their (single) mothers. It has been observed that fathers tend to leave a family shortly after a disabled child has been brought home.

legislation and accompanying regulation, implementation oversight and service provision, including financing, has been assigned to regional and local governments.

Box II.1: *The Convention on the Rights of the Child*

The Convention on the Rights of the Child (CRC) embodies a range of closely linked and interdependent rights (which should secure that children are taken care of by their families in a certain manner) and conditions (which would allow for their full-fledged development). The CRC implies the responsibility of the state not only to protect individuals from violation by the others, but also to provide them with conditions and opportunities for life. The four general principles of the CRC are as follows: nondiscrimination; best interests of the child; the right to life, survival, and development; and respect for the views of the child. The CRC provides for five personal rights of the child: the right to live and grow up in a family (the right to know and be cared for by his/her parents and not to be separated from them, except when necessary in the best interest of the child); the right to communicate with both of his/her parents, grandparents, siblings and other relatives; the right to have her/his rights and legal interests protected; the right to express her/his opinion; and the right to a given name and a family name. The Convention requires that all the measures necessary to prevent children from becoming deprived of family environment are undertaken. Furthermore, special protection and assistance should be provided to those children who are already temporarily or permanently "deprived of their family environment." Institutionalization is seen only as a last resort option for placement of children deprived of family environment. The CRC also includes articles on the right of all children to education, to "the highest attainable standard of health," and to "a standard of living adequate for physical, mental, spiritual, moral and social development."

Preventive social welfare policies for families and children have been introduced, including a limited targeted poverty benefit, and community-based social work and care services for children and families at risk.

1.2.2 ... Yet, many important issues remain to be addressed

The changes that have taken place over the last 10 years have established a good foundation for the development of a rights-based, child- and family-centered, efficient, and effective family and child welfare system. However, many important issues, particularly those concerning effective implementation of the reform remain on the agenda. These issues are discussed below:

The division of functional responsibility is inefficient. Functional responsibility for family and child welfare remains divided among at least three ministries—the Ministry of Education, the Ministry of Labor and Social Development and the Ministry of Health—resulting in inconsistencies and inefficiency in the application of strategies and policies, and sometimes in apparent duplication of tasks. Most important, this has inhibited the development of a

comprehensive and coordinated strategy for moving toward a family- and child-centered welfare system. For this goal to be reached, consistency among the ministries is imperative—in the approach to strategy and the delineation of strategic responsibilities—as is systematic communication, especially in major strategic areas. Formal inter-ministerial arrangements should be considered to drive the shaping of strategy and serve as a focal point for reform. For the longer term, consideration should be given to consolidation of child welfare administrative responsibilities under one government agency, as is the case in other developed countries.

Decentralization involves challenges. Over time decentralization will allow family and child welfare interventions to be better tailored to local needs and result in better family and child welfare outcomes. However, given large regional and subregional differences in administrative capacity and financial resources, differences in access to family and child welfare programs have emerged. These differences point to the need to develop mechanisms that support weaker, and often needier, regions and localities to provide such standards. As well, there are no mechanisms to ensure that national welfare policy is correctly interpreted and implemented at the subnational level. The lower the administrative level is, the more diluted strategy and policy intent may become. To ensure that the intentions of welfare policy in fact are realized, implementation oversight may be most usefully carried out by regional-level welfare authorities. This, in turn, requires information flows that will allow the monitoring and evaluation of service provision on a continuous basis.

Funding is insufficient. Financial resources are insufficient to allow the welfare system to function adequately. Shortages exist at all levels, and they are exacerbated by inefficiencies generated by the lack of coherence in the system noted above. It is unlikely that significant amounts of additional financial resources will be channeled into welfare in the near future, and this implies that better use has to be made of available moneys—by means of better coordination of service provision; by prioritizing lower cost solutions to care, for instance by an even greater emphasis on prevention and care in family settings, while de-emphasizing institutional care; and by turning untargeted social-purpose entitlements and subsidies into targeted benefits focusing on the poor.

The introduction of preventive social welfare policies has been slow. The introduction needs to be faster and to cover all regions if preventive programs are to have an effect on the demand for substitute care arrangements and in particular de-institutionalization.

The role of institutions needs to be reconsidered. With an increased emphasis on prevention and care in family settings, the demand for institutions should diminish over time. This will warrant consideration of a strategy of progressive transformation and closing of institutions and the reallocation, including appropriate retraining, of staff to support the new approaches to care for children deprived of parental care.

Ten years into the transition, the Russian child welfare system is still administratively inefficient, with an intricate web of horizontally and vertically placed players and stakeholders, both old and new, whose functions are not always clearly defined and whose responsibilities frequently overlap. The complexity and insufficient clarity impede effective implementation of new policies. The system is costly, because it still maintains a focus on institutional care. It

contains large numbers of often insufficiently trained staff. Finally, it claims insufficient financial resources.

1.3 The public care system for children deprived of parental care

1.3.1 Entry into the public care system

(a) Routes into care

Children are deprived of their birth family environment and placed into substitute care for biological or social reasons. In the case of biological orphans, especially if both parents have died, the situation is relatively clear-cut. The situation of social orphans is more complex. They enter care several ways: (i) children themselves can ask for assistance and protection by turning to a local social services center, local social protection administration, or local guardianship authority; (ii) parents can request placement because of illness, poverty, imprisonment, long absence, or because of their child's disability; (iii) child abandonment (primarily in maternity wards right after the birth of a child) spurs public action; (iv) local guardianship authority can remove the child from a family due to parental neglect, alcoholism, illness, imprisonment, etc.; (v) termination or restriction of parental rights.[70]

Increasing role of termination of parental rights. During the 1990s, there has been a steady growth in the number of the termination of parental rights cases (see Table II.2). The termination of parental rights has thus become a major way for children entering care. While in 1991, termination of parental rights cases accounted for 15 percent of annual entries into the public child care system; in 2000, that share reached 43 percent.

According to the Russian Family Code, parents may be deprived of parental rights if they: (i) evade parental duties, including deliberate and persistent failure to pay the alimony; (ii) refuse, without a valid reason, to take a child from the maternity ward or other institution; (iii) abuse their parental rights; (iv) abuse or on purpose endanger their children or spouse; (v) are chronic alcoholics or drug addicts.

Both Russian legal scholars and practitioners view the termination and restriction of parental rights as a last resort intervention (Kuznetsova 2000; Pchelintseva 1999),[71] to be initiated after all other attempts to preserve the family have failed. However, the Family Code does not specifically regulate the "other efforts," that is, there is no concrete provision on the content and timing of the so-called reasonable efforts to heal and preserve the birth family.[72] Moreover, there is no clear assignment of functional responsibilities for undertaking these efforts.

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[70] The termination and restriction of parental rights are regulated in great detail by the Family Code (articles 69–77; see Annex 6), and other related legislation.

[71] In its Decree No. 10 from May 27 1998, The Supreme Court of the Russian Federation says that "The courts should take into account that termination of parental rights is an extreme measure". See the RF Supreme Court Decree No. 10, "On Implementation by the Courts of the Legislation Regulating Disputes over the Upbringing of Children", The Supreme Court Bulletin, No. 7, 1998.

[72] During the field visits the Bank team often heard that child inspectors involved in the termination or restriction of

Table II. 2: ***Termination of parental rights in Russia***

	1991	1995	1996	1997	1998	1999	2000
Children removed from parents whose parental rights have been terminated	8,949	31,403	34,865	37,536	41,411	46,526	53,073
Children removed from parents whose parental rights have not been terminated	2,571	6,265	6,724	5,652	3,847	34,92	4,053
Cases of parental rights termination*	7,510	19,846	24,359	27,640	31,790	35,454	—

—. Not available.

* Data from the Ministry of Justice and Court Department of the Russian Federation Supreme Court. Data for 1991 from Nechaeva (1994).

Source: Ministry of Education, *The State Report on the Situation of Children in the Russian Federation for 1996 and 2000.*

Little information on the termination and restriction of parental rights is available. It is thus difficult even to speculate about the reasons behind its rapid growth. Is it because of the new Family Code, which became effective in March 1996 or because of changed court practices? Is it because too many individuals and institutions have the right to initiate the court proceedings on the termination of parental rights?[73] Why is the number of families violating the rights and interests of their children growing so fast? Are currently available preventive services ineffective? Could they have had an impact given that (i) only 20 percent of the population is covered and that services are concentrated in a few regions; and (ii) the child care system is characterized by a lack of functional and organizational clarity?

In-depth evaluation of circumstances and reasons that lead to termination or restriction of parental rights, on one hand, and support measures provided to families prior to the court decision, on the other, could provide an analytical basis for improvements in preventive and supportive interventions aiming to keep the family together—that is, for the development of a menu of reasonable efforts that have to be made as part of the strategic policy orientation to preserve the birth family. The objective is to decrease the number of termination and restriction cases and thus decrease the number of children entering public care.

To that end, given a key role assigned to local guardianship authorities in the protection of rights and interests of children, particularly children deprived of parental care and their placement into public care, it would be useful to review the number of individuals and institutions that can initiate the termination and restriction of parental rights cases, and consider limiting it to parents and guardianship authorities. Furthermore, once the process of the termination or restriction of parental rights starts, at each single step efforts should be made to preserve the family, even if the children are temporarily removed from it. Finally, termination/restriction decisions and placement of children in substitute care should not be taken

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parental rights cases were obliged to talk to and assist the parents in order to enable them to keep their children (by referring the parents to a medical institution for alcoholism treatment, providing psychosocial support and counseling, assisting them to find jobs, helping them with apartments, and so on).

[73] Currently the termination can be initiated by one of the parents, substitute parents, the public prosecutor, or organizations or institutions to which obligation to protect the rights of the children is entrusted (such as the guardianship authority, commissions for the affairs of minors and protection of their rights, residential institutions, social work and care centers, and others).

as *fait accompli.* A continuous effort should be made to reunite the family. First, the parents should be offered assistance and termination, and restriction cases should be periodically reviewed. Second, there should be an annual mandatory review of the placement of children, particularly in cases involving institutionalization.

However, effective implementation of these measures requires the following: (i) a local guardianship authority that is much stronger administratively and technically; (ii) a social work and care services unit/center that would support it; and (iii) the introduction of *case management* as the core method in managing the cases of vulnerable children in need of public support.

(b) Identification and registration of children left without birth parental care

The rules for identification and registration of children deprived of birth parental care are set out in the Family Code.[74] They are straightforward: anyone aware of a family situation in which a child is at risk (in "difficult circumstances") should report it to the local guardianship authority. The authority determines whether the child should be removed from the family and, if so, provides temporary residential placement, while seeking to place the child in a permanent family environment. If this does not succeed within a month, the regional authorities in turn undertake a similar search for another month. If these measures fail, the child is formally registered in a central data base maintained by the Ministry of Education. The data base should contain regularly updated information on all children deprived of parental care in Russia, as well as information on persons that want to adopt children (including candidates for international adoption), those that want to take children under guardianship/trusteeship, and foster families.

The database is intended to become a central element in the management of the child welfare system. It should serve as a registry for the child, help track her as she moves through the system, and facilitate reuniting the child with the birth family or placement in substitute care. The database is still incomplete, and often inaccessible to potential substitute families. Most local guardianship offices lack computers, while the ones that do have computers, lack the necessary electronic links to regional databases. In turn, at the regional level, only two thirds of the regions are linked to the Federal database. It appears, based on anecdotal evidence, that currently the database is used mostly as a source for international adoptions.

The current procedures for processing and registering a child may have an adverse impact on the form of placement. Local guardianship authorities have one month in which to register and place the child in a family environment. While there are no good indicators of the time needed for placement, guardianship authorities consider one month too short, and note that it can be achieved only if the following conditions are met: (i) the guardianship authority is staffed with skilled personnel who have a reasonable caseload; (ii) there are relatives ready (and acceptable) to take on guardianship over the child, or there is a roster of verified candidates for guardianship or adoption (who will accept the child); and (iii) the required court proceedings are completed in a short period of time. This is rarely the case. The one-month limit was originally set to encourage local guardianship authorities to undertake intensive searches. Instead, it now appears

[74] See "On the Organization of the Centralized Record-Keeping of Children Deprived of Parental Care," Government of the Russian Federation Decree, No. 919, August 3, 1996 (amended on July 14, 1997 by Government Decree No. 879).

that the possibility to pass on responsibility for the child to regional, and then Federal, levels, adversely affects initiatives for intensive search at the local level. This is unfortunate, because it may reduce the chances of reuniting the child with his or her birth family or placing him or her in substitute care in the community.

The combined effects of an incomplete database and perhaps unnecessarily exigent placement procedures increase the likelihood that a child deprived of parental care ends up being permanently institutionalized. Given that the information network is gradually being built up, this issue will in time be solved. However, the speed with which the e change will come about is in part a function of available resources to invest in the system and subsequently to maintain it. The procedural aspects also will need to be reviewed—initially, reasonable time periods for placement should be set, taking into account staff constraints, information deficiencies, and legal requirements. Longer-term measures should then focus on tackling these constraints.

(c) Administrative arrangements: The pivotal role of the local guardianship authority

With the decentralization of the responsibility for child protection and child welfare to the subnational level, local guardianship/trusteeship authorities have become the key agent in identifying and placing children deprived of birth parental care (a responsibility for which they have exclusive right) as well as for monitoring the quality of care provided.

The local guardianship/trusteeship authorities are traditionally located in the departments of education, and their operating procedures still largely reflect the lingering bias toward institutional care. In view of their pivotal role in child welfare and the care of children deprived of birth parental care, particular attention should be paid to their abilities to implement new family and child-centered policies. In particular, delegating the responsibility for implementing the new policies to local levels offers opportunities for local authorities to move away from traditional administrative approaches and seek solutions that may better respond to their particular needs.[75] For instance, the Samara region, one of the pioneers of child welfare reform in Russia, has chosen to concentrate all family and child welfare activities, including guardianship functions, in a single Committee for Family, Motherhood and Childhood Issues. Furthermore, by changing the policy focus to emphasize preventive social care services, including developing foster care and promoting and stimulating family placement for children deprived of birth parental care, and correspondingly reforming administrative arrangements and investing in capacity building, it has achieved remarkable results in reducing residential care, including closing down some residential institutions (Administracia 1997, 1998).

[75] Another example is the Mitishchi municipality in the Moscow Region, where guardianship is within the Department for Motherhood, Childhood and the Issues of Youth. During the field visit to Mitishchi, the Bank team discussed extensively the functions, role, operational procedures, and organizational and other issues related to the guardianship unit. Some of the team's findings as well as points made by the guardianship unit staff are reflected in the discussion in this chapter. The staff pointed out tensions that existed between the local department of education and their department related to the issue of the location of the guardianship unit. In some cases the guardianship unit had been placed within either the local social protection department, or within a separate department for family, child, and youth welfare policies, and then, with the change of the administration leadership, moved back to the department of education.

When examining administrative arrangements that would be most appropriate, a number of factors need to be taken into consideration, outlined below.

Operating procedures. Guardianship authorities should be well apprised of the new focus of the child welfare policy, and their guidelines for case management should reflect this.[76] More generally, they should have clear guidelines for all functions that they perform. At the same time, there should be scope for the exercise of some discretion in applying guidelines, which implies a well-trained staff. There should moreover be articulated lines of responsibility, accountability, and supervision (monitoring and evaluation), as well as adequate appeals processes, which should be in place to put limits on potential arbitrariness. Without them, guidelines will either become rigid rules, or their equitable application will be uncertain.

Organizational aspects. The organizational location of the guardianship authority may need to be reconsidered. Given that it has been given critical responsibilities in refocusing the system on family-based substitute care and de-emphasizing institutionalization, it would appear that placing the guardianship function in the part of the local administration that is responsible for the affairs of families and children should work in favor of reform. This would bring the additional advantage of better articulating responsibilities among different functional authorities, including health, education, and labor and social development.

Staffing, equipment, budgets. Guardianship authorities across Russia are understaffed, often staff lack adequate skills, and training opportunities are insufficient. Offices lack equipment and materials that would allow staff to work effectively, even if they had the skills. In most cases, support services such as family placement centers, which are supposed to prepare and keep rosters of potential substitute families, do not exist. Limited experiences in some regions suggest that these support services may be crucial for launching family-based substitute care strategies. Finally, budgets remain constrained, and in some instances this may be overcome at least partially by consolidating child care services with the local network of social work and care centers.

[76] The Moscow City law, *On the Organization of the Guardianship/Trusteeship Work in the City of Moscow,* specifically requires that a municipal guardianship authority makes a case management plan—in other words, "a plan for the protection of the rights and interests of the child, with a list of measures to be taken, a timetable and delineation of responsibilities between the child's parents and the guardianship organ" (Article 1, the Moscow Duma Bulletin, No. 6, 1997). Such a plan should be prepared in written form with the mandatory participation of representatives from "educational and medical institutions, interior affairs, social protection, and other municipal services, as well as social organizations working directly with the child and possessing information necessary for the development of the plan" (*ibid*). The plan should be adopted by a municipal commission for the protection of the rights of the child.

Box II.2: An Example: A Guardianship Authority in the Rostov Oblast

The regional law *On the Organization of the Guardianship and Trusteeship in the Region of Rostov*, in accordance with the relevant federal legislation, assigns the guardianship functions to the local self-government administration. It authorizes the local department of education to perform the guardianship functions with respect to minors deprived of parental care and other children in particularly difficult situations. The guardianship organs are also expected to coordinate activities of all child welfare stakeholders at the municipal level, including health, education, and social protection.

The guardianship unit is subordinated both to the head of the local administration and the head of the local department of education.

Staffing of the guardianship units is inadequate. Although the Law envisages one child inspector per 10,000 child population (the norm recommended by the federal legislation is one per 5,000), but not less than three inspectors per municipality, the number of the staff is below 50 percent of the norm. Furthermore, the staffing norms do not take into account the presence of a residential institution in a municipality, which, according to the legislation, should be monitored and supervised by the guardianship body. Overburdened by other tasks, inspectors do not have time to deal with the problems of residential institutions and in reality delegate some of their functions to the managers of institutions, which is against the law. Like elsewhere in Russia, almost all child inspectors are pedagogues by education, thereby lacking adequate professional skills to deal with complex social and legal issues involved in child cases. The need for on-the-job training is urgent.

Guidelines and operational manuals are incomplete and in most parts outdated. The caseload is high. For instance, in one of the municipalities of the city of Rostov, there is only one employee/child inspector at the guardianship unit. She covers a child population of about 34,000 and is supposed to supervise two children's homes housing approximately 200 children. In 1999, she dealt with some 500 cases, of which one third had to go through the court. About one half of the cases were related to housing issues (review and certification of sale or exchange of housing units where children were involved); the other half were adoption cases and placement of children deprived of parental care under the guardianship/trusteeship and in residential institutions. She also dealt with 36 cases of termination of parental rights. She had to prepare all the documentation herself, including legal documents for the court hearings. She is a pedagogue by education, not a lawyer.

The overburdened municipal court decides with long delays. There are no judges specifically assigned to deal with cases involving minors. In Russia as a whole, very few courts have judges who focus on minors' cases (and that only for adoption). Russia does not have a juvenile justice system.

Computers and other office equipment are rare. A database on all processed cases, powered with the ability to exchange information not only among municipalities, but also among the regions would greatly improve the quality of work. The existing regional and federal databases on children deprived of parental care, as well as persons willing to adopt children or take them into guardianship/trusteeship is not of particularly useful, because there is no local access to them.

There is a regional guardianship and trusteeship unit. However, it does not have any statistical information on work done by corresponding municipal units and it does not supervise their work, because there is no legal base for it.

This summary is based on a series of interviews with children inspectors, employees of the regional and local departments of education, health and social protection, administration of several residential institutions ,and several guardian and trustee families, conducted in May 2000 (Ovcharova 2000).

Monitoring and evaluation. No systematic monitoring, functional reviews,[77] or evaluations of guardianship authorities is undertaken. Currently oversight is exercised by the public prosecutor's office. However, that office is understaffed and overburdened with work; and its focus is primarily on adherence to formal procedure, that is, inspection. While such oversight is necessary, it is not sufficient to ensure the quality of outcomes. For that, functional reviews are needed. These should gradually bring about improvements in case management at the case worker level.

1.3.2 The forms of care—Substitute care arrangements

In Russia, children deprived of birth parental care may end up in any of a number of different substitute arrangements: they may be adopted; placed under guardianship/trusteeship, in foster care, group homes, or with patron families; or institutionalized. Substitute care aims at providing permanence, stability, and safety to children. Hence it is intended to be long term, and it involves a transfer of custodial rights over the child to the substitute entity (except for patron families). Adoption and guardianship and trusteeship arrangements best correspond to the aims of substitute care.

Children deprived of parental care who are placed in institutions, with foster families and guardian/trustee families are entitled to a range of cash and in-kind benefits provided by the State until they are 18 years (23, if they are studying). These benefits include free food and clothing, accommodations, and medical services. Supplementary entitlements relate to education and comprise free education and related material support (including a larger cash benefit and an annual allowance for textbooks and other school materials), property rights and housing (including allocation of municipal dwelling on a priority basis), and employment support (training and retraining, job search assistance and job placement, unemployment benefits for a period of six months after graduation, and so on).

In addition to the above entitlements, children deprived of parental care can receive other benefits, such as survivor's benefits, alimony, and a disability social pension. Institutionalized children's benefits are accumulated on savings accounts until they are discharged from the establishment. However, the children receive a decreased pension amount, as part of their pension goes to defray expenses related to their institutionalization. The rationale for this is not clear, since children are supposed to be fully maintained by the State.

The system of entitlements is extensive and may absorb a significant amount of resources. At the same time, its welfare impact is not well documented. In view of the resource constraints that plague the child welfare system, the utility of the various benefits should be examined with a view to concentrating resources on benefits that can have a significant impact on child welfare.

[77] Functional reviews should be contrasted with inspections. In the former case, the purpose is to establish how the objectives of the task are being met within the rules, and if the rules are adequate to address the kind of issues that the entity encounters. In the latter case, the focus is on whether rules are being followed.

A. Family-based substitute care arrangements

(a) Adoption

In both theory and practice of social work, adoption is considered the best form of substitute care for children deprived of parental care. It provides permanence, safety and stability, as well as the care and love children need to develop fully. It is the least costly form of substitute care. The Russian Family Code regulates adoption as a priority placement option for children deprived of parental care. Adoption is effected through the courts, with the local guardianship authority preparing the case and representing the interests of the child. International adoptions, which have been allowed since the early 1990s, are treated as an option of last resort. Administratively, issues related to adoption come under the Ministry of Education.

During the 1990s, the role of adoption among the substitute care arrangements has decreased. In 1990, its share in the total placements was some 30 percent; in 2000, that percentage had declined to 23 percent. Recently the share of adoptions in the annual placement of children deprived of parental care has dropped sharply: in 2000, only 11.1 percent of new entrants into substitute care were adopted. Moreover, some 46 percent of the adoptions were by foreign citizens (MLSD, 2001, p. 52). Adoption of children with disabilities was unknown until Russia opened up for international adoptions. Adoption practice is very much influenced by values, customs, culture and public opinions and attitudes. For instance, anecdotal evidence suggests that in Russia some future adoptive mothers simulate pregnancy before the adoption takes place. The disclosure of the adoption is a criminal act and it can be prosecuted (in 1999, there were 38 such cases). Most adopted children are infants. Very few children placed in residential care are adopted.

The following reasons may help explain the decline. *First*, a general deterioration in living standards, especially after the 1998 crisis, has discouraged childless and other families from adoption. *Second*, eligibility criteria became more stringent in 1998, and adoptive parents now have to be able to provide a standard of living at least at a subsistence minimum for the region they reside in, and housing conditions have to meet regional minimum sanitary standards. Such requirements, which often are far from met in natural families or residential institutions, limit possibilities to adopt. *Third*, access to information on children available for adoptions is inadequate. Although a monthly bulletin containing information on children in need of family placement has been published since February 1998, it seems that information is not widely accessible (Government of the RF 1998, p. 41).

The following might have played a role as well: (i) the length and a complexity of the adoption process; (ii) unclear division of functions and responsibilities of different parts of the local administration involved in the adoption process; and (iii) the passive approach of the local administration to adoption—namely, potential adoptive parents were not sought out or encouraged to apply for adoption. Moreover, with the exception of the Samara Region, there is no adoption services office that would prepare parents for adoption and help them in the postadoption period. The same applies to guardianship and other forms of family placement.

A range of measures aimed at stimulating national adoptions is needed to achieve in practice the legal priority given to adoption, including the following: (i) better information systems on children available for adoption and potential adoptive parents, including at local levels; (ii) more realistic criteria that adoptive parents are required to meet; (iii) improved administrative efficiency in handling the adoption cases; (iv) establishing a unit within the local social welfare administration that would identify, train, monitor, and provide support not only to adoptive, but also to guardian and foster parents; (v) public information campaigns that would promote national adoption, including the adoption of children with disabilities and children from institutions.

(b) Guardianship/trusteeship

Guardianship/trusteeship[78] is the most common substitute care arrangement in Russia for children deprived of parental care. Similar to adoption, it is considered permanent, stable, and safe arrangement, providing a nurturing family environment for the child.[79] In most instances, kinship is involved. From a public finance point of view, a guardianship/trusteeship is a cost-effective form of substitute care.

In 1999, some 52 percent of new entrants into substitute care ended up in guardianship and trusteeship arrangements. Overall, about one-half of all children deprived of parental care have been placed in such care. It should be noted that children are not automatically placed with guardians and trustees. Potential guardians/trustees, even if they are close relatives, have to be evaluated as fit to take care of a child (see Box II.3 below for an example). Since 1992, guardians and trustees have been entitled to a regular monthly compensation for costs related to the child. The compensation is supposed to reimburse food, clothing, and other costs related to maintaining and raising the child and is supposed to be financed from the local administration budgets. The introduction of compensation has actually moved the nonkinship guardian/trustee substitute care closer to long-term foster care. It would be useful to examine (i) whether and to what extent compensation has distorted incentives for guardianship and in particular a nonkinship guardianship, and (ii) what (if any) the impact of foster care is going to be on guardianship.

The guardianship allowance is another example of often insufficiently funded or unfunded mandates. In a number of regions (i) the amount of the allowance is lower than the amount that would be justified based on the standards for its calculation; and (ii) this allowance is paid with delays, resulting in large arrears. In part because of this, and in part because of general hardship, there are cases in which guardians are requesting that the guardianship/trusteeship be terminated, because they are unable to continue taking care of the children.

The share of children placed under guardianship has remained unchanged in recent years. As in the case of adoption, a major reason may be found in the general economic decline and the

[78] Guardianship is established for children under 14; trusteeship for children 14 to 18. In contrast to prevailing practice in developed countries, the kinship care arrangement in Russia requires as a rule involvement by official local guardianship authorities, as well as legal verification of the custodial arrangement.

[79] No in-depth comparative research on the development outcomes of children placed in different forms of public care is available. In the Russian literature and Government materials reviewed for the purpose of this study, the guardianship is referred to as one of the most favorable forms of the substitute care.

consequent impoverishment of many families. Irregular guardian compensation payments also may have discouraged families from taking children into their homes. Still, in a few regions potential guardians are actively sought. While it is a natural step to aim for a child's placement with his/her extended family first, it would be useful to have a pool of potential guardians. Reasons that this has not been done may be found in fiscal constraints, but may also be the result of lack of organizational clarity about who is administratively responsible for seeking out and providing training and support to adoptive and guardian families. Local guardianship bodies are overloaded, and the idea of establishing local centers for adoption and guardianship has not materialized except in a few instances, such as Samara.

Box II.3: Evaluating the Fitness of the Caregiver

Two children whose mother has died live with their grandmother. A father who had divorced the mother and is living separately requests custody over the children. The court declines his request, because he is found unfit to care for his children (he is an alcoholic, unemployed, and without a permanent residence). In the process, however, the grandmother is also assessed as unfit to take care of the children: she is old, her health is failing, and her house is in poor condition ("dirty and untidy"). The court decides to remove the children from their grandmother and the local guardianship organ places them into residential care (Kuznetsova 1999, pp. 77–78). This example may be typical in that it illustrates a decision-making process, as well as attitudes of the decision-making agents that result in children being institutionalized. Alternatively, this case could have been handled in the following way: the children could have been left with the grandmother, with appropriate assistance with household chores and the children's supervision provided by a local social services center. A case management plan could have been developed—including steps to be undertaken when the grandmother dies. Given the cost of institutional care and its outcomes, the latter arrangement would have been far more cost-effective than the one that was chosen.

The guardianship/trusteeship arrangements have important advantages and are a preferred means in Russia of substitute care placement. The practice has a long tradition and is generally well accepted. As such, it should be a policy priority. As in the case of adoption, continuous enhanced efforts are needed to promote, further develop, and strengthen the institution of guardianship and trusteeship. To that end, a regular payment in full of benefits to which guardian/trustee families are entitled may play an important role.

(c) Foster care

The 1995 Family Code reintroduced foster care in Russia after almost 30 years.[80] Foster care is a contractual agreement between a foster family and a local guardianship authority for the placement and care of vulnerable children. It is concluded for a specific time period. A family that wants to take in a foster child is required to meet certain criteria related to family members' health, marital status, employment, income, housing, education, and so on. In principle, a foster

[80] Paid foster care was introduced in Russia in 1928. It was abolished in 1968 with the Fundamentals Law on Marriage and Family (for discussion see Harwin 1996, pp. 53–56).

family is fully compensated on a monthly basis for expenses related to foster children. Foster parents are paid a monthly wage as well. The extent of wages and privileges depends on the number of foster children.

The following children are eligible for foster care: (i) those deprived of parental care either entering or already in public care, and (ii) those whose parents are ill and thus incapable of taking care of the children. Parents can also place children who have disabilities or are ill into foster care—note, however, that this option should be exercised with caution; it should be utilized only on a limited and short-term basis and only as support to the birth family (for instance as a form of respite care). For institutionalized children to be placed into foster care, as in the case of their adoption or placement under guardianship, consent from the institution is required. The maximum number of children who can be placed in one foster family is eight. By law, siblings should be placed together. It is the responsibility of local guardianship authorities to administer and supervise the foster care process. While local governments have the option of establishing centers for foster care that would identify, assess, prepare, train, and provide support to foster families (as well as other substitute parents), very few such centers have been established. In most of the cases, these functions are performed by overly burdened and understaffed local guardianship authorities.

I In 1999, there were 1,369 foster families in Russia with about 3,500 foster children. Although that represents a 56 percent increase in the number of foster families over 1998, the growth of foster parenting has been generally slow. Possible reasons include the following: (i) not many people are aware of this form of placement (there has been no systematic awareness-raising); (ii) some regions have set unduly restrictive conditions on foster parents;[81] (iii) many regions have not passed the necessary legislation regulating wages of foster parents; (iv) maintenance allowances for foster children are paid with delays in many municipalities, and this discourages families that might otherwise be interested in fostering; and (v) there is a lack of appropriate support services at the local level that would focus on foster care development.

(4) Patron families

Several regions in Russia[82] have introduced *patron families,* promoted by the Ministry of Education. The patron families arrangement is used for moving children out of residential care. The approach works in the following way. A residential institution seeks out, selects, and trains families willing to take children from the institution. It also supervises and supports the families once they have taken a child (or several of them). Children are placed in a patron family based on a contract between a residential institution and a family. The contract is for a specified period of time, often until the child reaches the age of 18. The patron family is paid monthly compensation, which is effected by the institution: a portion of a monthly allocation for sustaining the child in an institution is channeled to a patron family instead. The institution's administration decides on the amount.

[81] In the Tver Oblast, for example, foster parents are required to have pedagogical education and certain length of work history.

[82] Moscow, the regions of Perm, Vladimir, Kaliningrad, and Rostov, and the republics of Karelia and Mari El.

Essentially, patron families are long-term foster care arrangements. However, in contrast to foster and guardianship placement, which is decided on and administered by a local guardianship authority, placement into patron families is organized and decided on by a residential institution. Also, the institution keeps the custodial right over the child.

In circumstances in which the long term objective is to remove children from institutions and place them permanently in family-like surroundings, the patron family approach does seem to usefully serve this purpose. Also, it illustrates the usefulness of active involvement of institutions in supporting other forms of substitute care. Thus, more consideration might be given to drawing on institutional staff to support local guardianship authorities in identifying, selecting, and training potential adoptive, guardian, and foster parents, and in monitoring and supporting them after placement. Ultimately, of course, the aim should be to establish a dedicated team of professional staff that would assist the local guardianship authorities perform its functions.

The patron family arrangement raises a number of concerns as well. First, potentially it provides disincentives to de-emphasizing institutionalization and to guardianship. The institution can control and adjust the number of children placed in and out of it and thus effectively block the closing. Second, if the patron family mechanism is to be maintained, it should be given the same legal and administrative basis as other care arrangements. In particular, the contractual arrangement should be between the guardianship authority and the patron family, not with the institution. Third, a clear plan for closing down or transforming the institution with the timetable and responsible agents should be developed. And fourth, clear financing rules should be established.

B. Out of home placement—Institutionalization

(a) Institutional care

In the early 1990s, the number of institutionalized children deprived of parental care declined in Russia. Beginning in 1993, there was a reversal of this trend, and the number of such children steadily climbed from 114,000 to 180,000 in the year 2000, a 63 percent increase over a period of seven years. The number of institutions housing these children rose accordingly, from some 1,500 to over 2,000. Moreover, in addition to children deprived of parental care, these institutions also housed about 30,000 children from families in difficult circumstances. The increase occurred against a background of (i) a changing legal and institutional framework and new strategies, which all gave priority to family placement over institutionalization; and (ii) growing public awareness of the harmful effects of institutionalization on child development. These trends are not an exception in the ECA Region. Most of the countries in the Region have recorded the same tendencies during the 1990s (UNICEF 2001).

What happened? In part, the system was being overwhelmed by the rapid increase in the number of children who were being classified as deprived of parental care and could not easily place them in more favorable situations. The increase in turn reflected the combined effects of a deteriorating economic and social environment. The situation was further exacerbated by

systemic weaknesses, as necessary changes in the policy and administrative structure lagged behind changes in legal and institutional framework. Many parts of the system lacked the skills, the resources, and sometimes, the will to reduce the emphasis on institutionalization.

(b) Residential institutions in Russia: A brief history

In the former Soviet Union, both for reasons of ideology and in order to cope with successive waves of biological and social orphans, the practice of institutionalization came to play a very important role. Institutional solutions were not only aimed at children deprived of parental care, but also at children with disabilities, children of war invalids and single mothers, as well as children whose parents were absent owing to job demands, children in unhealthy living conditions, and more generally, children of parents who were deemed unable to take care of them.

The First World War and the revolution deprived millions of children of their family environment. According to some estimates, during 1921–22 there were 7.5 million orphaned, neglected, homeless, abandoned, and starving children, wandering throughout Russia in search of food and shelter (Nechaeva 1994; Harwin 1996). Between the two world wars, ideological repression, purges, and the collectivization of land and farms created hundreds of thousands of new orphans and neglected and homeless children. Their problem was continuously on the agenda of the new authorities. Numerous legal acts and programs with accompanying administrative structures were adopted and introduced to "combat children's neglect and homelessness." The problem, however, remained to a large extent unresolved. Furthermore, the Second World War left an additional 678,000 children without parents. Only after the war did the situation stabilize.

Institutions were assumed to be the best way to bring up and educate children, far superior to a family environment, and they were systematically promoted as such, not only for children deprived of parental care but also for other children. Hence, after World War II, in addition to housing orphaned children, institutions started admitting children from regular families. In part, this was also driven by the need to enable the parents' labor force participation. Generations of pedagogues, teachers, medical doctors, and other professionals working with children were educated to regard institutions as indispensable to good "social" upbringing and education. Only in the late 1980s, with *glasnost*, did institutionalization of children and its detrimental effects on their development become a part of the public and policy debate. The signing and ratification of the UN Convention on the Rights of the Child in 1990 and steps undertaken by the Russian Government to reflect the Convention in the family and child welfare legal and institutional framework and policies have greatly contributed to a changing environment.

(c) Institutions in Russia versus institutions in other developed countries

The kind of institutions still commonly found in Russia for children deprived of parental care and children with disabilities no longer exists in other developed countries.[83] Such establishments ceased to exist in most of the developed world some 20 years ago, after a

[83] However, institutions similar to Russian ones can be found in developing countries (Tolfree 1995a).

transition period of about 25–30 years, during which deliberate de-institutionalization was progressively implemented. The establishments were replaced by foster families in most cases, both for short- and longer-term placement, with adoption as a preferred form of placement. It should be noted, however, that although much more effective than institutionalization, foster care is by no means a panacea. As shown by the American experience (see Annex 7), it does not provide sufficient permanency and stability to children. In addition, there's the possibility of child abuse by foster families, as some cases have shown. Recent discussion, in addition to measures needed to improve foster care, has focused on kinship care as a substitute care arrangement that can provide permanency, stability, safety, and care similar to adoption.
Institutions for children that currently can be found in other developed countries are specialized, small establishments for temporary placement, and for the care and treatment of children with behavioral problems (Kadushin and Martin 1988).

(d) Types of institutions for children deprived of parental care

There are in Russia three groups of institutions for children deprived of parental care.

(i) *Infant homes* for children 0 to 3 (4 for children with disabilities), both deprived and not deprived of parental care. These homes are under the administration of the Ministry of Health.

(ii) *Children's homes and boarding schools* of various types for children 1.5 to 18, mainly ones deprived of parental care—although these also admit other children on a temporary basis because of difficult family circumstances. Administratively, these schools are under the Ministry of Education.

(iii) *Special homes (internats)* for children with severe disabilities. These are administered by the Ministry of Labor and Social Development.

Since 1992, the establishment and financing of children's institutions has been a responsibility of regional and local authorities—the latter in most instances. The Federal Government, through the respective ministries, sets general directions for family and child welfare policy, and it provides methodological guidance, guidelines, and instructions for operating the institutions. It also provides limited financing (mainly through the President's program, "The Children of Russia," and support for the capital maintenance of child care facilities).

(e) Infant homes

Infant homes in Russia are "health care institutions established to raise and provide medical assistance to children deprived of parental care, as well as children with mental and physical disabilities."[84] Infants enter care in two major ways. First, they are given up by their

[84] The establishment and operation of infant homes is regulated by several documents of the Ministry of Health of the USSR, including the *Order on Infant Homes* (No 1525), *Operational Manual for Medical Doctors in Infant Homes*, and *Instructions on the Order on Admission of Children into Infant Homes and Discharge from Them* (all from 1986). Infant homes are of two types—general and specialized. *General* homes house children 0–3 years of age, while *specialized* homes (which may be freestanding or part of a general home) house children with disabilities aged 0–4.

parents, mostly teenage and unwed mothers, who are unwilling or unable to keep the child. In most cases, this occurs in the maternity ward, and often at the suggestion of the staff. More than one half of children in infant homes were relinquished or abandoned by their parents (see Table II.3). Second, a child may be placed voluntarily by the parents for diagnosis and treatment, usually when the child suffers from a serious congenital and other illness. There is still a widespread perception, which is not unique to Russia, that children with disabilities need specialized residential help. In cases when children are placed voluntarily, a contract is signed with the parents specifying the period of time a child will spend in the infant home. It often happens, however, that parents do not show up to take back their child, effectively abandoning him or her. In part, this is a consequence of the lack of contact with the child once he/she is left at the infant home.[85]

Table II. 3: ***Children in infant homes in Russia, 2000—by legal status and reasons for placement***

By Legal Status	%	By reasons for placement	%
Full orphan	0.54	Poverty	17.9
One parent dead	3.65	Mother's imprisonment	5.4
Child relinquished formally by the parents	43.68	Father's imprisonment	4.7
Termination of parental rights	17.22	Child with disability	25.1
Temporary placement	27.46	Medical treatment and rehabilitation	5.4
Abandoned children (of unknown parents)	7.45	Single-mother's child	21.6
No information	3.92	Mother hospitalized	2.9
TOTAL	100.00	Other reasons	17.0
		TOTAL	100.0

Source: Ministry of Health of the RF.

Children exit an infant home by being returned to their parents, adopted, placed in the care of a guardian or a foster family, or by being transferred to a children's home, or boarding school upon reaching the age of three (or in the case of children with disabilities, to an institution for such children at age four).

The number of institutionalized children aged 0–4 has been increasing gradually since 1994, while at the same time that age cohort declined by 45 percent. There are currently 19,300 children in infant homes, or 300 per 10,000 children aged 0–4. The share of children deprived of birth parents is 73 percent; the remainder are children placed there voluntarily by their parents. As a matter of fact, the number of institutionalized infants is higher by some 4,000. These are placed in children's homes under the MOE. This is a new development, as children's homes in the mid-1990s started admitting infants (but not those younger than 18 months). Therefore, the number of institutionalized infants in Russia is currently 23,000—or 350 per 10,000 child population aged 0-4.

[85] Tolfree (1995a) quotes a study of the Dartington Social Research Unit in the United Kingdom, which highlighted the problem of "withering links," that is, contact between the child in care and her/his family simply tend to erode over time. In order to prevent this or at least decrease the probability of its happening, contacts should be required and encouraged by the infant home staff, that is, parents should be obliged to participate in the care of their child.

Data on infant homes over 1990–99 presented in Table II.4 indicate that (i) the inflow and outflow of children in infant homes has increased, by 32 and 26 percent respectively; (ii) the share of children transferring into the MOE and MLSD institutions after the infant home stage has declined, from 47 percent to 24 percent; (iii) the share of infants younger than a year has increased to about 30 percent; (iv) the share of voluntary placements by parents has declined to 19 percent; and (v) the share of children exiting infant homes for adoption has grown from 19 percent in 1990 to 52 percent in 2000.

Table II. 4: ***Infant homes in Russia 1990–2000 (end-of-year data)***

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Infant homes	265	262	257	253	252	252	252	251	249	248	254
Places (beds)	—	—	—	—	22,087	22,237	21,951	20,192	21,976	21,504	21,984
Children	18,500	17,800	17,700	17,700	18,021	18,346	18,498	18,097	19,250	19,289	1,9345
Per 10,000 children 0–4	158	158	167	181	204	224	243	255	287	292	302
Children 0–4 (in 000)	11,730	11,301	10,624	9,759	8,841	8,192	7,585	7,091	6,749	6,633	6,410
Annual entry and exit											
Entry	11,000	10,700	11,400	11,800	12,059	11,533	12,288	12,783	14,447	14,463	13,291
Orphans (social and biological)	5,214	5,104	5,461	6,443	6,868	6,773	7,914	8,840	10,024	10,231	9,820
Placed by parents	5786	5,596	5,939	5,357	5,191	4,760	4,374	3,943	4,423	4,232	3,471
Exit	10,700	10,400	10,500	10,700	10,876	10,349	11,484	12,420	12,623	13,508	12,895
Taken by parents	3,627	3,630	3,801	3,788	3,304	3,061	3,132	2,897	2,958	3,347	2,871
Adopted	2,054	2,517	2,856	3,071	3,973	3,727	4,899	6,068	6,085	6,759	6,689
Transferred to the MLSD *internat*	3,028	2,288	1,817	1,969	1,631	1,323	1,220	1,413	1,170	1,261	1,306
Transferred to the MOE establishment	1,990	1,966	2,027	1,873	1,809	2,058	1,953	1,945	1,952	1,891	1,741

Source: Administrative data from the Ministry of Health of the RF; Goskomstat for children's population aged 0–4.

The data, as well as anecdotal evidence, would seem to indicate that infant homes are increasingly channeling children either back to the family or into family-like settings. At the same time, it appears that families are more inclined to care for their handicapped children in the home.

Infant homes and early childhood development.[86] Notwithstanding the efforts that so far have been undertaken to improve the care provided by infant homes in Russia, important issues remain concerning the adequacy of residential care for infants and young children.

Infant homes can provide some of the aspects of care in early childhood, such as those related to physical security and nutritional status. Yet, by their very nature they are incapable of providing a sufficiently stimulating environment to develop cognitive abilities, motor skills,

[86] Evidence from the fields of physiology, nutrition, health, sociology, psychology, and education indicates that early years are crucial in the formation of children's intelligence, personality, and social behavior. Research suggests that most of the development of intelligence occurs before the age of seven. The first year of life is crucial in terms of a nutrition and physical growth; children who falter during this period run the risk of delayed or debilitated cognitive (mental) development (Evans, Myers, and Iifeld 2000, p. 7).

social relationships and language, opportunities for exploratory play and interaction with adults and other children, and continuous sensory stimulation. In infant homes, children are cared for in groups, there is a daily routine to follow, there are several caregivers working in shifts, staff turnover may be high, and so on. Even the best of infant homes cannot provide the love, bonding, and attention infants need to develop successfully. Hence it is of no surprise that developmental delays are observed even in infants who have entered this type of care as healthy babies. The negative effects of institutional care on child development were the basis on which a movement for de-institutionalization of child care in Western countries developed during the mid-1950s,[87] and by the early 1980s, residential institutions for children, which could be comparable to those in Russia, had ceased to exist as a result of a deliberate policy.

It seems there are two groups of professional opinion in Russia with regard to infant homes. The first one argues that infant homes are "still necessary," particularly for orphans, sick children, and children of destitute or sick parents "to protect the life that is beginning." The second one argues for a comprehensive shift in policies toward preventive and family- and community-based responsive programs (Nechaeva 1994). The Samara region has been pursuing the latter approach since 1993. As a result of complex, planned, and persistent reform efforts it has managed to restructure its family and child protection system and decrease the flow of children into residential care. Moreover, it has closed down one of its infant homes (Administracia 1998).

Measures to further reduce the inflow of infants into infant homes. Decreasing the flow of infants into residential care and refocusing infant homes on supporting new families is an important next step in improving opportunities for children deprived of parental care and children with disabilities. This is a complex task that requires coordinated preventive, supportive, and responsive programs from various areas, including health, education, and social protection, providing a continuum of care and aiming to achieve the following:

a) *preventing unwanted pregnancies*—family planning, sex education, birth control;
b) *decreasing the probability of infants being born with congenital and other diseases*—screening, prenatal care and support, psychosocial support and treatment (for mothers who abuse alcohol and drugs);
c) *decreasing the probability of infants being formally relinquished or abandoned*—providing financial and psychosocial support, counseling for families with pregnant teenagers; abolishing the practice in maternity wards of encouraging teenagers and unwed mothers to abandon their babies; and providing shelters for mothers and their babies during pregnancy and the first months after delivery, job search assistance, access to daily care facilities, social assistance transfers, and special services to families with infants with disabilities (rehabilitation services, additional material support, free access to drugs and medical services, counseling, respite care, and so forth);

[87] The 1951 United Nations report, *Maternal Care and Mental Health*, by John Bowlby, was a turning point in the professional and policy makers' attitudes toward the institutionalization of children. The report provided a detailed review of a considerable body of research showing harmful effects of institutionalization on child development (see Kadushin and Martin 1988).

d) *providing family placement of abandoned infants, both healthy and with disabilities*—temporary placement in foster care (not infant homes); permanent family placement through adoption, guardianship, long-term foster care;

e) *ceasing the practice of admitting children for diagnosis and therapy*. Sick children should be treated in relevant medical institutions and should stay with their families. Families should be provided adequate support;

f) *placing infants whose mothers are imprisoned or hospitalized into foster or patron families*, and

g) *transforming infant homes into family support centers*—instead of solely providing residential care, infant homes could be transformed into resource centers providing information, services, and support to infants and their natural or substitute families.

Ultimately the objective should be to substantially reduce the need for large numbers of infant homes, and to focus on family-based substitute care arrangements for infants deprived of parental care.

(f) Children's homes and boarding schools

Children's homes and boarding schools provide for children deprived of parental care aged 1.5 to 18. They also admit, on a temporary basis for a period of up to a year, children of single parents, unemployed parents, refugees, internally displaced persons, and children of victims of natural disasters without a permanent residence. Siblings are placed together.

Admission is on the basis of a decision of the relevant local guardianship authority. The homes and schools are established and funded by regions and (mainly) municipalities. Administratively these are under the Ministry of Education. Accurate information on how many staff members are employed by these institutions is lacking: some rough estimates indicate a staff total of about 70,000–80,000 people.

Children's homes.[88] In 2000, there were 1,244 children's homes (more than double the figure in 1990). In part this reflects a deliberate effort to downsize the number of beds per children's home, in order to improve living conditions and the quality of care. More important, however, it is a consequence of the growing number of institutionalized children. The homes housed 72,300 children, an increase of 70.2 percent over 1990. Altogether 94 percent were children deprived of parental care. The remainder consisted of children admitted temporarily because of difficult family circumstances.

While the tendency to place children from difficult family circumstances in children's homes certainly reflects favorable attitudes toward institutionalization, it also appears to be a financial question. Staff members at children's homes argue that many voluntary placements might be avoided if regular monthly social assistance–type cash benefits were available for

[88] Children's homes can be homes for very young children (recently introduced and providing placement for children 1.5 to 3 years old), homes for children of the preschool age (up to age 7), homes for school-age children, and homes for mixed-age groups. The latter type dominates.

families facing difficult circumstances. Instead, the current system seems to favor relatively costly placement of children in difficult circumstances in institutions.

Contrary to other institutions for children deprived of parental care, children's homes (i) do not provide education to children placed in them (children regularly attend a nearby school), allowing for at least some mingling of institutional children with the community; and (ii) are smaller than other institutions. There have been efforts to change the models of care and reorganize the daily routine to become more individualized. In some homes, children are assigned permanent caregivers, which offers stability and an opportunity to bond. In addition, children in "mixed age" homes do not have to move from one home to another once they reach a certain age, which also may contribute to stability. Furthermore they can benefit from the fact that children of different ages live together (Tolfree 1995a; Kadushin and Martin 1988).

Boarding schools provide boarding and general education for school-age children (in most cases general elementary education, and in some instances also general secondary education).[89] In 2000, there were 157 boarding school housing 26,500 children (9.6 percent less than in 1990), of which 88 percent were children deprived of parental care. Boarding schools are large, with about 170 children per school on average, although some of them house as many as 300 children.

Children's home-schools are a new type of establishment that was introduced in 1998. It admits children of any age, deprived of parental care or in difficult circumstances. Children attend elementary-level classes in the establishment and continue secondary education in regular secondary schools, while continuing to reside in the children's home. In 2000, there were 85 such establishments, providing residence for 10,300. Children's homes-schools are large, each one with 120 children on average.

Specialized children's homes and boarding schools for children deprived of parental care with disabilities. In 1999, there were 173 special children's homes with 9,800 children and 198 special boarding schools with 25,000 children. Most of these children have a mental disability. In addition, there were 7,200 children with mental disability deprived of parental care placed in other special schools for children with disabilities. Children are placed in the special schools beginning at age four, based on a recommendation by the special commission established within the education system. Children follow specially designed programs, which do not allow them to acquire even formal basic vocational education.

Exit from children's homes and boarding schools. Children exit an institution either when they reach age 18 or complete their education—either general basic or general secondary. In theory they also can leave institutions to be reunited with their parents, be adopted, or be placed under a guardianship. Outside infant homes, very few do so, because placement in an institution is approached as a permanent substitute care arrangement. It is only recently that the

[89] Boarding schools for children deprived of parental care are only a part of a larger network of "general education boarding schools." In 1999, there were 646 such schools, with 160,600 children. The schools house different groups of children, for instance indigenous children from the Far North and the Far East. They also house children from poor and other vulnerable families assessed as unfit or incapable of taking care of their children.

idea that children can exit institutional care to be placed in a family-like environment entered professional discourse and practice.

In Russia, the manager of an institution and a social pedagogue assist the child with his postinstitutional life. Children are prepared for discharge during the final year of their institutionalization and are subsequently assisted into independent living by the provision of (i) a dwelling; (ii) economic security; (iii) free access to further education and medical protection; (iv) a job, and (v) postdischarge psychosocial support.[90] The exiting child is legally guaranteed access to municipal housing on a priority basis. He or she also has the right to free continuing education and related stipends, as well as medical care. Those who choose not to continue their education are provided assistance in searching for a job, including training and retraining opportunities.[91] Regions also provide incentives to employers to hire these individuals through privileged tax treatment. Nonetheless, the employment of children discharged from residential institutions remains a complex and chronic problem (Government of the RF 2000).[92] The fifth listed element of the assistance—postdischarge supervision and psychosocial support—is mostly unresolved; that is, there are no provisions for such support. Discharged children are considered mature and capable of taking care of themselves. In reality, they are extremely vulnerable and in need of support—they often go back to institutions seeking shelter and protection. As a response to this problem, some of the municipalities and a number of NGOs have started programs of material and psychosocial support to children discharged from residential care.

Thus, children deprived of parental care are entitled to a vast array of protection and assistance programs to help them continue life on their own. Yet, in practice, discharged children face substantial difficulties in adjusting to independent life, first because their institutional life does not prepare them well for independent living, and second because entitlements often do not materialize.

For instance, a range of problems related to the dwelling has been observed (Government of the RF 2000). In most of the cases municipalities are not capable of fulfilling their obligation to provide a dwelling for a child discharged from an institution. In cases when a child has an ownership over a dwelling, the protection of her/his property rights is often sought through the courts, and such cases sometimes drag on for years. Children may have to share the apartment with parents whose parental rights were terminated years ago, which creates significant psychological problems. The situation in the home is often worse than it was when the child was placed in an institution for the protection of his or her interests. Sometimes children wander from one relative or friend to another. Some of them stay or return to the institution, because

[90] The first four issues are regulated by a number of legal and administrative acts—for a collection of regulations see: MLSD (1997) and Rossiiskii detskii fond (1999b). Provisions are contained in the Federal Law on the Additional Social Protection Guarantees for Orphans and Children Deprived of Parental Care (adopted December 4, 1996 and amended February 8, 1998).

[91] Most of the children are educated for blue-collar professions with low skill requirements. However, it is believed that enhanced guarantees for the education of orphans and children deprived of parental care have contributed to their increased continuation of education. For instance, in 1999 in comparison to 1998, the number of children discharged from institutions that continued education increased by 8.6 percent (Government of the RF 2000).

[92] Employment of children deprived of birth parental care, as well as of children with disabilities, was resolved much more easily in Soviet times—children were simply assigned to jobs in state enterprises.

they have nowhere else to go. Many of them share rooms in hostels. In other cases children lose the apartment by being tricked or forced into "selling" it.

As a result of this situation, it appears that only a small percentage of children leaving residential institutions for children deprived of parental care successfully adapt to independent living. Many of them fall victim to abuse, exploitation, and violence, become alcoholics and substance abusers, or end up as criminals in jails (Komissia 1998a).

(g) Special homes—internats

Children who are assessed by the Ministry of Education's psycho-medico-pedagogical commission as having severe physical and mental disability and incapable of being educated in special schools (or in special classes in regular schools) are placed in special homes (*internats*) for children with mental or physical disabilities. These facilities are under the authority of the Ministry of Labor and Social Development and are funded either from regional or local budgets. In 2000, there were 156 *internats* housing 29,300 children, of which about 5,000 were permanently bedridden. In comparison to 1990, there were 4 *internats* less, while the number of children in them had declined by 19.5 percent. Although in-depth research is needed to understand the causes of the decline, several factors might have contributed to it: (i) introduction of rehabilitation services for children with disabilities; (ii) application of new, less strict procedures to recognize child disability, which has resulted in an increasing number of children with disabilities being entitled to a disability pension, which in turn has made it possible for more families to keep their children; and (iii) better evaluation of children's capabilities.

In 1999, 15,300 children, or 52.2 percent of children placed in *internats* were children deprived of parental care. The remainder came from very poor families, often with many children, as well as from dysfunctional families with parents suffering from alcoholism or mental disability.

Children are most often diagnosed by PMPCs as suffering from *oligofrenia*—with three different stages: *debile*, *imbecile*, and *idiot*. (Note that in Russia these are the standard terms used to describe children with mild, moderate, and severe mental disabilities, respectively.) *Internats* also receive children suffering from Down's syndrome, cerebral palsy, or the consequences of poliomyelitis.

Internats admit[93] children of age 4 through18 in need of attention, assistance, and medical care.[94] Children are admitted irrespective of whether they have parents, relatives, or guardians. Admission is done based on the request from the relevant local authority responsible for social welfare. Children also can enter an *internat* directly from an infant home; they are discharged at the age of 18. Children capable of working (as assessed by the State Services on Medico-Social

[93] The admission (as well as discharge) of children into and from *internats* is regulated by Order No. 35 dated April 1979 and Order No. 122 dated November 1980, of the Ministry of Social Protection of the RSFSR.

[94] Instruction on Medical Indications and Contraindications for Admission into Children's *Internats*, adopted by the Ministry of Health of the USSR (agreed with the Ministry of Labor of the USSR), No. 06-14/12/2495-MK, September 1988.

Expertise under the MLSD) are sent back to their parents, or, if they have no parents, assisted in their job search by the regional social protection administration. Children assessed as incapable of working are transferred to *internats* for adults with mental disabilities. (In practice, the majority of these children end up in institutions for adults with mental disabilities.)

Internats for children with severe mental and physical disabilities are large, impersonal institutions housing 190 children on average, although some of them are designed to house up to 1,000. In recent years there have been efforts to improve care and move toward a more individualized approach based on functional disability. Although most of the employees in *internats* are caring and devoted, however, fundamental intrinsically unfavorable features of institutionalization that cause developmental delays in children inevitably remain. Inadequate models and unsatisfactory quality of care observed in other establishments for children deprived of parental care are accentuated in the case of *internats*: outdated, inappropriate care models; large numbers of children that are grouped together depending on their diagnosis; isolation from parents, relatives, and communities; inadequate, poorly maintained premises; severe shortage of funds; lack of (particularly qualified) staff; high staff turnover often reflecting low remuneration and so on (MDRI 1999).

Transforming *internats* into rehabilitation centers, providing in most of the cases daily services or temporary placement to children with disabilities, should be given serious consideration in Russia. Changes introduced in the approach to the care of children with mental disabilities in some of the Russian regions that have resulted in declines in institutionalization provide some valuable lessons. Those regions (i) have mobilized strong political support; (ii) have paid more attention to awareness-raising and public education about disability issues, focusing on the need to integrate and include people with disabilities into the community and society at large instead of isolating them; (iii) have changed the approach to disability (more toward functional disability; see discussion in the next chapter) and consequently to disability assessment and its organization (among other strategies, by improving the methods, techniques, and procedure of evaluation, including the training of staff); (iv) have focused on the introduction of rehabilitation services that emphasize individualized treatment and therapy, and parental involvement; and (v) have paid more attention to providing support to families of children with disabilities, so as to enable them to take care of their children.

Chapter 2 on children with disabilities discusses issues concerning these children in greater detail.

(h) Effects of institutional care

Continued institutionalization of thousands of children annually in Russia reflects persistent views that residential care is a good way to raise children and will result in their full development. Yet outcomes are manifestly unsatisfactory.

Institutionalized children often manifest developmental delays and in most cases exit institutions ill prepared for independent outside life. Russian research findings note that institutionalized children are passive, have poorly developed language skills, suffer from lack of concentration and motivation, and are prone to conflict with their peers. Delays in emotional and

intellectual development at the preschool level impede learning later on. Older children become overly dependent, have difficulty bonding, suffer from low self-esteem, and manifest tendencies toward delinquent behavior (Nechaeva 1994; MOE 2001c). A survey of institutionalized children and children discharged from institutions showed that 85 percent of institutionalized children expected to be educated for blue collar work, while only 10 percent were dreaming of acquiring secondary and higher education (Administracia 1997, pp. 46–48).[95] One consequence of the debilitating impact of institutionalization may be that an estimated 63,000 (or 35 percent)[96] of 180,000 institutionalized children deprived of parental care in Russia were in special institutions for children with disabilities.

Box II.4: ***Models of Child Care***

There is a range of characteristics pertinent to institutions that affect the development of children placed in them. Tolfree (1995a) discusses three groups of characteristic features of institutional care and their likely effects on children.

Physical care. Conditions should be similar to the prevailing standard in the community, but adequate to provide good physical care. It is likely that poor conditions and inadequate physical care will affect the child's overall sense of well-being and self-esteem.

Care for the "whole child." These are care models based on children's psychological needs and focus on intellectual, emotional, mental, and social development, as opposed to *custodial* or *warehousing* models, which seek to maintain order and are focused on physical needs and provision of basic general or vocational education in most of the cases. Institutions fail to satisfy the most important aspects of the care for the "whole child" in the following ways: (i) *the quality of child-adult relationship*, that is, the quality of psychological care provided is unsatisfactory; (ii) *a stimulating environment* necessary for the development of cognitive abilities, motor skills, social relationships, and language is lacking; (iii) *individual* needs are subjugated to the needs of the institution for routine, order, and uniformity; (iv) *the peer-group role in institutional care* is important, but the potential for peer-group rivalry, competition, and exploitation also exists within institutions, particularly in highly structured and harsh institutional environments; (v) there is a *lack of preparation of children for leaving institutional care.* Institutions fail to equip young people with the knowledge, skills, experiences, and the emotional reserves necessary for them to cope with normal life in the community. Children in large institutions are particularly disadvantaged, especially when the institution is self-contained with its own preschool, school, and sports facilities.

The institutional abuse of children. The potential for abuse by staff, and sometimes by older children is an ever-present reality. It is difficult to quantify because evidence of the physical, emotional, and sexual abuse of children in institutions is mostly anecdotal.

[95] Researchers of the Serbsky National Research Center for Social and Forensic Psychiatry (Moscow) studied the psychological profile and behavior of 82 delinquent girls. Almost 30 percent of the girls had grown up in institutions as social orphans. The remainder were girls from difficult circumstances (dysfunctional, alcoholic, and often single-parent families). The research found that in comparison to the rest of the sample, delinquent girls with a history of institutionalization were more likely to avoid facing problems openly, were much less capable of dealing with stress, applied passive rather than active coping strategies, had higher rates of substance abuse, and were much more inclined toward self-destructive behavior (Dozortseva 2000).

[96] Assuming that one half of children deprived of parental care in infant homes were disabled, and including children deprived of parental care in *internats*.

During the past 10 years there have been efforts to improve conditions and models of care, especially in children's homes, through downsizing and changing models of care toward more individualized and family-like approaches. However, while anecdotal evidence suggests that staff are devoted and examples of good care abound, applied models of care still focus on meeting physical needs and providing education (or "correcting" defects in the case of children with disabilities). A collection of articles published by the Russian media in 1998–99 (Rossiiskii detskii fond 1999a) provides ample anecdotal evidence of poor quality of physical and psychological care; lack of stimulation; rigid routine and discipline; tendency to isolate children from the community,[97] parents, and relatives; emphasis on the collective as opposed to the individual;[98] insufficient and inadequate preparation of children for leaving institutional care; institutional abuse;[99] and so on.[100]

In addition, many facilities are in poor shape. Insufficient resources for capital investments and maintenance have resulted in shoddy facilities, there is a severe shortage of supplies, and institutions are finding it difficult to maintain adequate nutritional standards.[101] At the end of 1999, some 39 percent of facilities were in need of major capital repairs, 7 percent of children's homes and boarding schools did not have up-to-standard sanitary conditions, and in 4 percent of cases, buildings were unsafe. Low wages, often paid with delays, negatively affect staff motivation to perform physically and psychologically demanding tasks and cause the most valuable staff members to leave. While the unsatisfactory condition of institutions certainly reflects insufficient resources in the system, it also should be recognized that institutions are the most expensive and ineffective form of care for children deprived of parental care.

(i) Policies to reduce institutionalization

Clearly there is a need to improve the functioning of existing institutions to ensure better outcomes for already institutionalized children with few opportunities to be provided a family-based substitute placement. And there is a need to altogether reconsider institutionalization and undertake steps that would reduce institutionalization and ultimately result in institutionalization of children on an exceptional basis and only for a short period of time.

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[97] Children often are kept isolated from contact with the community for fear that they may get some infectious disease. On the other hand, communities are not keen to have their children play with children from an institution, because prejudice and stigma are often strong.

[98] Russian authors call this "the barrack psychology" (*kazarma*). (Rossiiskii detskii fond 1999a, p. 86).

[99] Article 19 of the UN Convention on the Rights of the Child states that "States Parties shall take all appropriate... measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who takes care of the child."

[100] According to a survey of institutionalized children, 35 percent of children who run away from an institution did so "because of the rigid regime" (Administracia 1997, p. 48). In 1999, 5,385 children run away from children's homes and boarding schools (Government of the RF 2000, Table 38).

[101] Standards concerning food, clothing, and the like are defined by Government Decree No. 409 from June 20, 1992 "On Urgent Social Protection Measures for Orphans and Children Deprived of Parental Care." The standards apply to all residential institutions for children, as well as to foster families and guardianship/trusteeship families. They are differentiated by children's age. Owing to a severe shortage of resources, those norms are rarely, if ever met. In most of the cases moneys are barely sufficient to cover staff wages and food for children. One of the coping strategies has been to give institutions plots of land, so that they can grow their own vegetables and fruits (Government of the RF 2000, p. 42).

Improving the functioning of institutions cannot be done simply by allocating additional resources to residential care and improving physical facilities. It requires a change in institutional care models—namely, the introduction of behaviors that focus on "the whole child" (see Box II.4). This will require a transformation of institutions into small facilities capable of such focus. Reducing the role of institutions is in turn a long-term task that requires strategies and policies that will change public perceptions and professional attitudes, and make them supportive of alternative solutions aimed at containing and reducing the need for institutions. This requires the introduction of such alternative solutions—the development of well-integrated preventive, supportive, and responsive measures that provide a range and a continuum of care to children deprived of birth parental care.

However, reducing the role of residential placement of children deprived of birth parental care also requires strategies that would reduce the number of children entering public care in general, so that the pressure on the public care system is eased. To that end, further developing preventive services aimed at strengthening the capabilities of families at risk to care for their children, and thus decreasing demand for substitute care arrangements, is essential. The measures should include expanding the network of social work and care services, and providing regular cash assistance to vulnerable families, primarily those with children.

On the other hand, in order to reduce the role of institutionalization in the placement of children deprived of birth parental care, the following kinds of strategy are needed in particular:

- Promoting family-based substitute care through better information, including better identification and registration of children deprived of parental care, targeted at communities and potential recipient families, and active promotion among such families; moderating eligibility criteria for adoption, guardianship, and foster care; and providing outreach support to substitute families;
- Introducing public information and education programs aimed at shaping attitudes about children in institutions and children at risk more generally, and at development, promotion, and support for family placement alternatives;
- Revising rules and guidelines for the placement of children in public care to reflect conventional wisdom regarding concerns about institutionalization (in particular in the local guardianship authority); and for discharge back to the family (for instance by means of periodic assessments of placements, family circumstances, and potential for placement and education outside the institution);
- Introducing systematic monitoring and evaluation of placement activities to determine adherence to regulations and guidelines, ensure consistency in their application, determine trends in child care, and inform administration and policy making at all levels of the system—an important objective underlying such monitoring should be the concern to increase the outflow of children from institutional care; and
- Monitoring continued need for residential facilities, their downsizing or closing, and development of staff redeployment strategies.

Finally, in addition to policies that will (i) reduce the flow of children into public care (that is, reduce the number of children deprived of birth parental care by strengthening the capacity of the family to take care of its own children), and (ii) minimize the demand for residential placement of children who are deprived of birth parental care by strengthening family placement of such children, successful de-institutionalization requires strategies aiming to move currently institutionalized children out of residential care and place them in a family setting. The experience with the patron families [see Section 3.2.1.(4)] shows that it is feasible to move children out of residential care. Once thoroughly evaluated and accordingly adjusted, the patron families arrangement could gradually be scaled up, provided that arrangements and institutions required for its successful implementation are put in place. Also, a mandatory review of currently institutionalized children should be carried out, in order to assess the prospects of such children being placed in a substitute family setting or reunited with their birth family. The review should result in a care plan for each child currently placed in residential care facilities for children deprived of birth parental care (including children placed for poverty or other similar reasons). The best interest of the child should be the only criterion in the drawing of individual care plans and subsequent decision making.

Ultimately, the combined efforts to (i) reduce the number of children deprived of birth parental care, (ii) reduce institutionalization of children in need of public care, (iii) de-institutionalize children (that is, to the extent possible move currently institutionalized children out of institutions and place them with families), and (iv) improve living conditions in institutions, should result in the following:

(a) smaller numbers of children entering public care;

(b) substitute family placement for most of them;

(c) placement of many currently institutionalized children with the patron, guardian, and foster families or their reunion with their birth parents;

(d) the restructured network of residential care institutions: currently institutionalized children for whom family placement cannot be found should be placed in much smaller community-based establishments; the remaining institutions should be closed down;

(e) staff redeployment: some of the staff could be retrained and employed by the social work and care centers that would provide placement support to the local guardianship authority; some could continue working for the transformed residential facilities and some could decide to become patron or foster families. In this way, only a minor part of the staff will have to look for a new job.

1.4 Financing

All social support to children deprived of parental care—other than entitlements from the national social protection programs such as social insurance, pension insurance, or child allowances—including compensation and other payments to guardians, trustees, and foster parents, as well as financing of residential care, is funded from local budgets in Russia. As previously noted, because of (i) regional variations in the level of development and incomes, and the consequent huge variance in fiscal capacity of local governments; (ii) ineffective equalization mechanisms; and (iii) chronic shortages of public resources at all levels (with the

exception of a handful of "donor regions"), decentralization may have been one factor contributing to increased inequity in access to and level of social protection at the regional and local levels.

There are no estimates available at the national level on how much is budgeted for and spent on the social protection of children deprived of parental care. Table II.5 provides some "educated" estimates, based on administrative data, as well as on information collected during field visits. The estimates refer to what was supposed to be allocated, according to current standards set by the federal government, not what actually was allocated. It is estimated that maintaining 173,000 children deprived of parental care in residential institutions would have required approximately 0.2 percent of the GDP in 1999.

Table II. 5: ***An estimate of needed public resources for the financing of residential care, guardianship/trusteeship and social care services in Russia in 1999***

	Estimated yearly cost (in bill Rb)	Explanation	In percentage of GDP
A. Residential care			
Variant 1	9.35	Based on a normative average monthly cost of 4,500 Rb per one child in residential care (173,200 children).	0 21
Variant 2	9.45	*Food cost*: 2.4 bill Rb (estimated based on nutrition standards for different age groups: 0–3; 3–6 and 6–17). *Gross wages*: 3.9 bill Rb (assumptions are: 150,000 employees, average wage equals the national average of 1,500 Rb, social insurance and income tax rate is estimated at 45 percent). *Electricity, utilities, heating, drugs, current and capital maintenance, clothes, footwear, school material, equipment, and so on*. 3.15 bill Rb (based on the assumption that they constitute one-third of the residential care costs)	0.21
Variant 3	9.75	Based on the assumption that gross wages from the variant 2 constitute 40 percent of the cost.	0 21
B. Children under guardianship or trusteeship			
Children under guardianship or trusteeship	3.4	Based on the assumption that for each child under guardianship/trusteeship (312,300 children) a monthly compensation equal to a subsistence minimum of 908 Rb was paid.	0.075
C. Social work and services centers			
Variant 1 (without an estimate of one-time cash and in-kind assistance cost)	3.9	Based on the assumption that (i) 73,000 employees receive a national average wage of 1,500 Rb and social insurance and income tax rate is 45 percent, and (ii) gross wages make up 50 percent of the cost.	0.086
Variant 2 (without an estimate of one-time cash and in-kind assistance cost)	3.93	Assuming: *Labor cost*: 1.9 bill Rb: 73,000 employees receive national average wage of 1,500 Rb and social insurance and income tax rate is 45 percent; *Temporary placement cost*: 1.44 bill Rb; 40,000 places, 3,000 Rb per month, 100 percent capacity utilization; *Daily care cost*: 0.2 bill: 18,000 clients daily, 800 per month; *Other expenses:* 10 percent of the total	0.086
TOTAL	**16.55–16.95**		**0.36–0.37**

In Russia, individual residential facilities are funded on a "per beneficiary" basis. Facilities are built and staffed to serve a predetermined number of children. The monthly cost per beneficiary is estimated on the basis of local prices of standardized care inputs (such as food, clothes, and so on). The resources required to finance institutions (on assumption of 100 percent capacity utilization) are then included in the local budgets.

There are two principal issues related to the financing of residential care.

(i) *There is insufficient funding for adequate physical care of institutionalized children.* Government documents (Government of the RF 1998, 2000), as well as anecdotal evidence, indicate shortages of public funds for the institutions. In many cases, allocated funds are barely sufficient to cover the basic caloric intake of children and pay wages to staff (often with delays, which affects staff moral and motivation). Institutions are frequently funded in kind through barter arrangements between municipalities and tax payers. Donor funding is actively sought, but donations are sporadic and unpredictable. As a result, budget planning both at institution and local government levels is at best indicative of needs.[102]

(ii) *The determination of financing needs of institutions is done on the basis of occupancy.* This creates strong incentives to maintain high occupancy[103] and impedes policies and processes that aim to reduce institutionalization. Moreover, institutions traditionally have been important local employers, with individual facilities often providing jobs for several hundred people. Their reduction in size or closing down is therefore not easily undertaken by a local authority, irrespective of any efficiency gains or improved outcomes that such initiatives might produce.

In discussions on child welfare reform in Russia, the expectation is often expressed that a new, family- and child-centered care system that is less dependent on institutional care would require fewer resources. This may not be the case in the short to medium term. Alternatives, such as foster care or group homes, may be just as expensive in financial terms,[104] although more effective in terms of outcomes. Strengthening the least costly and most effective alternatives, adoption and guardianship, will also require significant resources during the build-up phase. The same is the case with preventive interventions. Of course, welfare and human capital outcomes will be much better, and the longer-term benefits and lower costs to society of reduced delinquency and dysfunctional behavior, as well as greater integration into mainstream society of children under care, are likely to be significantly higher than any of the costs incurred by a revised system. On the other hand, "unlocking" resources that are currently "locked" in the financing of residential institutions will decrease the pressure for additional resources needed for the introduction and development of preventive programs and family-centered, community-based

[102] During a field visit to a home (*internats*) for children with mental disabilities, the team asked for the budget. The director replied that she could give any budget the team might want, but it would have no meaning: (i) cash funds from the local budget were minuscule; (ii) the food, clothes, some furniture, cleaning materials, and so on were either coming from barter arrangements or donations in-kind and she would have difficulties in assessing their value; (iii) utilities, electricity, and heating bills had been in arrears for months; (iv) there was no maintenance, although the facility was in dire straits.

[103] This is a well-known feature of residential care (Tolfree 1995a). By their supply of beds institutions tend to create the demand, which results in the institutionalization of children.

[104] Children are fully maintained by the state and care providers are paid wages.

care alternatives. Hence, the cost of the system may be the same, but with significantly improved welfare outcomes.

It is unlikely that the Russian child welfare system can altogether forego residential institutions in the short to medium term. There are local economic reasons for that, as indicated above. And there are practical systemic considerations. Alternative care arrangements need time to develop and scale up. And given that there is a relatively small likelihood of finding family placement for all children already in institutions (beyond the infant home stage), there will continue to be a need for institutions. The immediate focus, therefore, may well have to be on improving or transforming those facilities along the lines indicated earlier. In addition, consideration should be given to the possibility of subcontracting service provision to nongovernmental organizations (see the next section on private and NGO sector involvement). However this is not costless and will require the setting of appropriate care standards, adequate licensing procedures, and rigorous monitoring capabilities. Agencies for these purposes do not currently exist in Russia.

Attention will also have to be paid to compensation arrangements relating to family-based substitute care. In principle, equal arrangements in terms of quality of care and expected outcomes should be remunerated equally. This is currently not the case, as what is probably the most effective substitute care arrangement, kinship guardianship, is paid the least, providing disincentives for relatives to take children. There is no rationale why foster care, or patron families, should be better remunerated than guardian families, both kinship and non-kinship.

1.5. Private and NGO sector involvement

Over the past 10 years, hundreds of nongovernmental organizations and advocacy groups focusing on family and child welfare issues have been founded in Russia. Legislation recognizes private provision of social care services, and the Government views *social partnerships* with the nongovernmental sector favorably. Given severe fiscal and administrative constrains in the public sector, the nongovernmental sector can play a very important role in improving the quantity and quality of social services and assistance provided to the population, including in promoting and protecting the child's rights and interests. By raising awareness of and advocating for child welfare reform, NGOs can contribute to building public support and constituency for reform. By providing services and assistance, they can ease the pressure on and complement public services, especially in expanding opportunities for family-centered support. They may also offer opportunities for public facilities to contract out service provision to nongovernmental agencies. Currently private provision of social care services is still mostly unregulated. However, standards of care, licensing procedures, and monitoring mechanisms currently being developed by the MLSD will apply to public and private facilities.

No comprehensive estimate of NGOs providing social work and care services exists. In 1998, according to some estimates, there were 16 residential care institutions run by the Orthodox Church and other organizations in 9 regions (Government of the RF 1998). No information is available on their admission policies, quality and models of care, length of children's stay, relationship with the local guardianship organ, and so on.

1.6. Experience of some of the Russian regions in reforming the child care system

A short review of experiences of some Russian regions in reforming the child care system is presented in Annex 2.[105] Notwithstanding regional differences, most of the regions face similar family and child welfare issues. Likewise, the capacity to address such issues is constrained in similar ways: weak municipal tax base, staffing shortages, limited experience especially in innovative practices, imperfections of the legal and regulatory framework, fragmented administrative responsibilities, and lack of policy guidelines. However, despite sharp fiscal limitations, local authorities have usually managed to allocate some resources and develop some preventive social work and care-providing institutions, including temporary shelters and rehabilitation centers for families and children. Many have made laudable efforts to provide some cash or in-kind support (or both) to families in need. Yet the assistance remains insufficient and is spread too thinly to make a real impact. Moreover, old approaches relating to institutionalization still prevail when it comes to substitute care. Before these can be systematically tackled, efforts to improve the lot of families and children at risk will remain inadequate.

1.7. Summary and conclusions

The 1990s have been characterized by a 40.3 percent increase in the number of children deprived of birth parental care, as well as their institutionalization. Almost two out of every hundred children are deprived of birth parental care in Russia. This compares unfavorably to the situation in industrialized countries, where the proportion of children deprived of birth parental care is about or below 1 out of every 100 children. An estimated 90–95 percent of children deprived of parental care are social orphans. Although family-based forms of care dominate in the placement of all children deprived of parental care in Russia, a significant part (27.2 percent) was placed in residential facilities in 2000.

The detrimental effects of institutional care on the intellectual, physical, emotional, psychological, and social development of children, especially at a young age, have been extensively, and critically, studied and documented in the literature, including research in Russia. Moreover, in addition to being the most ineffective, residential institutions are the most expensive form of care for vulnerable individuals. Resources allocated to family and child care in Russia have been very tight during the 1990s. Institutional care has consumed a significant part of these resources, indicating their inefficient use and thus worse welfare outcomes than what would have been possible.

The most frequently discussed causes that lead to children being deprived of birth parental care and entering temporary and permanent substitute care are increased poverty, a family dysfunction due to alcoholism, and single parenthood. None of these factors is unique in leading to a child's deprivation of parental care. It is the factors' interplay and their mutual

[105] For an extensive review and presentation of new initiatives and positive experiences see UNICEF (1998, 2000).

reinforcement that leads to situations in which families find themselves unable to care for their children.

Responding to the new social and economic circumstances, as well as to new attitudes that emphasized individual and rights-based approaches, the family and child welfare system has undergone important changes since the beginning of the 1990s: the legal and institutional framework has been revised; the family and child welfare system has been decentralized; and preventive social welfare policies for families and children have been introduced. These changes have established a good foundation for the development of a rights-based, child- and family-centered, efficient, and effective family and child welfare system. However, many important issues, particularly those concerning effective implementation of the reform remain on the agenda.

Ten years into the transition, the Russian child welfare system is still administratively inefficient, with an intricate web of horizontally and vertically placed players and stakeholders, both old and new, whose functions are not always clearly defined and whose responsibilities frequently overlap. The complexity and insufficient clarity impede effective implementation of new policies. The system is costly, because it still maintains a focus on institutional care. It contains large numbers of often insufficiently trained staff. Finally, it claims insufficient financial resources.

Why has institutionalization increased? The increase in the institutionalization of vulnerable children has occurred despite a changing legal and institutional framework and strategies that give priority to a family or family-type placement over institutionalization; growing public awareness of the adverse effects of institutionalization on children; and decreasing number of children. The trend toward institutionalization reflects the following factors: (i) reduced opportunities for placing growing numbers of children deprived of parental care into family-type environments—widespread economic hardship has reduced the number of families able and willing to take on orphans; (ii) persistent beliefs that institutions are superior to family upbringing; (iii) insufficient focus on promoting, developing, and supporting family-type substitute care arrangements; (iv) the presence of strong vested interests that support maintaining an important role for institutionalization; (v) systemic weaknesses: the absence of a national child welfare strategy with de-institutionalization as an explicit goal; (vi) scarcity of resources, that is, insufficient administrative capacity to efficiently provide cost-effective substitute care arrangements in a reasonable amount of time; (vii) inadequate operational guidelines and decision-making procedures, with case management practically nonexistent even as a concept; and (viii) lack of accountability and monitoring.

What needs to be done to alleviate this situation?

First, reducing the role of residential placement of children deprived of birth parental care requires strategies that would reduce the number of children entering public care in general. To that end, further developing preventive services aimed at strengthening the capabilities of families at risk to care for their children, and thus decreasing demand for substitute care arrangements, is essential. The measures should include expanding the network of social work

and care services, and providing regular cash assistance to vulnerable families, primarily those with children;

Second, the role of residential care in the placement of children deprived of birth parental care needs to be revisited and substantially reduced. In order to achieve that, he following kinds of strategy are needed in particular: (i) promoting and strengthening family-based substitute care arrangements; (ii) introducing public information and education programs aimed at shaping attitudes about children in institutions and children at risk in general, and at development, promotion, and support for family placement alternatives in particular; (iii) revising rules and guidelines for the placement of children in public care and for discharge back to the family; (iv) introducing systematic monitoring and evaluation of placement activities; (v) strengthening policy implementation administration; (vi) and monitoring the continued need for residential facilities, their downsizing or closing, and development of staff redeployment strategies.

Finally, strategies aiming to move currently institutionalized children out of residential care and place them in a family setting need to be developed and implemented. The experience with the patron families shows that it is feasible to move children out of residential care. Once thoroughly evaluated and accordingly adjusted, the patron families arrangement could gradually be scaled up, provided that arrangements and institutions required for its successful implementation are put in place. Also, a mandatory review of currently institutionalized children should be carried out, in order to assess the prospects of such children being placed in a substitute family setting or reunited with their birth family. The review should result in a care plan for each child currently placed in residential care facilities for children deprived of birth parental care (including children placed for poverty or other similar reasons). The best interest of the child should be the only criterion in the drawing of individual care plans and subsequent decision making.

Ultimately, the combined efforts to reduce the number of children deprived of birth parental care, reduce their institutionalization, and, to the extent possible, increase exit from institutional care and accordingly restructure the residential care system, should result not only in an affordable, cost-effective child care system, but also in improved child welfare outcomes in Russia.

Chapter 2: Children with Disabilities

Families of children with disabilities are believed to be among the most vulnerable population groups in Russia. While the Russian household surveys do not distinguish households that have members with disabilities, anecdotal evidence and evidence from local social welfare offices across Russia strongly support this view. Bringing up a child with a disability is a demanding task, particularly in an environment where disability is stigmatized, and there is a tendency to isolate people with disabilities from the general population; public financial assistance is insufficient and often not delivered; social care, support, and rehabilitation services are scarce; mothers often have to quit their jobs to stay with a child who has a disability; and fathers tend to leave a family soon after such a child is brought home, which in most cases results in severe poverty for the mother and her child. Particularly vulnerable are abandoned children with disabilities, who mostly end up in institutions, often for their entire lives.

This chapter reviews the situation of children with disabilities in Russia, with particular attention paid to their institutionalization, especially in cases of children categorized as mentally disabled.[106] It focuses on the following issues: (i) the trends in child disability; (ii) public policies to support children with disabilities and their families; (iii) education of children with disabilities, that is, "special education," with institutionalization (special boarding schools) as one of its characteristic features; and (iv) general policy directions for better, cost-effective welfare outcomes for children with disabilities.

Reliable data on children with disabilities in Russia is scarce, and most of the data quoted in this chapter is drawn from federal sources and selected Russian studies.

2.1 Trends in disability among children in Russia

There are currently (as of 1999) an estimated 950,000 children with disabilities in Russia between the ages of 0 and 16, or 3.1 percent of the total number of children in that age group. In 1990, there were an estimated 500,000 such children, or 1.4 percent of the cohort. The estimate is based on (i) the number of children up to 16 certified as *child invalids* and eligible for a social disability pension;[107] and (ii) information on the number of children enrolled in special schools and special classes for children with disabilities in general education schools (Government of the RF 1998, 2000). The two groups overlap only partly, and the estimate has been adjusted for such overlap.[108]

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[106] Physical and mental disabilities come in many forms and vary greatly in their severity, ranging from well-identified conditions, such as cerebral palsy to those that are vaguely defined, such as "emotional" or "behavioral" problems. Countries' perspectives, concepts and approaches to disability, as well as criteria according to which a person may be assessed as disabled, vary to such an extent that children categorized as mentally or physically disabled in one country may not be categorized as such in another (UNICEF 1998; Ainscow and Haile-Giorgis 1998).

[107] In the year 2000, eligibility for a disability pension was extended to children up to 18. Taking this into account, the estimate of children with disabilities for the year 2000 is approximately 1,050,000, or 3 percent of the Russian child population 0 to 18.

[108] It was assumed conservatively that 25 percent of children certified as "invalids" overlapped with children in

While the estimate points to a doubling of the number of children with disabilities in Russia over the 1990s, caution should be exercised when concluding that the situation has deteriorated significantly (see also UNICEF 1998). The number of individuals with disabilities in a country is determined by two factors: (i) the health status of the population; and (b) established criteria for disability. During the past 10 years, both factors have changed in Russia in ways that may have increased the number of children with disabilities. Children's health, as indicated by trends in morbidity, has deteriorated;[109] and eligibility criteria for the *child invalid* status have expanded. At the same time, the definition of disability has been shifting from a traditional, strictly medical approach (which focuses on the presence of physical and mental impairment as *the* determinant of disability), to a functional approach (which emphasizes the possibility of the individual to function adequately in society). This should, in time, reduce the number of children classified as disabled.

There are in Russia two different and parallel systems that determine disability among children. This has important consequences for children with disabilities.

The **first** system certifies child disability (*child invalids*) and eligibility for a social disability pensions. This determination is done by the State Medico-Social Services (under the Ministry of Labor and Social Development).

The **second** system determines a child's ability to learn. The assessment is done by Psycho-Medico-Pedagogical Commissions (PMPC), which fall under the Ministry of Education. A child diagnosed by a PMPC as physically disabled, mentally retarded, or experiencing mental development delays and assessed to be incapable of attending regular schools, is placed in special classes in regular schools, special schools (including special boarding schools), or *internats* for children with severe mental and physical disabilities (in cases when they are assessed as not capable of following even a specialized curriculum in special schools and special classes).

Decisions by PMPCs have important long-term consequences for individuals, their families, communities, and public budgets, particularly in cases in which children are placed on a long term basis in costly institutions. Placement in special schools, in particular, in many instances condemns the child to a marginal existence in society and at worst to a lifetime of institutionalization. The negative effects of institutionalization on child development are much stronger on children assessed as mentally disabled. When it comes to children with learning difficulties and behavioral problems that can be corrected (in other words, many children currently defined as "mentally retarded" or suffering from "delayed mental development"), their opportunities become dramatically circumscribed when placed in special education boarding schools for children with mental disabilities.

Children certified as disabled ("child invalids"). The number of children between the ages of 0 and 16 (inclusive), certified as disabled by the State Medico-Social Services and

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special schools and special classes in regular schools.

[109] The relationship between changes in health status and disability has been little studied in Russia. A rigorous analysis is required to allow more definite conclusions about the worsened health status of Russian children and the increased disability among them.

awarded a social disability pension,[110] totaled some 590,000 in 1999, an almost fourfold increase over the decade. This growth, 14.6 percent per year on average, primarily reflects an expanded definition of disability (Table II.6).

Table II. 6: ***"Child invalids" in Russia under 16 receiving a disability pension*** *(end-of-year data)*

Year	Number of children	Rate per 10,000 children 0–16	Annual rate of growth
1990	155,151	43.1	12.5
1991	212,004	59.4	36.6
1992	284,717	80.9	34,3
1993	344,870	99.9	20,4
1994	398,943	117.5	16,4
1995	453,617	136.6	13,7
1996	513,711	159.0	13,3
1997	563,719	179.7	9,7
1998	597,228	197.5	5.9
1999	592,219	203.8	–0.8
2000*	675,400	199.0	14.0

*Data for 2000 reflect the change in eligibility and thus refer to children up to 18 years of age.

Source: Ministry of Health of the RF.

Disability allowances to children with disabilities began to be awarded in Russia in 1979.[111] At that time, strict medical criteria were established for disability certification,[112] essentially requiring complete inability to work (Category 1 disability in adults). The 1990 legislation[113] broadened the concept of child disability, and the list of ailments acceptable for disabled status was expanded.[114] At the same time, the emphasis in determining disability shifted to functional impairment, and the allowance to children with disabilities became a social pension. While the functional approach has increasingly been gaining ground, some Russian experts argue that the law is ambiguous regarding functional disability, and that many pediatricians still emphasize disease rather than its functional consequences in determining eligibility for the social disability pension for children (Maleva, Vasin, and Golodets 1999).

[110] The social disability pension is a regular monthly cash payment equal to the minimum old-age pension inclusive of compensations. As of 2000, the eligibility was extended to *child invalids* under 18.

[111] The term *"disabled child"* appeared in Russia in late 1979 when the USSR Ministry of Health issued "The Instruction on the Procedure for Medical Certification of Disability in Children under the Age of 16."

[112] The Certificate became the official grounds for assigning regular monthly allowances to disabled children.

[113] This law "On the Foundations of Social Security for the Disabled in the USSR" contained a revised definition of disability. A disabled person "needs social aid and protection due to reduced function and activity as a consequence of physical or mental impairments." Prior to this definition, disability in Russia was defined as "stable impairment of general or occupational fitness for work." Disability pensions were assigned on the grounds of loss of fitness for work with account of the degree of this loss and length of service. Consequently, prior to the 1990s there could have been no children drawing disability pensions as such (Maleva, Vasin, and Golodets 1999).

[114] The Ministry of Health issued new instruction for child disability certification (No. 117, July 4, 1991).

Children assessed as incapable of following regular curricula. Children evaluated by PMPCs of the Ministry of Education as incapable of following successfully curricula in regular schools are placed in special schools or special classes in ordinary schools. In 2000, over half a million children were enrolled in such schools and classes, an increase of 40 percent over 1990. While enrollments in special schools have declined by some 10 percent since 1990, enrollment in special classes has increased almost fourfold. Little is known about what these trends mean. We have more questions than answers. Do they reflect a conscious effort to move away from special schools or are they driven by financial considerations? Do they reflect some change in the evaluation of the severity of disabilities? What are the implications in terms of outcomes of child care?

2.2 Protection and support to children with disabilities and their families

Social protection and support to children with disabilities and their families in Russia makes a distinction between *child invalids* and children not certified as disabled,[115] but assessed by PMPCs as physically disabled, mentally retarded, or experiencing mental developmental delays and incapable of following curricula in regular schools. In order to avoid confusion, the text will refer to the first group of children as *child invalids* and the latter as *children evaluated by PMPCs as disabled.* Both groups will be jointly referred to as *children with (mental and physical) disabilities.*

2.2.1 A system in transition

In Soviet times, special benefits given to children with disabilities and their families were few. Children certified as "invalids" were entitled to a monthly child disability allowance. Children with disabilities were also entitled to special education, mostly in special schools or special ("corrective") residential institutions (operating within either the educational or social protection systems).

Box II.5: *Children with Disabilities*
UN Economic and Social Council Resolution 1997/20

Disability is not inability and it is critically important to take a positive view of abilities as the basis of planning for individuals, and in particular children, with disabilities.... Adequate attention should be given to the rights, special needs and welfare of children with disabilities.... Children with disabilities should have equal access to education; their education is an integral part of the educational system; vocational preparatory training appropriate for children with disabilities also has to be provided.... Children with disabilities have the right to the enjoyment of the highest attainable standard of physical and mental health.

[115] For instance, mental retardation *per se* is not considered an indication for "invalidity."

Over the 1990s, child disability has entered the public discourse, and has been debated by increasingly broad segments of society, including parents of children with disabilities. As a result, new mechanisms such as social care and rehabilitation services[116] for children with disabilities and support services for their families have been gradually introduced (Annex 3). Such services aim to foster the integration of people with disabilities into the community and society in general, and strengthen and enable families to take care of their children with disabilities. Moreover, an elaborate system of cash and in-kind benefits has been introduced for *child invalids* and their families. However, the policy shift from the institutionalization of children with disabilities toward their integration into the community has been a slow process. As a result, many children with disabilities, and in particular children evaluated by PMPCs as disabled, continue to be institutionalized. Thus, tight resources continue to be spent in a cost-ineffective manner.

2.2.2 Major entitlements

Benefits provided to *child invalids* and their families include the social disability pension to the child, as well as numerous *special* benefits: monthly compensation to individuals caring full-time for such children, additional paid and unpaid leave to working parents, and free education at home. *Child invalids* are entitled to free baby formula, preschool education, prescription drugs, transportation, free prosthesis and wheelchairs, free repair services, discounted utilities, municipal housing, and free social work, care, and rehabilitation services. They are also entitled to *regular* benefits for families and children (for a detailed account of entitlements see Annex 5). *Child invalids* may be placed in special schools, special classes, or *internats*, if evaluated by a PMPC to be incapable of attending a regular education program. Children assessed by PMPCs as disabled and placed in special classes, special schools, or *internats* for children with severe disabilities are not entitled to any special benefits (except in cases in which they are also certified as *child invalids*).

The cost of all the benefits is difficult to estimate owing to lack of information. In 1999, the cost of the social pension paid to about 600,000 *child invalids* was about 2.4 billion rubles, or 0.05 percent of the country's GDP.

2.2.3 Major issues

The system for caring for children with disabilities faces the same general issues that are constraining the system for children deprived of parental care. While benefits are numerous, assistance is insufficient. Many families that have children with disabilities are poor and cannot offer the kind of income security and stability that their children need. Entitlements often fail to

[116] The term "rehabilitation" refers to a process that aims to enable persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels. Rehabilitation may include measures to provide or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation (Standard Rules, UN 1993). See Annex 8 for a summary of the UN Resolution defining the "Standard Rules on the Equalization of Opportunities for Persons with Disabilities."

materialize owing to lack of funds, services, skilled personnel, resulting in poor quality of service provision. Access to social care and rehabilitation services varies from region to region as a function of regional and local fiscal capacities.[117] The system still excessively relies on expensive institutions to house, raise, and educate and train children with disabilities. Currently, there are some 198,000 children with disabilities in such establishments. If half of these children were able to remain with their families, approximately 90 million dollars could be redirected to rehabilitation and other services that create conditions for children's integration into regular schools.[118]

Accurate data on the economic status of families of children with disabilities do not exist. Generally, poverty incidence among families with children, as well as among recipients of social pensions is higher than general poverty incidence. Considering the importance of economic status for family well-being generally, and for coping with disability in particular, better information on the economic status of families that have children with disabilities would be important. It would offer an opportunity to better analyze the impact of the current benefits, and it would allow better—that is, more cost-effective—targeting of such benefits.

2.3 Education of children with disabilities

2.3.1 Basics of the system

As noted, PMPCs serve as the gatekeeper for the special education system. Only on their recommendation (and with parental consent) can children be inserted in the system comprising (i) special schools and boarding schools, including special boarding schools for children with disabilities deprived of parental care, or (ii) special classes for children with disabilities organized in ordinary schools. These schools aim to provide education, correct development problems, give medical treatment, and create conditions for social adaptation. The programs are developed by the institutions, taking into account the mental and physical development and individual abilities of the students.[119]

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[117] According to the administrative data of the MLSD, at the beginning of 1999 Russia had 182 rehabilitation centers for children and youth with disabilities and 206 rehabilitation departments for children with disabilities within multipurpose SWSC centers. Overall, in 1999, 232,600 families with *child invalids* were served in all types of SWSC services centers across Russia (services range from one-time material assistance, through services at home to psychosocial rehabilitation and physiotherapy).

[118] The estimate is done assuming that about 2,000 Rb per child per month could be saved, by having children residing at home.

[119] The fundamentals of the education of children with disabilities are regulated by the Law on Education of the Russian Federation, with amendments and additions, as of January 13, 1996. (The Government also has prepared a Draft Federal Law on Education for People with Disabilities.) On March 12, 1997, the Government passed Order No. 288, approving Sample Regulations of a Special Education Institution for Students with Developmental Disabilities. The provisions of the Sample Regulations also apply to special classes for children with disabilities at ordinary schools and other institutions. They offer guidelines on educational and rehabilitation programs.

There are three basic types of special education institutions for children with disabilities: (i) preschools; (ii) primary and secondary schools and boarding schools, including those for children without parental care; and (iii) primary vocational training establishments. Schools are specialized by type of impairment.

Children enter these institutions from (a) infant homes (to special boarding schools for children deprived of parental care); (b) families (the family could place them voluntarily for diagnosis and treatment); and (c) regular schools (or residential institutions in the case of children deprived of parental care). They can be referred to PMPCs by physicians, preschool and school staff, and parents or guardians.

2.3.2 Recent developments

In the 1999–2000 school year, there were 1,944 special education institutions, with a total enrollment of 283,900 children (146 students per school). Most (71 percent) were enrolled in special boarding schools. Of these, some 20 percent were children with disabilities deprived of parental care. Schools for children with mental retardation were most numerous. In addition to specialized education institutions, some 217,700 children were enrolled in special classes for children with disabilities in general education institutions (ordinary schools and boarding schools) (Table II.7, Figure II.2).

Special schools and special classes in normal schools employ large numbers of staff. Although there are no data on the total number of workers in special education, the ratio of support staff, teachers, health care workers, and physicians to students is estimated at about 1:1. While it is difficult to determine the adequacy of such a ratio without intensive examination, the cost implications of a high student-to-caretaker ratio should justify a close examination of options that could lead to reducing expenditures on special education, while at the same time improving outcomes.

Low wages, and arrears, make it difficult to attract qualified staff. Only some 10 percent of the teaching staff have degrees in higher specialized education; and half of the schools do not have a trained psychologist. Moreover, schools are often run down and poorly equipped, reflecting lack of resources for maintenance and equipment. Some 45 percent are in need of major repairs. Only a little over half of the schools have adequate sanitary conditions and access to utilities. Under such circumstances, many special schools offer little opportunity for adequate education and rehabilitation programs.

Table II.7: ***Children with mental and physical disabilities in special schools(including boarding schools) and special classes in regular schools****

School year	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01
A. Total number of children in special schools and special classes											
(1) Number of children (in thousands)	365.1	372 7	415 0	399 6	423 1	443 4	470 1	483 4	495 9	501 6	509 8
Annual rate of growth	—	2 1	11 3	-3 7	5 9	4 8	6 0	2 8	2 6	1 1	1 6
No. per 10,000 children 0–16	101	103	116	113	123	131	142	150	158	165	175
No per 10,000 children 7–16	187	187	205	195	202	208	219	226	234	242	257
B. Children with mental disabilities in special schools and special classes											
(2) Number of children (in thousands)	311 6	320 9	340.9	345.6	368.5	387 3	412 5	425 8	435 7	441 3	449 8
Annual rate of growth	—	3 0	6.2	1.4	6.6	5 1	6.5	3 2	2 3	1 3	1.9
No per 10,000 children 0–16	86	89	95	98	107	114	124	132	139	145	155
In percentage of the total (2)/(1)	85 3	86.1	82.1	86.5	87.0	87 3	87.7	88 0	88 0	88.0	88.2
C. Special schools for children with disabilities											
(3) Number of children (in thousands)	312.1	295 3	277 4	267.4	267.6	270 9	277 2	279 6	283 5	283 9	281.1
Annual rate of growth	—	-5 4	-6 1	-3 6	0.1	1 2	2 3	0 9	1 4	0 1	-1 0
In percentage of the total. (3)/(1)	85.5	79 2	66.8	66.9	63.2	61 1	60.0	57.8	57.2	56 6	55 1
No. per 10,000 children 7–16	160	148	137	169	128	127	131	131	134	137	142
Total number of establishments	1,817	1,825	1,835	1,846	1,848	1,871	1,889	1,900	1,922	1,944	—
Boarding schools											
Establishments	1,494	1,493	1,492	1,481	1,475	1,473	1,471	1,450	1,439	1,442	1,420
Children (in thousands)	242.1	226.7	210.5	200 3	199.9	199.5	202 2	202.8	203.0	201 0	198.2
In percentage of total in special schools	77 8	76.8	75.9	74.9	74.7	73 6	72.9	72.5	71 6	70.8	70 5
Special schools by type of disability											
(i) Mental retardation											
Establishments	1,452	1,454	1,459	1,455	1,443	1,447	1,440	1,432	1,415	1,416	—
Children (in thousands)	251 6	235.4	217.9	206.3	203 9	205.5	208 5	209.4	208.3	206.3	203.6
(ii) Other disabilities**											
Establishments	365	371	376	391	405	424	449	468	507	528	—
Children (in thousands)	61.5	59.9	59 5	61.1	63 7	65 4	68.7	70.2	75 2	77 6	77.5
D. Special classes for children with disabilities in ordinary general education schools											
Total											
Classes (in thousands)	—	—	—	—	—	15.4	16.5	17.3	18.4	18 9	—
Children (in thousands)	53.0	77.4	119.7	132 2	155 5	172 5	192.9	203.8	212.4	217 7	228.7
Annual rate of growth (percent)	—	46.0	53.7	10.4	17.6	10.9	11.8	5 6	4.2	2.5	5.1
Category.											
With mental retardation											
Classes (in thousands)	—	—	—	—	—	1.2	1.3	1.5	2 0	1.9	—
Children (in thousands)	7.1	7 9	10.7	11 6	10.6	12.6	14.7	16.6	20 1	22 1	24.2
Annual growth rate (percent)	—	11 3	35 4	8.4	-8.6	18.9	16.7	12 9	21 1	10 0	9.5
With delayed mental development											
Classes (in thousands)	—	—	—	—	—	14 0	14 6	15.4	16.4	16.8	—
Children (in thousands)	44.9	69 5	103.2	117.3	141 9	156.8	175.9	185.1	190 0	193.8	202 8
Annual rate of growth (percent)	-	54 6	48.5	13.7	21 0	10.5	12.2	5 2	2 6	2.0	4.6

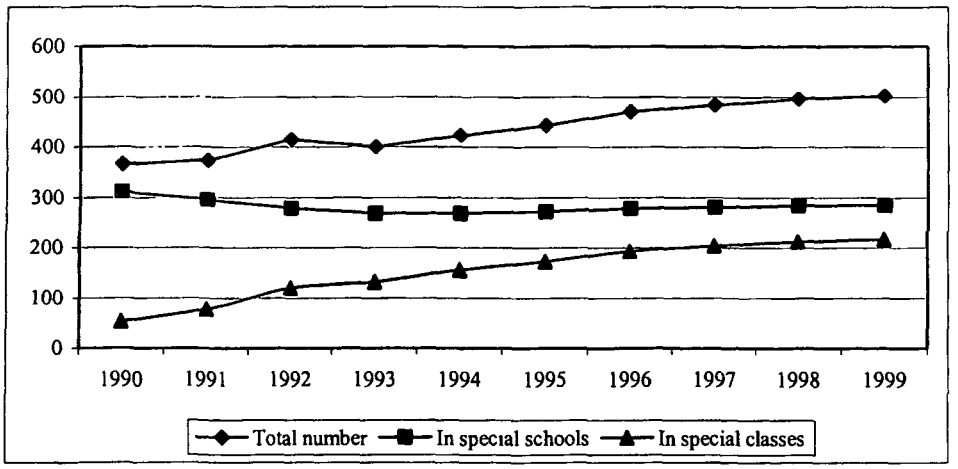
—. Not available.

*Data include special schools for orphans and children deprived of parental care with disabilities.

**Various physical disabilities, as well as mental development delays.

Source Table composed based on data from the *Annual State Report on the Situation of Children in the Russian Federation* for 1994, 1998, and 2000. Data for 2000 are administrative statistics (preliminary estimate).

Figure II. 2: ***Children with disabilities in special schools and special classes in Russia 1990–1999***



According to Ministry of Education administrative data, only 18 percent of children with disabilities enrolled in special schools have the status of *child invalids*. The overlap ranges from 90 percent in the case of deaf students to 8.5 percent for students with mental retardation and 3 percent for students at special institutions for children with delayed mental development. Although low overlap does not necessarily mean that *child invalids* are not enrolled in education (some of them may be enrolled in special classes, some may be educated at home, some may be attending regular classes), it certainly calls for an assessment of educational opportunities for child invalids.[120]

Box II.6: ***Extremely high disability incidence among institutionalized orphans and children deprived of parental care***

Disability incidence among institutionalized orphans and children deprived of parental care is extremely high: in 1999, some 41,000 of them were in boarding schools for children with disabilities under the Ministry of Education and about 15,000 in *internats* for children with severe mental and physical disability under the Ministry of Labor and Social Development. Given that in 1999 there were 173,900 institutionalized orphans and children deprived of parental care, this implies a 32.4 percent disability incidence. Based on empirical evidence from Western countries and Russia itself, most of the incidence could probably be attributed to detrimental effects of institutionalization on children's intellectual, emotional, social, and physical development.

[120] The low overlap may also indicate that parents of *child invalids* refuse to have their children sent to special schools (and in particular special boarding schools) and are thus excluded from the community. Also, children with severe mental retardation, Down's syndrome, autism, and severe multiple disabilities are considered uneducable and left outside the educational framework. Accordingly, no techniques have been introduced to teach such children.

2.3.3 Vocational training of children with disabilities

Generic problems of market relevance of skills taught at vocational schools are also relevant for children with disabilities. These children are often trained in blue-collar professions for which there may be little demand in the labor market, although some Russian regions have tried to adjust training to the new labor market demands (introducing, for children with physical disabilities, courses in accounting, advertising, management, writing software for computers and automated systems, and so on). Children in boarding schools for those with mental retardation are trained to become cleaning personnel, janitors, freight handlers, laundry assistants, dish washers, seamstresses, and waiters and waitresses. They are also taught farming skills. Anecdotal evidence suggests that children with disabilities, even those with marketable skills, stand little chance of finding a job. Supportive measures, such as employment quotas for people with disabilities, specialized job search programs, and so on have had little effect so far.

2.3.4 Exiting the system

After having graduated from special schools, children return to their families. Most of them have been away for most of their childhood. They know neither their family nor the community; they have low or unmarketable skills and are unable to adapt to society. With family bonds "withered away," facing poverty with often no one to assist them, and having no community services available, they end up in institutions for adults with mental retardation. In this way the costly and ineffective system of institutionalization feeds itself.

2.3.5 A key role of the Psycho-Medico-Pedagogical Commission

As noted above, PMPCs are the gatekeepers of special education in Russia. Their assessment of the child determines to which educational institution he or she is referred (regular school, special classes, special school, or special boarding school). This, in turn, largely determines the child's future—as a useful member of society or an individual who spends the rest of his or her life in institutions or extensively dependent on public support.

During the last 10 years PMPCs increasingly have come under public scrutiny, as attention has focused problems related to the institutionalization of children with disabilities. Their assessment methods are raising concern as the limitations of the medical approach to disability are better understood; and critical checks and balances, involving in particular monitoring and evaluation procedures, and appeals processes, are judged to be insufficient.
Based on anecdotal evidence quoted by the press (Rossiiskii Detskii Fond 1999a), it seems that misdiagnosis—such as misidentifying easily treatable cases of dyslexia as mental retardation—by PMPCs is not rare, which could be explained by the approach to disability, and the methods, techniques, and practice of evaluation used (MDRI 1999). In Samara, for instance, a reevaluation of institutionalized children diagnosed as mentally disabled identified misdiagnosis in 6 to 24 percent of the children; the percentages vary by institutions (Administracia 1997, p. 43).

In some regions, initiatives have been taken to improve PMPCs and strengthen monitoring of their work. As a result, some regional departments of education have started developing diagnostic centers that combine medical assessment with functional analysis. But so far there have been no changes at the national level, although the MOE has drafted new guidelines for PMPCs. It is not known to what extent they address the concerns that have been expressed about PMPCs.

A description of the rules guiding the functioning of PMPCs is attached as Annex 4.

2.3.6 Major issues

(a) Growth in the number of children in special education. While the number of children in special schools has declined over the past decade as a whole, there has in fact been a continuous modest increase in children with disabilities in special schools since 1994. To this should be added the fourfold increase in the number of children in special classes. The reasons for these trends need to be understood to shape adequate preventive and responsive policy.

(b) Lack of clarity in strategic approach to disability and policies toward individuals with disabilities. Russia has yet to make the paradigm shift from a medical to a functional approach to determining and dealing with disability.

(c) Extensive reliance on special boarding schools. Although efforts are underway to integrate children with disabilities into mainstream education, there are still almost 200,000 children with disabilities in special education boarding schools. This is a significant number. While it may not be possible to eliminate boarding schools, their role could and should be reduced. Boarding schools keep children isolated from their families and communities; and they are the costliest and least effective form of education of children with disabilities. Effectively moving away from institutional education facilities will require changes in the disability paradigm.

(d) Quality and relevance of education. There is neither evaluation of the quality of education provided to individuals with disabilities, nor of its relevance. Anecdotal evidence suggests that there is significant room for improvement on both counts.

(e) Assessment of children's disabilities. Assessment of children with disabilities needs to change. PMPCs need to be established as professional bodies that are responsible for their decisions. They need renewed guidelines, modern protocols and operational manuals, modern approaches to and techniques of evaluation, as well as appropriately trained staff.

2.4 Toward better, cost-effective welfare outcomes for children with disabilities

There is a need to develop better structures for dealing with children with disabilities—reducing their numbers through prevention,[121] and facilitating their integration into society

[121] "Prevention" refers to actions aimed at preventing the occurrence of physical, intellectual, psychiatric, or sensory

through community-level support to them and their families, and through rehabilitation and education that supports de-institutionalization. A number of critical matters need to be highlighted:

Assessment of disability. There needs to be a systemic shift in the approach to assessing disability, which involves placing much greater emphasis on a functional approach. This may require a thorough revision of assessment mechanisms—specifically, the establishment of one professional body, with new guidelines and protocols, and staff trained in modern assessment methods and techniques. This body should be responsible and accountable, there should be a capacity for continuous monitoring and periodic evaluation of its work, and there should be a neutral appeals process.

Prevention. Strategies should be developed to reduce the numbers of children declared disabled. Better assessment will contribute to this, as will a better socioeconomic environment. However, there are also immediate, direct, actions that can be undertaken—improved basic health services, in particular services focusing on maternal and child health.

Family support. Mechanisms that maintain the child in the family, not as a burden, but as a full-fledged member, need development—social work and care services to provide advice; public assistance that reaches the family of the child with the disability; and public information that removes the stigma of disability.

Rehabilitation. Procedures for early detection should be introduced to allow precocious interventions, including rehabilitation to take place. Affordable standards for rehabilitation need to be set that will allow it to take place (in most cases) at community levels.

Education. Institutionalization and separation of the child from the general school community for educational purposes should be avoided if at all possible. Here, again, the role of assessment will be critical; as will be the development of curricular standards, not necessarily in terms of individual specifics, but rather in promoting a functional approach even in situations in which resort is made to specialized schools and classes.

Information systems. Information systems need to be developed that will allow the monitoring of populations, disabilities, processes, and outcomes for policy making.

2.5 Conclusion

Families of children with disabilities are believed to be among the most vulnerable population groups in Russia. Bringing up a child with a disability is a demanding task, particularly in an environment where disability is stigmatized and there is a tendency to isolate

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impairments (primary prevention) or at preventing impairments from causing a permanent functional limitation or disability (secondary prevention). These may include prenatal and postnatal care, health education, nutrition interventions, immunization campaigns against communicable diseases, measures to control endemic diseases, safety regulations, and programs for the prevention of accidents in different environments, including the adaptation of workplaces to prevent occupational disabilities and diseases.

people with disabilities from the general population; public financial assistance is insufficient and often not delivered; social care, support, and rehabilitation services are scarce; mothers often have to quit their jobs to stay with a child who has a disability; and fathers tend to leave a family soon after such a child is brought home, which in most cases results in severe poverty for the mother and her child. Particularly vulnerable are abandoned children with disabilities, who mostly end up in institutions, often for their entire lives.

While there was a gradual shift from the medical model toward a more functional approach to disability during the 1990s, there is still a significant need for further change. The assessment system still condemns too many children to lifelong institutionalization in residential facilities for the disabled. Social care and rehabilitation services for children with disabilities and support services for their families—aiming to foster the integration of children with disabilities into the community and enable families to take care of such children—have been introduced, but slowly. Access to such services remains severely limited and varies from region to region as a function of regional and local fiscal capacities. Moreover, an elaborate system of cash and in-kind benefits was introduced for children officially certified as "disabled." Still, although benefits to families are numerous in principle, little such assistance reaches them, and when it does, it is insufficient.

In order to improve the well-being of **children with disabilities**, the development of a national strategy aiming at the integration and inclusion of people with disabilities, including children, into mainstream society is recommended. The strategy would include, among other things, the following: achieving a better balance between medical and functional criteria in determining disability; revising and improving procedures guiding the disability assessment and evaluation methods and techniques, including the introduction of an independent appeals process; reducing dependence on the institutionalization of children with disabilities in order to educate them; improving socioeconomic data on families of children with disabilities, so as to better tailor policies aimed to improve their welfare; and raising awareness about disability to help remove the stigma that often accompanies the state of having a disability.

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Annex 1

(STATISTICAL ANNEX)

I. POVERTY AND SOCIAL TRANSFERS

Table 1.1: ***Poverty rates for individuals in Russia 1997–2000***
(in % of individuals in respective socioeconomic and demographic groups—Goskomstat data)

	Disposable resources							
	Below subsistence minimum				Below 50% subsistence minimum			
	1997	1998	1999	2000 3rd Q	1997	1998	1999	2000 3rd Q
All population	32.1	37.8	49.5	38.1	7.8	9 8	15 5	9.1
Urban	28.8	34.6	47.3	35.1	5.8	8.0	13.8	7.4
Rural	41.1	46.7	55.6	46.0	13.4	14 7	20.1	13 9
Employed	27.8	34.2	45.8	34.9	6.0	7.8	13 4	7.3
Entrepreneurs	26.7	32.5	37.5	24.3	6.4	9.8	13.9	5.8
Unemployed	50.9	54.8	64.4	53 9	17 3	19 2	26.6	18.5
Non-working pensioners	21.5	25.4	39.1	28.0	3 9	5 1	9.3	5.1
Working pensioners	11.0	15.9	24.9	18.8	1.6	2.7	5.1	3.3
Old age pensioners	17.1	21.7	34.8	24.0	2.9	3.9	7 6	4.0
Disability pensioners	34.2	41.9	50.6	42 3	7.4	11.5	16 4	9.6
Survivors pensioners	37.8	48.6	64.0	50.8	8.0	12.6	19.8	10.9
Recipients of social pension	30.9	38.9	32.6	45.9	6.0	7.9	8.0	9.1
Recipients of a child allowance for children up to 18 months	51.0	55 9	64.1	43.5	15 6	18.6	24.6	14.0
Recipients of unemployment compensation	54.8	60.0	68.5	63.7	18.5	21.4	27.9	22.2
Children up to 16	41.9	48.9	60.6	47.8	11.7	14.6	21.4	13.4
Children up to 1	45.8	55.1	60.7	42.8	13 5	17.8	21.8	13.1
Children 1–6	46.2	52.0	64.6	48.7	14 2	16.9	24.2	15 5
Children 6–15	40.5	47.8	59.4	47.7	10.9	13.8	20.6	12.8
Men (by age groups)	30.2	36.2	47.3	36.4	7.0	8.9	14.2	8.3
16-19	38 1	45.7	57.2	42.8	9.6	12.3	18.4	11 9
20-24	32.9	41.5	47.7	42.5	8.3	11.3	15.6	10.3
25-34	35.3	41.1	53.6	39.3	9.1	11.0	17.5	9.9
35-44	35.1	40.9	50 1	40.2	8.3	10.4	15.8	9.1
44-54	26.3	32.7	45 4	34.3	5.6	7.2	13.3	7.6
55-59	21.2	29.9	42.9	31.9	3.7	6 3	11.6	6.2
60-69	15.3	19.6	30.5	21.3	2.4	3.2	5.7	2.9
70-79	15.3	21.8	38.3	25.0	2.2	3.9	8.3	3.5
80 and more	13.7	20.4	40.4	34.3	2.4	3 3	9.7	7.2
Women (by age groups)	28.2	33.6	46.0	34.9	6.4	8 1	13.7	7.8
16-19	38.5	44.7	58.5	46.8	9.9	12.1	20.3	12.0
20-24	34.9	42.1	53.5	42 3	9.0	11.5	19.1	10.7
25-34	36.7	41 6	53.9	41.8	9.3	11.1	18.1	10 6
35-44	32.9	39.6	51.9	38.5	7.7	9.9	16.2	8.9
44-54	23.1	29.0	41.1	32.6	4.5	6.3	11.3	6.4
55-59	14.5	20.1	33.2	21.8	2.4	3.6	7.3	4.1
60-69	17 2	20.5	32.0	22.2	3.1	3.7	6.4	3 6
70-79	20.0	24.3	38.9	25.9	3.4	4.5	9.0	4.8
80 and more	24.6	30.7	45.0	32 8	4.4	6.8	11.6	6.6

Source: Goskomstat Rossii: "Income, Expenditures and Consumption of Households in 1997–98", May 2001, Moscow, pp. 40–41 and "Income, Expenditures and Consumption of Households in the 3rd and the 4th Quarters of 2000," May 2001, Moscow, p. 34. **Note**: Data from Household Budget Survey. Calculations based on household disposable resources.

Table 1.1.a: ***Poverty rates for households in Russia 1997–2000***[1]

	Households with disposable resources below								Composition of poor households[2]		
	< Subsistence minimum				< 50% subsistence minimum				< Subsistence minimum		
	1997	1998	1999	2000 3rd Q	1997	1998	1999	2000 3rd Q	1997	1998	1999
All households	25 7	30.4	42 3	31 1	5 7	7.1	12 7	6 6	100	100	100
Urban	23 5	28 3	40 9	29 3	4 3	5 8	11.5	5.4	63.5	65 8	69 7
Rural	31 7	36.3	46.2	36.1	9 5	10 4	16.1	9.8	36 5	34 2	30 3
Complete families											
Couple without children	11 0	14 4	25.4	16.6	1 4	1 8	4 0	1 8	7 1	7 8	9 4
Couple without children but with relatives	21 9	28.5	46.4	34 5	2 8	4 2	12 7	4 7	0 5	0 7	1 0
Couple with 1-2 children	35 2	42.0	53.9	39 9	8 1	10 2	17 8	9.0	33.9	32 5	29 3
Couple with 1-2 children and relatives	39 5	46 4	58.4	46.8	9.6	12.6	20.6	12 2	7 2	8 5	8 1
Couple with 3+ children	55.9	67 1	75.6	66.3	22 3	29.8	40.3	25.8	6.0	4 6	3 2
Couple with 3+ children and relatives	64 3	71.4	87 5	81.2	26 8	29 7	52 6	38 2	0.8	0 7	0 6
Incomplete families											
with 1-2 children	37.4	41 5	56 9	43 3	8.1	10.1	19 8	10 4	10 3	8 5	7 8
with 1-2 children and relatives	47.8	53.6	71.4	57 9	11 5	15 0	28 3	14 8	4 4	5 0	5 1
with 3+ children	61 6	79 6	86.1	79.2	27.1	40 1	52.1	43.1	0.6	0 7	0.4
with 3+ children and relatives	66 0	80 1	84 8	94.0	30.3	39 9	54 5	31 8	0 3	0 3	0 3
Widows (widowers) with children	35 1	44.7	59 5	48 0	6.3	10.7	19 9	10 8	1 9	2 0	1 9
Households with recipients of unemployment compensation	53 8	58 4	69 2	61.3	17.3	19.7	29 3	20.1	5 6	5.2	3 4
Households of non-working pensioners	11 7	14.5	26 7	16 1	1.5	2.0	4.5	2.1	9 5	12 5	15 1
Single households (working age)	9.4	10.0	17 5	10 2	1.6	1.7	3.2	1.4	4 7	3 6	4 2
Single households (non-working age)	5.8	7.9	16.7	8.7	0.5	0.7	1.8	0 7	4 6	5 4	7 1

Source Goskomstat Rossii: "Income, Expenditures and Consumption of Households in 1997–98," May 2001, Moscow, p 187 and "Income, Expenditures and Consumption of Households in the 3rd and the 4th Quarters of 2000," May 2001, Moscow, p. 34. **Notes**. 1/ Data from Household Budget Survey. Calculations based on household disposable resources 2/ Composition data for the third quarter of 2000 not available.

Table 1.2: ***Poverty rates by individual characteristics in Russia***

(% of individuals in Round 8 of RLMS)*

Rates (% of individuals)		Round 8*				
		Very poor[1]	Poor[2]	Very poor + poor	Non-poor[3]	Total
By age-gender characteristics						
Age	**Gender**					
0 - 4	Male	22.5	39.5	62.1	37.9	100.0
	Female	22.2	39 1	61.3	38.7	100.0
	Total	**22.4**	**39.3**	**61.7**	**38.3**	**100.0**
5 - 9	Male	23 2	30.1	53 3	46.7	100.0
	Female	27.6	30 9	58.6	41 4	100.0
	Total	**25.3**	**30.5**	**55.8**	**44.2**	**100.0**
10 - 13	Male	22 5	34 8	57.3	42.7	100.0
	Female	29.3	29.9	59.2	40.8	100.0
	Total	**25.7**	**32.5**	**58.2**	**41.8**	**100.0**
14 - 17	Male	19.7	32.2	51 9	48.1	100.0
	Female	23.5	36.5	60.0	40.0	100.0
	Total	**21.7**	**34.4**	**56.1**	**43.9**	**100.0**
18 - 24	Male	18.2	32.2	50.4	49.6	100.0
	Female	20.5	32.2	52.7	47.3	100.0
	Total	**19.4**	**32.2**	**51.6**	**48.4**	**100.0**
25 - 29	Male	16.0	33.2	49.2	50.8	100.0
	Female	17.1	31.2	48.3	51.7	100.0
	Total	**16.6**	**32.1**	**48.7**	**51.3**	**100.0**
30 - 34	Male	20.2	31.8	52.0	48.0	100.0
	Female	26.5	32.1	58.6	41.4	100.0
	Total	**23.3**	**32.0**	**55.3**	**44.7**	**100.0**
35 - 39	Male	26.6	28.1	54.7	45.3	100.0
	Female	23.8	32.9	56.8	43.2	100.0
	Total	**25.2**	**30.6**	**55.8**	**44.2**	**100.0**
40 - 44	Male	20.6	32.3	52.9	47.1	100.0
	Female	18.2	29.0	47.2	52 8	100 0
	Total	**19.3**	**30.5**	**49.9**	**50.1**	**100.0**
45 - 49	Male	17.3	28 4	45.8	54.2	100 0
	Female	18.8	27.7	46.4	53.6	100.0
	Total	**18.1**	**28.0**	**46.1**	**53.9**	**100.0**
50 - 54	Male	18.7	29.6	48.3	51.7	100.0
	Female	17.5	28.5	46.0	54.0	100.0
	Total	**18.0**	**28.9**	**47.0**	**53.0**	**100.0**
55 - 59	Male	14.2	28.8	42.9	57.1	100.0
	Female	10.3	28.3	38.6	61 4	100 0
	Total	**12.1**	**28.5**	**40.6**	**59.4**	**100.0**
60 - 64	Male	6.4	22.9	29.2	70 8	100.0
	Female	10.2	24 4	34.6	65.4	100.0
	Total	**8.8**	**23.8**	**32.6**	**67.4**	**100.0**
65 - 69	Male	5.5	21.5	27.0	73.0	100.0
	Female	13.1	23.9	37.0	63 0	100.0

Rates (% of individuals)		Round 8* Very poor[1]	Poor[2]	Very poor + poor	Non-poor[3]	Total
	Total	**10.1**	**23.0**	**33.1**	**66.9**	**100.0**
70 and older	Male	9 8	23 2	33.0	67.0	100.0
	Female	14.9	25.8	40.7	59 3	100 0
	Total	**13.6**	**25.1**	**38.6**	**61.4**	**100.0**

By employment-gender status

Unemployment[4]	Gender					
Not reporting	Male	17.1	30.3	47.4	52.6	100.0
	Female	18.9	29.6	48.5	51 5	100 0
	Total	**18.1**	**29.9**	**48.0**	**52.0**	**100.0**
Reporting	Male	26.9	31.2	58.1	41.9	100.0
	Female	23.7	32.3	56.1	43.9	100.0
	Total	**25.3**	**31.8**	**57.1**	**42.9**	**100.0**

By disability-gender status

Disability benefit	Gender					
Not reporting	Male	18.3	30.5	48.7	51.3	100.0
	Female	19.2	29.9	49.1	50.9	100.0
	Total	**18.8**	**30.2**	**48.9**	**51.1**	**100.0**
Reporting	Male	22.2	28.5	50.6	49.4	100.0
	Female	28.0	28.7	56 7	43 3	100.0
	Total	**25.0**	**28.6**	**53.6**	**46.4**	**100.0**

By pension-gender status

Old-age and early retirement pension	Gender					
Not reporting	Male	20.5	31.8	52.3	47.7	100.0
	Female	22.0	31.7	53.7	46.3	100.0
	Total	**21.3**	**31.7**	**53.0**	**47.0**	**100.0**
Reporting	Male	7.3	23.2	30 5	69.5	100.0
	Female	12.8	25.4	38.3	61.7	100.0
	Total	**11.1**	**24.7**	**35.8**	**64.2**	**100.0**

By age groups

Age groups	Gender					
Children[5]	Male	22.8	34.3	57.1	42.9	100 0
	Female	26.8	32.8	59.5	40 5	100.0
	Total	**24.7**	**33.6**	**58.2**	**41.8**	**100.0**
Adults	Male	19.4	30.9	50.3	49.7	100.0
	Female	20.7	31.3	52.0	48.0	100 0
	Total	**20.1**	**31.1**	**51.2**	**48.8**	**100.0**
The eldely[6]	Male	7.3	22.6	29.8	70.2	100.0
	Female	12.6	25.5	38.2	61 8	100.0
	Total	**11.1**	**24.7**	**35.7**	**64.3**	**100.0**

By gender

Male		18.4	30.4	48.8	51.2	100.0
Female		19.4	29.9	49.3	50.7	100.0
Total		**19.0**	**30.1**	**49.1**	**50.9**	**100.0**

* **Round 8** of the RLMS survey was conducted in Russia from October 1998 to January 1999

1 **Very poor** - households with total expenditures (see explanation in # 7) below 50% of the official regionally differentiated (see explanation in # 8) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

2 **Poor** - households with total expenditures (see explanation in # 7) below official regionally differentiated (see explanation in # 8) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

Rates (% of individuals)	Round 8*				
	Very poor[1]	Poor[2]	Very poor + poor	Non-poor[3]	Total

3 **Non-poor** - households with total expenditures (see explanation in # 7) above or equal to official regionally differentiated (see explanation in # 8) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

4 **Reporting unemployment** - those who do not report any work, receive neither pension nor disability benefit and would like to work

5 **Children** - those below 14 years of age

6 **Elderly** - men above 59 and women above 54 years of age

7 **Total expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices

8 **Regionally differentiated subsistence minimum** - 8 regional poverty lines computed as population-weighted average across 78 official regional subsistence minima so as to match survey sample division of Russia into 8 regions

Table 1.2.a: ***Poverty composition by individual characteristics in Russia (% of individuals in Round 8* of RLMS)***

Composition (% of individuals)	Round 8*			
	Very poor[1]	Poor[2]	Non-poor[3]	Total
By age-gender characteristics				
Age / **Gender**				
0 - 4 Male	2.9	3.2	1.8	2.5
Female	2.8	3.1	1.8	2.4
Total	**5.7**	**6.3**	**3.7**	**4.9**
5 – 9 Male	4.3	3.5	3.3	3.5
Female	4.8	3.3	2 7	3.3
Total	**9.1**	**6.9**	**5.9**	**6.8**
10 - 13 Male	4.1	4.0	2.9	3.5
Female	4.9	3.1	2.5	3.1
Total	**9.0**	**7.1**	**5.4**	**6.6**
14 - 17 Male	3.2	3.3	2.9	3.1
Female	4.2	4.1	2.7	3.4
Total	**7.4**	**7.4**	**5.6**	**6.5**
18 - 24 Male	4.6	5.1	4.7	4.8
Female	5.8	5.8	5.0	5.4
Total	**10.4**	**10.9**	**9.7**	**10.2**
25 - 29 Male	2.6	3 4	3.1	3.1
Female	3 3	3.8	3.7	3.7
Total	**5.9**	**7.2**	**6.8**	**6.8**
30 - 34 Male	3.4	3.4	3.0	3.2
Female	4.4	3.4	2.6	3.2
Total	**7.9**	**6.8**	**5.6**	**6.4**
35 - 39 Male	5.7	3.8	3.6	4.0
Female	5.3	4.6	3.6	4.2
Total	**11.0**	**8.4**	**7.2**	**8.2**

Composition (% of individuals)		Round 8*			
		Very poor[1]	Poor[2]	Non-poor[3]	Total
40 - 44	Male	4.0	4.0	3.4	3.7
	Female	4.1	4.1	4.4	4.3
	Total	**8.1**	**8.1**	**7.8**	**8.0**
45 - 49	Male	2.7	2 8	3.2	3.0
	Female	3.8	3 5	4.1	3.9
	Total	**6.6**	**6.4**	**7.3**	**6.9**
50 - 54	Male	2.0	1.9	2.0	2 0
	Female	2.5	2.5	2.8	2.7
	Total	**4.4**	**4.5**	**4.9**	**4.7**
55 - 59	Male	1.7	2.2	2.6	2.3
	Female	1.4	2.5	3.2	2.7
	Total	**3.2**	**4.7**	**5.8**	**4.9**
60 - 64	Male	0.8	1.8	3.2	2.3
	Female	2.0	3.0	4.8	3.7
	Total	**2.8**	**4.8**	**8.0**	**6.0**
65 - 69	Male	0.6	1.4	2.8	2.0
	Female	2.1	2.4	3.7	3.0
	Total	**2.6**	**3.8**	**6.5**	**4.9**
70 and older	Male	1.1	1.7	2.9	2.2
	Female	4.8	5.2	7.0	6.0
	Total	**5.9**	**6.9**	**9.9**	**8.2**
Total		**100.0**	**100.0**	**100.0**	**100.0**

By employment-gender status

Unemployment[4]	Gender				
Not reporting	Male	35.3	39.3	40.5	39.1
	Female	48.4	47.8	49.2	48.7
	Total	**83.7**	**87.1**	89.7	**87.8**
Reporting	Male	8.6	6.3	5.0	6 1
	Female	7.7	6.6	5.3	6.2
	Total	**16.3**	**12.9**	10.3	**12.2**
Total		**100.0**	**100.0**	**100.0**	**100.0**

By disability-gender status

Disability benefit	Gender				
Not reporting	Male	42.1	44.1	43.9	43.6
	Female	54.0	53.0	53.3	53.3
	Total	**96.0**	**97.1**	**97.2**	**97.0**
Reporting	Male	1.8	1.5	1.5	1.5
	Female	2.2	1.4	1.3	1.5
	Total	**4.0**	**2.9**	**2.8**	**3.0**
Total		**100.0**	**100.0**	**100.0**	**100.0**
Old-age and early retirement pension	**Gender**				

Composition (% of individuals)		Round 8*			
		Very poor[1]	Poor[2]	Non-poor[3]	Total
Not reporting	Male	41.1	40 0	35.6	38.0
	Female	45.6	41.3	35 8	39 3
	Total	**86.7**	**81.4**	**71.4**	**77.3**
Reporting	Male	2.8	5.6	9.9	7.2
	Female	10.5	13.1	18.8	15.5
	Total	**13.3**	**18.6**	**28.6**	**22.7**
Total		**100.0**	**100.0**	**100.0**	**100.0**
By age groups					
Age groups	**Gender**				
Children[5]	Male	11.4	10.8	8.0	9.5
	Female	12.4	9.6	7.0	8.8
	Total	**23.8**	**20.4**	**15.0**	**18.3**
Adults	Male	30.0	29.9	28.5	29.2
	Female	33.4	31.8	28.8	30.6
	Total	**63.4**	**61.7**	**57.3**	**59.8**
The eldely[6]	Male	2.5	4.8	8.9	6.5
	Female	10.3	13.1	18.7	15.4
	Total	**12.8**	**17.9**	**27.6**	**21.9**
Total		**100.0**	**100.0**	**100.0**	**100.0**
By gender					
Male		43.9	45.6	45.4	45.2
Female		56.1	54.4	54.6	54.8
Total		**100.0**	**100.0**	**100.0**	**100.0**

Note: See notes to Table 1.2.

Table 1.3: ***Poverty rates by household characteristics in Russia***
(% of households in Round 8 of RLMS)*

Round 8*					
Rates (% of households)	**Very poor[1]**	**Poor[2]**	**Very poor + poor**	**Non-poor[3]**	**Total**
By household size					
1	12.1	19.5	31.6	68.4	**100.0**
2	12.1	23.0	35.1	64.9	**100.0**
3	16.5	30.7	47.2	52.8	**100.0**
4	24.4	31.7	56.1	43 9	**100.0**
5 and more	23.5	36.6	60.1	39.9	**100.0**
By number of children[4] in the household					
No children[4]	13.2	24.0	37.2	62.8	**100.0**
1 child[4]	19.6	31.2	50.8	49 2	**100.0**
2 children[4] and more	29.1	35.9	65.0	35.0	**100.0**
By number of elderly[5] in the household					
No elderly[5]	20.5	28.6	49.1	50 9	**100.0**
1 elderly[5]	14.3	27.3	41.6	58.4	**100.0**
2 and more elderly[5]	8.0	22.1	30.2	69.8	**100.0**
By four-type family composition					
No children[4], no elderly[5]	16.7	26.0	42.7	57.3	**100.0**
Children[4], no elderly[5]	23.7	31.0	54.7	45 3	**100.0**
Elderly[5], no children[4]	10.8	22.7	33.5	66.5	**100.0**
Children[4] and elderly[5]	18.2	38 7	56.9	43.1	**100.0**
By gender of household head[6]					
Female	15.5	25.4	40.9	59.1	**100.0**
Male	17.1	27.9	45.0	55.0	**100.0**
By regions					
Metropolitan[7]	11.6	30.1	41.7	58.3	**100.0**
North and North-Western	24.3	26.3	50.6	49.4	**100.0**
Central and Central Black Earth	14.6	24.4	39.0	61 0	**100.0**
Volga and Volgo-Vyatsky basin	18.2	29.5	47.7	52.3	**100.0**
North Caucasian	9.4	23.9	33.3	66.7	**100.0**
Ural	19.2	30.4	49.6	50.4	**100.0**
Western Siberia	23.6	22.0	45.5	54.5	**100.0**
Eastern Siberia and Far East	15.6	28.7	44.3	55.7	**100.0**
By type of settlement					
Metropolies[8]	11.8	30.8	42.6	57.4	**100.0**
Urban	17.0	25.3	42.2	57.8	**100.0**
Rural	18.1	30.5	48.6	51.4	**100.0**
By access to land in the household					
No	20.5	25.0	45.5	54.5	**100.0**
Yes	14.7	28.4	43.1	56.9	**100.0**
By ownership of car in the household					
No	19.1	28.9	48.0	52.0	**100.0**
Yes	9.2	22.2	31.5	68.5	**100.0**

By five-way household types					
Single-mothers[9]	16 7	31.1	47.8	52 2	**100.0**
Other households with children[4]	22.9	32.8	55.7	44 3	**100.0**
Single elderly[5] men	4.4	13.2	17.6	82.4	**100.0**
Single elderly[5] women	11.4	19.3	30.8	69 2	**100.0**
Other households without children[4]	14.0	25.6	39 5	60.5	**100.0**
By employment status of household members					
No reporting unemployment[10]	13.5	25.7	39.2	60.8	**100.0**
At least one person reporting unemployment[10]	25.1	31.4	56.5	43.5	**100.0**
By disability[11] status of household members					
No disabled[11]	16.0	27.1	43.1	56.9	**100.0**
At least one disabled[11]	24.9	28.7	53.6	46.4	**100.0**
By number of pensioners[12] in the household					
No pensioners[12]	20.8	28.7	49.5	50.5	**100.0**
1 pensioner[12]	13.9	27.2	41.1	58.9	**100.0**
2 and more pensioners[12]	8.6	22.4	31 0	69.0	**100.0**
Total	**16.7**	**27.3**	**44.0**	**56.0**	**100.0**

* **Round 8** of RLMS survey was conducted in Russia from October 1998 to January 1999

1 **Very poor** - households with total expenditures (see explanation in # 13) below 50% of the official regionally differentiated (see explanation in # 14) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

2 **Poor** - households with total expenditures (see explanation in # 13) below official regionally differentiated (see explanation in # 14) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia) and above 50% of that minimum

3 **Non-poor** - households with total expenditures (see explanation in # 13) above or equal to official regionally differentiated (see explanation in # 14) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

4 **Children** - those below 14 years of age

5 **Elderly** - men above 59 and women above 54 years of age

6 **Household head** - as defined by UNC

7 **Metropolitan** - Moscow and Moscow region (oblast), St. Petersburg and Leningradski region (oblast)

8 **Metropolis** - Moscow and St. Petersburg

9 **Single mothers** - a category chosen instead of single parent since there was only one case of a single father in the sample for Round 8 of RLMS

10 **Reporting unemployment** - those who do not report any work, receive neither pension nor disability benefit and would like to work

11 **Disabled** - those who receive disability benefit

12 **Pensioners** - those who receive old-age and/or early retirement pension

13 **Total expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices

14 **Regionally differentiated subsistence minimum** - 8 regional poverty lines computed as population-weighted average across 78 official regional subsistence minima so as to match survey sample division of Russia into 8 regions

Table 1.3.a: *Poverty composition by household characteristics in Russia (% of households in Round 8* of RLMS)*

Round 8*				
Composition (% of households)	**Very poor[1]**	**Poor[2]**	**Non-poor[3]**	**Total**
By household size				
1	13 9	13.7	23.3	**19.1**
2	20.0	23.2	31.8	**27.5**
3	23.8	27.1	22.7	**24.0**
4	27.1	21.6	14.5	**18.6**
5 and more	15.2	14.5	7.7	**10.8**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By number of children[4] in the household				
No children[4]	49.4	55.0	70.0	**62.5**
1 child[4]	30.7	30.0	23.0	**26.2**
2 children[4] and more	19.8	15.0	7.1	**11.4**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By number of elderly[5] in the household				
No elderly[5]	67.1	57.5	49.7	**54.7**
1 elderly[5]	25.5	29 9	31.0	**29.8**
2 and more elderly[5]	7.4	12.6	19.3	**15.5**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By four-type family composition				
No children[4], no elderly[5]	25.5	24.2	26.0	**25.4**
Children[4], no elderly[5]	41.7	33.3	23.7	**29.3**
Elderly[5], no children[4]	24.0	30.8	44.0	**37.1**
Children[4] and elderly[5]	8.9	11.7	6.3	**8.2**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By gender of household head[6]				
Female	23.3	23.5	26.6	**25.2**
Male	76.7	76.5	73.4	**74.8**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By regions				
Metropolitan[7]	8.6	13.7	12.9	**12.4**
North and North-Western	10.1	6.7	6.1	**6.9**
Central and Central Black Earth	12.9	13.3	16.1	**14.8**
Volga and Volgo-Vyatsky basin	21.0	20.8	17.9	**19.2**
North Caucasian	6.6	10.3	14.0	**11.8**
Ural	17 9	17.3	13.9	**15.5**
Western Siberia	14.4	8.2	9 9	**10.2**

Round 8*				
Composition (% of households)	**Very poor[1]**	**Poor[2]**	**Non-poor[3]**	**Total**
Eastern Siberia and Far East	8.6	9 7	9 2	**9.2**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By type of settlement				
Metropolies[8]	7.9	12.7	11 5	**11.2**
Urban	63 5	57.9	64.3	**62.4**
Rural	28.6	29.5	24.2	**26.4**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By access to land				
No	43.0	32.2	34.1	**35.1**
Yes	57 0	67.8	65 9	**64.9**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By ownership of car				
No	86.4	79.9	70.0	**75.4**
Yes	13.6	20.1	30 0	**24.6**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By five-way household types				
Single-mothers[9]	2 5	2.8	2 3	**2.5**
Other households with chidren[4]	48.1	42.1	27.7	**35.1**
Single elderly[5] men	0.5	0.9	2.8	**1.9**
Single elderly[5] women	8.1	8.4	14 6	**11.8**
Other households without chidren[4]	40 8	45.7	52.6	**48.7**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By employment status				
No reporting unemployment[10]	58 8	68.4	78.7	**72.6**
At least one person reporting unemployment[10]	41.2	31.6	21.3	**27.4**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By disability[11] status of household members				
No disabled[11]	87.9	91 5	93.3	**91.9**
At least one disabled[11]	12.1	8.5	6.7	**8.1**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By number of pensioners[12] in the household				
No pensioners[12]	66.1	55.9	47.8	**53.1**
1 pensioner[12]	25.6	30.8	32.4	**30.8**
2 and more pensioners[12]	8.3	13.3	19 9	**16.1**
Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: See notes to Table 1.3.

Table 1.4: *Poverty rates by household characteristics in Russia: % of computed individuals* (in Round 8** of RLMS)*

Round 8**					
Rates (% of computed individuals*)	**Very poor[1]**	**Poor[2]**	**Very poor + poor**	**Non-poor[3]**	**Total**
By household size					
1	12.1	19.5	31.6	68 4	**100.0**
2	12.1	23.0	35.1	64 9	**100.0**
3	16 5	30.7	47.2	52 8	**100.0**
4	24.4	31.7	56 1	43.9	**100.0**
5 and more	23.4	37.3	60.8	39.2	**100.0**
By number of children[4] in the household					
No children[4]	14.1	26.1	40.3	59 7	**100.0**
1 child[4]	20 0	31.5	51.5	48.5	**100.0**
2 children[4] and more	28.7	37.3	66 1	33 9	**100.0**
By number of elderly[5] in the household					
No elderly[5]	22.3	30.1	52.3	47.7	**100.0**
1 elderly[5]	17.1	32.9	50.0	50.0	**100.0**
2 and more elderly[5]	8.7	26.0	34.6	65 4	**100.0**
By four-type family composition					
No children[4], no elderly[5]	17 1	27.4	44.5	55.5	**100.0**
Children[4], no elderly[5]	25.1	31.5	56 6	43.4	**100.0**
Elderly[5], no children[4]	11.6	25.1	36.7	63 3	**100.0**
Children[4] and elderly[5]	18.0	39.7	57 7	42.3	**100.0**
By gender of household head[6]					
Female	19.3	28.9	48.2	51.8	**100.0**
Male	18.9	30.4	49.3	50.7	**100.0**
By regions					
Metropolitan[7]	12.8	34.3	47 0	53.0	**100.0**
North and North-Western	30.4	27.1	57.6	42.4	**100.0**
Central and Central Black Earth	17.9	25.9	43.8	56.2	**100.0**
Volga and Volgo-Vyatsky basin	20.7	32.0	52.7	47.3	**100.0**
North Caucasian	8.9	30.5	39.4	60.6	**100.0**
Ural	22.7	33.0	55.7	44 3	**100.0**
Western Siberia	25.5	22.6	48.1	51 9	**100.0**
Eastern Siberia and Far East	18.4	32.8	51 2	48 8	**100.0**
By type of settlement					
Metropolies[8]	12 6	34.8	47.4	52.6	**100.0**
Urban	19.4	26.8	46.2	53.8	**100.0**
Rural	20.3	35.8	56.1	43.9	**100.0**
By access to land in the household					
No	23.9	26.1	50.0	50.0	**100.0**
Yes	16.8	31.9	48 7	51 3	**100.0**

Round 8**					
Rates (% of computed individuals*)	**Very poor[1]**	**Poor[2]**	**Very poor + poor**	**Non-poor[3]**	**Total**
By ownership of car in the household					
No	22 8	31.9	54 7	45.3	**100.0**
Yes	10.0	26.0	36.1	63 9	**100.0**
By five-way household types					
Single-mothers[9]	17.3	31.6	49.0	51 0	**100.0**
Other households with children[4]	23.5	33.8	57.2	42.8	**100.0**
Single elderly[5] men	4 4	13 2	17.6	82.4	**100.0**
Single elderly[5] women	11.4	19.3	30.8	69.2	**100.0**
Other households without children[4]	14 5	27.0	41.6	58.4	**100.0**
By employment status of household members					
No reporting unemployment[10]	15.2	28.8	44.0	56.0	**100.0**
At least one person reporting unemployment[10]	25.6	32.6	58.2	41.8	**100.0**
By disability[11] status of household members					
No disabled[11]	18.3	29.9	48.2	51.8	**100.0**
At least one disabled[11]	26.0	32.1	58.1	41.9	**100.0**
By number of pensioners[12] in the household					
No pensioners[12]	22.6	30.1	52.7	47.3	**100.0**
1 pensioner[12]	16.5	32.3	48.8	51.2	**100.0**
2 and more pensioners[12]	9.7	26.9	36.6	63.4	**100.0**
Total	**19.0**	**30.1**	**49.1**	**50.9**	**100.0**

* **Computed individuals** - computed across households weighted by household size

** **Round 8** of RLMS survey was conducted in Russia from October 1998 to January 1999

1 **Very poor** - households with total expenditures (see explanation in # 13) below 50% of the official regionally differentiated (see explanation in # 14) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

2 **Poor** - households with total expenditures (see explanation in # 13) below official regionally differentiated (see explanation in # 14) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia) and above 50% of that minimum

3 **Non-poor** - households with total expenditures (see explanation in # 13) above or equal to official regionally differentiated (see explanation in # 14) subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

4 **Children** - those below 14 years of age

5 **Elderly** - men above 59 and women above 54 years of age

6 **Household head** - as defined by UNC

7 **Metropolitan** - Moscow and Moscow region (oblast), St. Petersburg and Leningradski region (oblast)

8 **Metropolis** - Moscow and St. Petersburg

9 **Single mothers** - a category chosen instead of single parent since there was only one case of a single father in the sample for Round 8 of RLMS

10 **Reporting unemployment** - those who do not report any work, receive neither pension nor disability benefit and would like to work

11 **Disabled** - those who receive disability benefit

12 **Pensioners** - those who receive old-age and/or early retirement pension

13 **Total expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices

Round 8**					
Rates (% of computed individuals*)	**Very poor[1]**	**Poor[2]**	**Very poor + poor**	**Non-poor[3]**	**Total**
14	**Regionally differentiated subsistence minimum** - 8 regional poverty lines computed as population-weighted average across 78 official regional subsistence minima so as to match survey sample division of Russia into 8 regions				

Table 1.4.a: ***Poverty composition by household characteristics in Russia: % of computed individuals**** *(in Round 8** of RLMS)*

Round 8**				
Composition (% of computed individuals*)	**Very poor[1]**	**Poor[2]**	**Non-poor[3]**	**Total**
By household size				
1	4.3	4.4	9.1	**6.8**
2	12.5	14 9	24.9	**19.5**
3	22.3	26.0	26.5	**25.6**
4	33.9	27.7	22.7	**26.3**
5 and more	26 9	27.0	16.8	**21.8**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By number of children[4] in the household				
No children[4]	35.0	40.7	55.1	**47.0**
1 child[4]	35.1	34.8	31.7	**33.3**
2 children[4] and more	29.9	24 4	13.2	**19.7**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By number of elderly[5] in the household				
No elderly[5]	71.2	60.5	56.8	**60.6**
1 elderly[5]	22.0	26.6	23.9	**24.3**
2 and more elderly[5]	6.9	13.0	19.3	**15.1**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By four-type family composition				
No children[4], no elderly[5]	19.4	19.5	23.4	**21.5**
Children[4], no elderly[5]	51.8	40.9	33.3	**39.1**
Elderly[5], no children[4]	15 6	21.2	31.7	**25.5**
Children[4] and elderly[5]	13.2	18.3	11.5	**13.9**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By gender of household head[6]				
Female	15.3	14.4	15.3	**15.0**
Male	84.7	85.6	84.7	**85.0**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By regions				
Metropolitan[7]	7.8	13.2	12.1	**11.6**
North and North-Western	11.0	6.2	5 7	**6.9**
Central and Central Black Earth	13.0	11.8	15.1	**13.7**
Volga and Volgo-Vyatsky basin	20.5	19 9	17 4	**18.7**
North Caucasian	6.8	14.7	17.3	**14.5**
Ural	18.3	16.7	13 3	**15.3**

Round 8**				
Composition (% of computed individuals*)	**Very poor[1]**	**Poor[2]**	**Non-poor[3]**	**Total**
Western Siberia	13.7	7.7	10.4	**10.2**
Eastern Siberia and Far East	8.9	9.9	8 8	**9.1**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By type of settlement				
Metropolies[8]	7.0	12.2	10.9	**10.6**
Urban	63.0	54.6	64 9	**61.5**
Rural	29.9	33.2	24.1	**28.0**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By access to land				
No	38.4	26.4	29.8	**30.4**
Yes	61.6	73.6	70 2	**69.6**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By ownership of car				
No	84.0	73.9	62.1	**69.8**
Yes	16.0	26.1	37 9	**30.2**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By five-way household types				
Single-mothers[9]	1.8	2.0	1.9	**1.9**
Other households with chidren[4]	63.3	57.3	43.0	**51.1**
Single elderly[5] men	0.2	0.3	1.1	**0.7**
Single elderly[5] women	2.5	2.7	5.7	**4.2**
Other households without chidren[4]	32.3	37.7	48.3	**42.1**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By employment status				
No reporting unemployment[10]	51.6	61.3	70.7	**64.3**
At least one person reporting unemployment[10]	48.4	38.7	29.3	**35.7**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By disability[11] status of household members				
No disabled[11]	88.1	90.8	92.9	**91.3**
At least one disabled[11]	11.9	9.2	7.1	**8.7**
Total	**100.0**	**100.0**	**100.0**	**100.0**
By number of pensioners[12] in the household				
No pensioners[12]	69.6	58.3	54.3	**58.4**
1 pensioner[12]	22 1	27.2	25.5	**25.4**
2 and more pensioners[12]	8.3	14.5	20.2	**16.2**
Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: See notes to Table 1.4.

Table 1.5: ***Poverty rates by different household characteristics in Russia***
(% of households in Round 8 of RLMS)*

Round 8*					
Rates (% of households)	**Very poor[1]**	**Poor[2]**	**Very poor + poor**	**Non-poor[3]**	**Total**
By family structure					
Married couple, no children[4], no grown up children[5], no relatives	9.2	19.7	28.9	71.1	**100**
Married couple, no children[4], no grown up children[5], with relatives	8.6	28.0	36.6	63.4	**100**
Married couple with children[4], no relatives	21.4	31.3	52.7	47.3	**100**
Married couple with children[4] and other relatives	20.0	32.5	52.5	47.5	**100**
Married couple with grown up children[5] and other relatives	14.6	33.9	48.5	51.5	**100**
Single mother/father with children[4], no relatives	24.0	30.5	54 5	45.5	**100**
Single mother/father with children[4] and other relatives	24.8	36.2	61.0	39.0	**100**
Incomplete families with grown up children[5] and other relatives	21.8	29.9	51.7	48.3	**100**
Other non-family households (single person and other)	12.5	20.3	32.8	67.2	**100**
Total	**16.7**	**27.3**	**44.0**	**56.0**	**100**

* **Round 8** of RLMS survey was conducted in Russia from 10/1998 to 01/1999

1 **Very poor** - households with total expenditures (see explanation in # 6) below 50% of the official regionally differentiated (see explanation in # 7) subsistence minimum adjusted for economies of scale in the household (MOLD).

2 **Poor** - households with total expenditures (see explanation in #6) below official regionally differentiated (see explanation in # 7) subsistence minimum adjusted for economies of scale in the household (MOLD) and above 50% of that minimum

3 **Non-poor** - households with total expenditures (see explanation in # 6) above or equal to official regionally differentiated (see explanation in # 7) subsistence minimum adjusted for economies of scale in the household (MOLD)

4 **Children** - those below 18 years of age

5 **Grown up children** - those who are 18 years of age or older

6 **Total expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices

7 **Regionally differentiated subsistence minimum** - 8 regional poverty lines computed as population-weighted average across 78 official regional subsistence minima so as to match survey sample division of Russia into 8 regions

Table 1.5a: ***Poverty composition by different household characteristics in Russia***
(% of households in Round 8 of RLMS)*

Round 8*				
Composition (% of households)	**Very poor[1]**	**Poor[2]**	**Non-poor[3]**	**Total**
By family structure				
Married couple, no children[4], no grown up children[5], no relatives	10.2	13.4	23.5	18.5
Married couple, no children[4], no grown up children[5], with relatives	1.3	2.6	2.9	2 6
Married couple with children[4], no relatives	31.2	28.1	20.6	24.4
Married couple with children[4] and other relatives	13.7	13.7	9.7	11.5
Married couple with grown up children[5] and other relatives	5.6	8	5.9	6.4
Single mother/father with children[4], no relatives	6.1	4.8	3.4	4.3
Single mother/father with children[4] and other relatives	8.6	7.7	4	5.8
Incomplete families with grown up children[5] and other relatives	7.6	6.4	5	5.8
Other non-family households (single person and other)	15.5	15.4	24.8	20.7
Total	**100**	**100**	**100**	**100**

Note: See notes to Table 1.5.

Table 1.6: *Comparison of RLMS (1998) and Goskomstat (2000) Poverty Rates and Composition*
(at the minimum subsistence poverty line)

	RLMS	Goskomstat
Poverty rates by household characteristics		
All	44.0	31.1
Urban	42.0	29.3
Rural	48.0	36 1
Complete (dual parent) families		
Without children	28.9	16.6
Without children and other relatives	36.6	34.5
with 1-2 children	52.7	39 9
with 1-2 children and other relatives	52.5	46.8
with 3 and more children		66 3
with 3 and more children and other relatives		81 2
Incomplete (single parent) families		
with 1-2 children	54.5	43 3
with 1-2 children and other relatives	61.0	57 9
with 3 and more children		79.2
with 3 and more children and other relatives		94.0
Poverty composition by household characteristics		
All	100.0	100 0
Urban	57.9	69.7
Rural	29.5	30 3
Complete (dual parent) families		
without children	9.4	3.4
without children and other relatives	1.0	2.6
with 1-2 children	29.3	28.1
with 1-2 children and other relatives	8.1	13 7
with 3 and more children	3.2	
with 3 and more children and other relatives	0.6	
Incomplete (single parent) families		
with 1-2 children	7.8	5.8
with 1-2 children and other relatives	5.1	5 8
with 3 and more children	0.4	
with 3 and more children and other relatives	0.3	
% Families with children in total poor	54.8	53.4
% Families other than with 1-2 children in total poor	25.5	25 3

Source: Goskomstat HBS and RLMS.

Table 1.7: *Total per capita expenditure in Russia (data from Round 8 of RLMS*)*

Total per capita expenditure quintile	**Total per capita expenditure per month**, rubles**		
	Average	**Minimum**	**Maximum**
Lowest	191.5	0.0	296.2
Second	386.3	296.4	483.8
Third	596.1	484.1	727.8
Fourth	909.3	729.2	1138.9
Top	2190.5	1140.8	26410.9
Total	**854.6**	**0.0**	**26410.9**

* Conducted from October 1998 to January 1999. **Beginning of December 1998 prices.

Table 1.8: ***Percentage of households receiving transfers by type of transfer in Russia***
*(calculations are based on the data from Round 8 of RLMS**)*

Type of transfer	Total	By type of settlement			By per capita expenditure[2] quintiles				
		Metropolies[1]	Urban	Rural	Poorest	2nd	3d	4th	Richest
Subsidies and benefits from apartment renting, subsidies for fuel	14.03	26.11	16 67	2.62	11.88	12.28	15.33	17.10	13.54
Benefits for children	7.84	23 40	5.66	6.39	5.66	9.10	9 53	8.00	6.91
Unemployment benefits	0.75	0 99	0.80	0.52	0.97	0.83	0.97	0.83	0.14
Old-age pension	36.86	39.41	34.50	41 36	33.84	38.76	37.29	41.10	33 29
Other pensions	13.69	16.26	13.84	12.25	14.78	13.79	12.71	15.03	12.15
Total	54.67	68.23	52.63	53.72	52.62	56.83	56.08	58.90	48.90

** **Round 8 of RLMS** survey was conducted in Russia from October 1998 to January 1999

1 **Metropolis** included Moscow and St. Petersburg

2 **Per capita expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices divided by the household size

Table 1.9: ***Percentage of transfer in total expenditures for households receivingtransfers in Russia***
*(calculations are based on the data from Round 8 of RLMS**)*

Type of transfer	Total	By type of settlement			By per capita expenditure[2] quintiles				
		Metropolies[1]	Urban	Rural	Poorest	2nd	3d	4th	Richest
Subsidies and benefits from apartment renting, subsidies for fuel	5.33	5.02	4 96	13 58	15.64	6.67	8.07	4.79	3 26
Benefits for children	7.06	3.84	8.27	11.57	22.05	13 39	8.10	7 18	3.52
Unemployment benefits	18.45	14.60*	17.93	24.16*	42.81*	22 13*	19.32*	8.75*	17 21*
Old-age pension	32 05	26.65	33.36	32.16	95.50	51.35	41.92	28.19	15.75
Other pensions	22.55	20.85	22.60	23.77	62.84	36.70	29.47	21.29	11.06
Total	28.68	21.62	29.54	32.02	81.51	47.28	36.25	27.10	13 97

* **n** (size of the cell) < 10

** **Round 8 of RLMS** survey was conducted in Russia from October 1998 to January 1999

1 **Metropolis** included Moscow and St. Petersburg

2 **Per capita expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices divided by the household size

Table 1.10: ***Distribution of transfers by urban/rural and per capita expenditures[2] in Russia***
*(calculations are based on the data from Round 8 of RLMS**)*

Type of transfer	Total	By type of settlement			By per capita expenditure[2] quintiles				
		Metropolies[1]	Urban	Rural	Poorest	2nd	3d	4th	Richest
Subsidies and benefits from apartment renting, subsidies for fuel	4.98	7.82	5.56	2.08	4.52	2 99	5.80	4 66	6 88
Benefits for children	5.69	8.97	4.94	5.92	4.47	8.15	7.20	7.74	7 80
Unemployment benefits	0.88	1.07	0.83	0.88	1 40	1.04	1.51	0 89	0.62
Old-age pension	67.24	59.31	66.11	74.03	66.06	86.42	86.64	98.22	80.51
Other pensions	21.21	22.83	22.55	17.09	23.55	23.92	24.40	32.87	27.05
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

** **Round 8 of RLMS** survey was conducted in Russia from October 1998 to January 1999

1 **Metropolis** included Moscow and St. Petersburg

2 **Per capita expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices divided by the household size

Table 1.11: ***Distribution of transfers by per capita expenditures** in Russia***
*(calculations are based on the data from Round 8 of RLMS**)*

Type of transfer	By per capita expenditure[1] quintiles					Total
	Poorest	2nd	3d	4th	Richest	
Subsidies and benefits from apartment renting, subsidies for fuel	14.60	11.89	23.80	22.05	27.66	100.00
Benefits for children	12.63	23.04	20.38	21.90	22.05	100.00
Unemployment benefits	25 58	19.03	27.62	16.35	11 43	100 00
Old-age pension	15.81	20.68	20 73	23.51	19.27	100.00
Other pensions	17.87	18.15	18.51	24 94	20 52	100 00
Total	16.09	19.83	20.46	23.58	20.04	100.00

** **Round 8 of RLMS** survey was conducted in Russia from October 1998 to January 1999

1 **Per capita expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices divided by the household size

Table 1.12: *Per capita transfers by urban/rural and per capita expenditure[2] quintiles in Russia computed among those who receive a particular type of transfer (calculations are based on the data from Round 8 of RLMS**)*

Type of transfer	Total	By type of settlement			By per capita expenditure** quintiles				
		Metropolies[1]	Urban	Rural	Poorest	2nd	3d	4th	Richest
Subsidies and benefits from apartment renting, subsidies for fuel	42.40	44.57	39.09	75.87	5.00	27.06	47.41	42.87	65.85
Benefits for children	56.65	38.96	66.33	61.37	42.00	52.41	47.96	64.90	83.32
Unemployment benefits	100.22	137.33	85.43	127.50	84.59	85.82	109.60	81.12	567.00
Old-age pension	233.08	238.84	236.67	223.57	192.41	199.00	248.35	253.51	288.71
Other pensions	166.29	193.01	176.20	130.40	124.24	145.13	172.25	188.16	222.07
Total	212.98	205.67	216.86	208.09	163.62	184.30	214.67	244.24	279.22

** **Round 8 of RLMS** survey was conducted in Russia from October 1998 to January 1999

1 **Metropolis** included Moscow and St. Petersburg

2 **Per capita expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices divided by the household size

Table 1.13: *Correlation of poverty rate with different types of benefits by the type of settlement and regions in Russia (calculations are based on the data from Round 8** of RLMS)*

Correlation between poverty rate[1] and	By type of settlement[4]		By region[5]	
	Correlation coefficient	Significance level	Correlation coefficient	Significance level
Subsidies and benefits from apartment renting, subsidies for fuel	0.9996*	0.018	0.223	0.595
Benefits for children	0.542	0.636	0.357	0.386
Unemployment benefits	0.896	0.292	0.227	0.588
Old-age pension	-0.977	0.137	0 058	0.891
Other pensions	-0.923	0.252	-0.374	0.362

* Significant at 5% significance level

** **Round 8 of RLMS** survey was conducted in Russia from October 1998 to January 1999

1 Poverty rate is computed using the following definitions of poor and non-poor:

Poor - households with total expenditures below official regionally differentiated subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia) and above 50% of that minimum

Non-poor - households with total expenditures above or equal to official regionally differentiated subsistence minimum adjusted for economies of scale in the household (Ministry of Labor of Russia)

2 **Total expenditures** - total household monetary food and non-food expenditures excluding big purchases, purchases of luxury goods, bonds/stocks and savings plus value of home-produced food evaluated at prevailing market prices

3 **Regionally differentiated subsistence minimum** - 8 regional poverty lines computed as population-weighted average across 78 official regional subsistence minima so as to match survey sample division of Russia into 8 regions

4 **Types of settlement**: Metropolis (Moscow and St. Petersburg); Urban (other than Moscow and St. Petersburg); Rural

Regions are: 1) Metropolitan[6]; 2) North and North-Western; 3) Central and Central Black Earth; 4) Volga and Volgo-Vyatsky basin; 5) North Caucasian; 6) Ural; 7) Western Siberia; 8) Eastern Siberia and Far East.

5

6 **Metropolitan** - Moscow and Moscow region (oblast), St Petersburg and Leningradski region (oblast)

Table 1.14: ***Percent of households receiving social transfers in Russia by type of transfer in 2000***
(RLMS data, Round 9)

		By type of settlement			By per capita expenditure quintiles				
%	Total	Metropolis	Urban	Rural	Poorest	2nd	3rd	4th	Richest
Child benefits	12.8	31.9	10.4	15.5	14.8	13.9	13.9	11.8	9.8
Old-age pensions	52.2	6.1	50.0	56.1	48.3	50.8	54.2	54.4	53.4
Apartment and fuel subsidies	19.8	35.7	24.4	5.8	14.4	19.6	20.8	23.0	21.1
Unemployment benefits	0.7	0.0	0.9	0.2	0.9	1.1	0.3	0.5	0.5
Other benefits	1.5	1.6	1.8	0.7	1.5	2.1	1.9	1.2	0.8
Stipends	4.9	5.5	5.7	3.0	4.0	4.1	4.9	5.7	6.0

Source: Lokshin (2002).

Table 1.15: ***Percentage of transfers in total household expenditures in Russia in 2000***
(RLMS data, Round 9)

%	Total	By type of settlement			By per capita expenditure quintiles				
		Metropolis	Urban	Rural	Poorest	2nd	3rd	4th	Richest
Child benefits	7.3	3.5	8.4	7.0	15.3	7.7	5.3	3.3	2.4
Old-age pensions	59.5	59.2	59.0	60.5	12.9	65.3	48.6	39.2	22.6
Apartment and fuel subsidies	5.3	5.9	5.1	6.6	12.0	6.6	4.1	3.7	2.3
Unemployment benefits	15.8	16.9	3.1	22.7	16.2	24.3	3.1	11.4	0.0
Other benefits	13.5	6.0	13.9	13.9	23.6	19.9	6.3	5.0	7.5
Stipends	5.5	7.5	5.5	5.1	7.8	7.4	6.8	4.7	2.5

Source: Lokshin (2002).

Table 1.16: ***Distribution of transfers by location and per capita expenditures in Russia in 2000***
(RLMS data, Round 9)

	Total	By type of settlement			By per capita expenditure quintiles				
		Metropolis	Urban	Rural	Poorest	2nd	3rd	4th	Richest
Child benefits	12.3	20	10.8	14.1	15.7	13.6	12	10.9	9.5
Old-age pensions	75.6	69	74.5	79.6	74.7	74.1	76	75.8	77.5
Apartment and fuel subsidies	6.6	7.3	8.1	2.9	6.2	6.2	6.1	7.8	6.4
Unemployment benefits	2.1	0	3.2	0	2.7	2	0	0.6	5.4
Other benefits	0.7	0.5	0.8	0.4	0.5	1.4	0.5	0.3	0.0
Stipends	4.9	3.3	5.9	2.9	2.8	4.7	5.4	5.2	6.1

Source: Lokshin (2002).

Table 1.17: ***The amount of transfers per month per recipient households by type of settlement and per capita expenditure quintiles in Russia in 2000***
(rubles; RLMS data, Round 9)

	Total	By type of settlement			By per capita expenditure quintiles				
		Metropolis	Urban	Rural	Poorest	2nd	3rd	4th	Richest
Rent and Fuel	132.4	127.0	120.1	266.3	117.2	117.7	118.9	144.9	156.1
Child	247.6	162.8	292.2	204.9	214.6	244.0	247.2	241.8	309.8
Old age pensions	1077.1	1289.6	1086.7	1015.7	939.1	1024.9	1062.4	1177.8	1163.9
Unemployment	561.0	600.3	110.0	372.9	516.0	1075.0	231.3	1053.3	0.0
Stipends	218.5	295.6	213.6	216.3	134.9	209.3	262.4	219.2	243.7
Other benefits	326.7	117.6	358.5	206.9	122.3	577.6	136.8	220.3	634.8
Total benefits	972.4	1116.6	987.1	910.0	829.7	926.9	958.5	1056.9	1078.3

Source: Lokshin (2002).

Table 1.18: ***Distribution of transfers by per capita expenditure quintiles in Russia***
(RLMS data, Round 9)

						Total
	Poorest	2nd	3rd	4th	Richest	
Child	23.1	21.6	21.6	18.4	15.3	100.0
UB	28.0	32.0	8.0	16.0	16.0	100.0
rent and fuel	14.6	19.8	21.0	23.3	21.3	100.0
Pensions	18.5	19.5	20.7	20.8	20.4	100.0
Stipends	16.1	16.7	19.9	23.1	24.2	100.0
Other	19.6	28.6	25.0	16.1	10.7	100.0
Total	18.8	19.8	20.7	20.8	20.0	100.0

Source: Lokshin (2002).

Table 1.19: *Dynamics of key standards of living indicators in Russia during 1990–2000: Trends*

	1990	1991	1992	1993	1994	1995	1996	1997	1998	XI/99	XI/00
Per capita money income, thousand rubles per month	0,215	0,466	4,0	45,2	206,3	515,4	761,9	922,8	968,6	1644	2193
Real per capita money income* (1990=100)	100	116	60,9	70,4	78,8	66,1	65,8	67,6	55,1	32	35.8
Average nominal wage per worker, thousand rubles per month	0,303	0,548	6,0	58,7	220,4	472,4	790,2	950,2	1100.7	1704	2403
Real assessed wage (1990=100)	100	96,6	64,9	65,2	60,0	43,2	49,0	51,4	44,7	27	32
Average assessed pensions (including compensations), thousand rubles per month	0,102	0,185	1,6	19,9	78,5	188,1	302,2	328,1	399,0	448.7	-
Real assessed pensions (1990=100)	100	96,8	50,2	65,7	63,6	51,2	55,6	52,6	50,0	30.3	-

Sources: "Socio-Economic Situation and Standards of Living in Russia, Statistical Digest," Goskomstat of the RF, Moscow, 2000, p. 502; "Socio-Economic Situation in Russia in 2000, Statistical Digest," Goskomstat of Russia, Moscow, 2001; "Russia 2000: Statistical Digest," Goskomstat of Russia, Moscow, 2000, p. 51. **Notes**: "Real income" means CPI-adjusted income relative to 1990.

Table 1.20: *Minimal wage and pension to minimal subsistence-level ratio*

	1992	1993	1994	1995	1996	1997	1998	1999	2000 Q2
Subsistence level per month, rubles	-	20.6	86.6	264.1	369.4	411.2	493.3	908	1185
Minimal wage, % of subsistence level for able-bodied population	33	26	18	14	17	18	15	8	10.2
Average wage, % of subsistence level for able-bodied population	281	254	226	159	190	206	189	158	-
Minimal pension, % of pensioner subsistence level	85	78	67	48	73	77	67	45	49.1
Average pension, % of pensioner subsistence level*	117	138	129	101	116	113	115	70	-

Source: Goskomstat. **Notes**: *Including compensation

Table 1.21: ***Minimal social guarantees relative to subsistence level, as of January 1st, %***

	1993	1994	1995	1996	1997	1998	1999	2000
Minimal wage	39	28	10	16	19	18	10	8
1 [lowest] grade wages according to unified wage scale for budget sector	41	30	19	21	18	19	10	10
Minimal pension: old-age (without compensation)	63	44	27	26	25	29	15	16
Disability pension:								
1 group (including attendance allowance)	105	73	54	52	50	57	30	32
2 group	63	44	27	26	25	29	15	16
3 group	42	29	18	17	17	19	10	11
Survivor's	29	21	13	12	12	13	7	7
Social pensions:								
Disabled from childhood:								
1 group	105	73	54	52	50	57	30	32
2 group	63	44	27	26	25	29	15	16
To individuals over 65 (60) years of age with no employment history	63	44	27	26	25	29	15	16
Monthly allowance per each child up to 16 years	-	-	-	13	15	14	7	6
Minimal stipend:								
University students	39	28	10	16	38	36	19	16
Students of secondary special and primary vocational institutions	14	19	7	11	13	13	7	6

Source: *Statistical Yearbook of Russia, 2000* Goskomstat (2000, p. 169, Table 7.36).

Table 1.22: ***Share of households with recipients of benefits andsubsidies, 2nd quarter of 1999–2000***

	All households		Of which			
	II quarter 1999	II quarter 2000	urban		rural	
			II quarter 1999	II quarter 2000	II quarter 1999	II quarter 2000
Households with members receiving subsidies, as % of respective households group	32,7	36,4	36,8	40,4	21,2	25,4
Subsidies/allowances						
Of which:						
Food	3,9	5,2	3,5	4,7	5,0	6,5
Transportation	18,1	20,1	22,9	25,2	5,2	6,2
Housing	17,5	19,2	20,3	21,8	10,1	12,3
Leisure	1,5	2,2	1,9	2,5	0,6	1,2
Health care	0,7	1,2	0,8	1,4	0,5	0,9
Preschool institutions	3,1	3,4	3,5	3,9	1,9	2,1
Subsidized commodities	0,0	0,0	0,0	0,0	0,1	0,0
Gifts from enterprises/foundations	0,5	1,4	0,4	1,3	0,9	1,8
Other	3,6	4,7	3,8	5,1	2,9	3,8

Source: Goskomstat, household budget survey data, 2nd quarter, 2000.

Table 1.23: ***Size of benefits and privileges received by households, 2nd quarter of 1999–2000***

	All households		Of which			
	II quarter 1999	II quarter 2000	urban		rural	
			II quarter 1999	II quarter 2000	II quarter 1999	II quarter 2000
Benefit/subsidy size, average per beneficiary, rubles per month:						
Food	155,5	88,0	213,6	98,3	62,1	70,9
Transportation	56,0	80,1	57,7	83,2	32,0	39,7
Housing	48,2	62,2	50,4	64,3	36,2	51,7
Leisure	658,3	777,9	688,5	835,6	403,3	396,7
Health care	144,7	310,7	148,8	308,4	125,9	192,5
Preschool institutions[1]	263,0	383,0	268,7	395,8	233,1	315,6
Subsidized commodities	46,1	174,2	154,8	195,7	24,2	105,5
Gifts from enterprises/foundations	95,5	108,7	83,6	93,4	108,4	136,5
Other	33,8	36,4	34,6	33,7	30,9	46,8

Source: Goskomstat, household budget survey data, 2nd quarter, 2000. **Notes**: 1/ Subsidized maintenance in preschool institutions is financed mostly by the enterprises where parents are employed. In selected regions subsidized maintenance in preschool institutions is extended to children from poor families. The subsidy size is not fixed and depends on the abilities of enterprise.

Table 1.24: ***Social Transfers****

	1992	1995	1996	1997	1998	1999
Social transfers, total, trillion rubles (1998: billion rubles)	1,0	119,5	189,6	245,5	237,7	381,4
Ratio of social transfers, %:						
in GDP	5,3	7,5	8,6	9,9	8,8	8,4
in total money income of the population	14,3	13,1	14,0	15,0	13,6	13,7
Change in social transfers**, % to the previous year	45,8	81,3	107,4	112,8	75,8	86,4

Source: "Socio-Economic Situation and Standards of Living in Russia, Statistical Digest," Goskomstat of the RF, Moscow, 2000, p 214. **Notes**: *Pensions, benefits, allowances, insurance payments and other cash payments are included; **CPI-adjusted

Table 1.25: ***Child allowance arrears by selected regions of Russia as of July 1, 2000 (million rubles)***

RUSSIA TOTAL	27,940
Moscow	0
Oryol	18
Murmansk	246
Irkutsk	523
Voronezh	615
Primorski krai	840
Rostov	913
Omsk	1,066
Sverdlovsk	2,260

Source: Ministry of Labor and Social Development

Table 1.26: ***Expenditures on social benefits: changes over time in level and composition***

% of total / Benefit-related expenditures	1994	1995	1996	1997	1998	1999
Share of benefit-related expenditures, %·In GDP	1 6	1.4	1.9	2 0	1 5	1 2
Benefit-related expenditures, total	100	100	100	100	100	100
Including Sickness benefits	38 9	32 8	34 3	33 4	36 7	35 9
Due to work injury and occupational diseases	..	0.5	0.5	0.5	0.6	0.6
Family and maternity allowances	52.4	54 4	49 6	46.5	35 3	37.3
Maternity allowance	5.2	4.2	4.0	.3.7	4.8	4 5
Birth grant	1.1	1 5	2.9	3.2	3.9	2.8
Childcare allowance for a child under 1.5 years old	2.7	2.6	4.4	4.2	4.8	3.5
Allowance for care for a disabled child	0 1	0 1	0 1	0.1	0.2	0.1
Monthly allowance per each child	43.4	46.0	38.2	35.3	21 6	26 4
Benefits and allowances to women residing in rural areas	-	0.01	0.0	0 0	-	-
Subsidies for prosthetic appliances and orthopedic footwear	-	-	0.5	0.5	-	
Allowances and social assistance to individuals exposed to radiation because of Chernobyl disaster and other accidents	0.2	0.7	3.8	5 5	8.8	6.8
Compensations to able-bodied individuals caring for disabled	-	0.1	0.1	0.3	0.3	0.4
Cash grants	2.4	1 7	1.0	0.9	1.2	1.1
Unemployment benefits	8.4	8 5	8.0	9.6	12.5	13.7
Refugee and forced migrants grant [lump-sum allowance]	0.02	0.02	0.01	0.01	0 03	0 02
Allowance for transportation of refugees and IDPs and their belongings	0.01	0.01	0.01	0.0	0.0	0.0
Bereavement grant	1.6	1.8	2 6	2.8	3.5	2.7
Share of benefit-related expenditures, %: In GDP	1.6	1 4	1.9	2 0	1.5	1.2
In total cash income of the population	2.6	2 4	3 1	3.1	2.3	2.0
Changes in expenditures on family and maternity allowances, % of the previous year	119.0	78.5	130.7	103.5	63.6	71.7
Share of family and maternity allowances, %: In GDP	0.8	0.8	1.0	0 9	0.5	0 4
In total cash income of the population	1.4	1.3	1.6	1.4	0.8	0.7
Changes in expenditures on family and maternity allowances, % of the previous year	126.4	80.8	119.3	97.0	48.2	76 1
Monthly child allowances arrears (as of end of the year), % of total assessed allowances	-	-	-	-	36.9	21.0

Sources: Goskomstat of Russia, Social Insurance Fund; Federal and local budgets; Pension Fund; Federation of Independent Labor Unions; Federal Employment Fund; Ministry of Federation Affairs, National and Migration Policy of the Russian Federation.

Table 1.27: ***Recipients of selected monthly social benefits and compensations as of January 1, 1999 (000 individuals)***

Types of benefits, compensations	Number of beneficiaries
Monthly allowance for a child under 16 years of age	31,800
Monthly compensations to mothers (child care benefits), employed by enterprises and institutions	4,600
Monthly allowance for a child under 16 years of age living in one-parent family; children whose parents evade alimony; children of military servicemen	2,340
Unemployment benefit	2,258
Monthly child care leave benefit for a child under 1.5 years of age	2,100
Benefit to pregnant women early registered with the doctor	600
Monthly compensations to women laid off because of downsizing with children under 3 years of age, those on childcare leave at the time of lay off	300
Total for 7 types of benefits and compensations	43,998

Source: Data provided by Department of Incomes, Wages and Social Insurance, Ministry of Labor and Social development. It should be noted that in 1998 there were 1.2 million birth grant recipients. According to Social Insurance Fund, in 1998 485 million days were covered by sickness benefits and 76 million days by maternity benefits

II. POPULATION AND VITAL STATISTICS

Table 2.1: ***Population in the Russian Federation 1990–2000***
(at the beginning of the year, in millions)

	1990		1991		1992		1993		1994		1995	
	men	women	men	women	men	women	men	women	men	women	men	women
Total population	**69,112**	**78,550**	**69,421**	**78,743**	**69,542**	**78,784**	**69,583**	**78,712**	**69,473**	**78,524**	**69,486**	**78,452**
Age groups												
0–4	5,982	5,748	5,772	5,529	5,430	5,194	4,997	4,762	4,534	4,307	4,205	3,987
5	1,225	1,182	1,208	1,165	1,259	1,213	1,254	1,206	1,183	1,137	1,095	1,041
6	1,253	1,213	1,226	1,182	1,209	1,168	1,260	1,215	1,258	1,209	1,190	1,143
7–15	9,890	9,605	10,105	9,807	10,276	9,972	10,412	10,093	10,620	10,286	10,825	10,462
16	1,019	992	1,047	1,021	1,066	1,038	1,095	1,064	1,082	1,054	1,107	1,076
17	1,046	1,020	1,022	999	1,040	1,018	1,063	1,037	1,091	1,061	1,080	1,050
0–17	20,415	19,760	20,380	19,703	20,280	19,603	20,081	19,377	19,768	19,054	19,502	18,758
Working age	43,420	40,522	43,398	40,577	43,397	40,495	43,466	40,282	43,663	40,104	43,979	40,080
Pension age	7,342	20,280	7,712	20,483	7,971	20,742	8,194	21,154	8,215	21,481	8,192	21,739
Urban population	**50,788**	**57,983**	**51,102**	**58,230**	**51,068**	**58,141**	**50,754**	**57,704**	**50,550**	**57,460**	**50,485**	**57,402**
Age groups												
0–4	4,233	4,061	4,076	3,897	3,801	3,626	3,441	3,275	3,089	2,930	2,847	2,695
5	873	841	860	827	891	857	879	841	826	793	760	723
6	897	866	876	842	860	827	885	852	880	841	829	796
7–15	7,107	6,902	7,273	7,053	7,369	7,141	7,405	7,165	7,517	7,268	7,632	7,364
16	756	754	764	754	774	765	789	772	777	761	794	776
17	804	832	785	809	776	793	781	785	797	794	788	787
0–17	14,670	14,256	14,634	14,182	14,471	14,009	14,180	13,690	13,886	13,387	13,650	13,141
Working age	32,570	31,474	32,656	31,556	32,627	31,433	32,509	31,029	32,604	30,817	32,806	30,774
Pension age	5,108	13,839	5,361	14,055	5,520	14,257	5,635	14,542	5,634	14,811	5,611	15,050
Rural population	**18,324**	**20,567**	**18,319**	**20,513**	**18,474**	**20,643**	**18,829**	**21,008**	**18,923**	**21,064**	**19,001**	**21,050**
Age groups												
0–4	1,749	1,687	1,696	1,632	1,629	1,568	1,556	1,487	1,445	1,377	1,358	1,292
5	352	341	348	338	368	356	375	365	357	344	335	318
6	356	347	350	340	349	341	375	363	378	368	361	347
7–15	2,783	2,703	2,832	2,754	2,907	2,831	3,007	2,928	3,103	3,018	3,193	3,098
16	263	238	283	267	292	273	306	292	305	293	313	300
17	242	188	237	190	264	225	282	252	294	267	292	263
0–17	5,745	5,504	5,746	5,521	5,809	5,594	5,901	5,687	5,882	5,667	5,852	5,617
Working age	10,850	9,048	10,742	9,021	10,770	9,062	10,957	9,253	11,059	9,287	11,173	9,306
Pension age	2,234	6,441	2,351	6,428	2,451	6,485	2,559	6,612	2,581	6,670	2,581	6,689

Table 2 1. (continued)

	1996		1997		1998		1999		2000	
	men	women	men	women	men	women	men	women	men	women
Total population	**69,289**	**78,320**	**69,029**	**78,108**	**68,824**	**77,916**	**68,611**	**777,717**	**68,201**	**77,358**
Age groups										
0–4	3,892	3,693	3,639	3,452	3,462	3,287	3,402	3,231	3,289	3,121
5	1,023	969	925	881	826	782	721	682	735	698
6	1,100	1,047	1,023	971	927	883	827	783	721	683
7–15	10,926	10,553	10,900	10,509	10,804	10,396	10,551	10,138	10,112	9,694
16	1,114	1,081	1,133	1,102	1,137	1,106	1,194	1,156	1,269	1,232
17	1,102	1,071	1,107	1,076	1,133	1,103	1,136	1,105	1,192	1,156
0–17	19,157	18,413	18,727	17,991	18,288	17,558	17,831	17,096	17,318	16,584
Working age	44,049	40,160	44,051	40,286	43,992	40,794	44,000	41,548	44,027	42,303
Pension age	8,299	21,898	8,491	22,009	8,813	21,774	9,110	21,335	9,317	20,859
Urban population	**50,325**	**57,346**	**50,120**	**57,227**	**49,974**	**57,109**	**49,832**	**57,034**	**49,413**	**56,698**
Age groups										
0–4	2,628	2,492	2,463	2,335	2,358	2,234	2,328	2,206	2,251	2,132
5	703	664	628	596	552	523	485	459	498	472
6	764	728	703	666	629	598	553	525	484	458
7–15	7,685	7,413	7,646	7,363	7,553	7,257	7,352	7,054	6,991	6,696
16	793	775	807	790	808	788	844	821	898	874
17	805	805	803	803	822	819	820	815	853	845
0–17	13,379	12,877	13,049	12,553	12,721	12,219	12,382	11,880	11,975	11,477
Working age	32,863	30,836	32,861	30,912	32,803	31,261	32,794	31,806	32,712	32,256
Pension age	5,682	15,213	5,819	15,355	6,079	15,236	6,320	14,984	6,477	14,684
Rural population	**18,964**	**20,974**	**18,909**	**20,881**	**18,850**	**20,807**	**18,779**	**20,683**	**18,788**	**20,660**
Age groups										
0–4	1,264	1,201	1,176	1,117	1,104	1,053	1,074	1,025	1,038	989
5	320	305	297	285	274	259	236	223	237	226
6	336	319	320	305	298	285	274	258	237	225
7–15	3,241	3,140	3,254	3,146	3,251	3,139	3,199	3,084	3,121	2,998
16	321	306	326	312	329	318	350	335	371	358
17	297	266	304	273	311	284	316	290	339	311
0–17	5,778	5,536	5,678	5,438	5,567	5,339	5,449	5,216	5,343	5,107
Working age	11,186	9,324	11,190	9,374	11,189	9,533	11,206	9,742	11,315	10,047
Pension age	2,617	6,685	2,672	6,654	2,734	6,538	2,790	6,351	2,840	6,175

Table 2.1. (continued)

Population in the Russian Federation 1990–2000 (in % of total)

	1990		1991		1992		1993		1994		1995	
	men	women	men	women	men	women	men	women	men	women	men	women
Total population	100 0	100.0	100.0	100 0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age groups												
0–4	8.7	7.3	8 3	7.0	7.8	6.6	7.2	6.1	6.5	5.5	6.0	5 1
5	1.8	1.5	1.7	1.5	1.8	1 5	1.8	1.5	1.7	1.5	1.6	1 3
6	1.8	1.5	1.8	1.5	1.7	1.5	1 8	1.5	1.8	1.5	1.7	1.5
7–15	14.3	12.3	14.6	12.5	14.8	12.7	14.9	12.8	15.3	13.1	15.6	13 3
16	1.5	1.3	1.5	1.3	1.5	1.3	1 6	1.4	1.6	1.3	1.6	1.4
17	1.5	1.3	1.5	1.3	1.5	1.3	1.5	1.3	1.6	1.4	1.6	1.3
0–17	29.6	25.2	29.4	25.1	29.1	24.9	28.8	24.6	28.5	24.3	28.1	23.9
Working age	62.8	51.6	62.5	51.5	62.4	51.4	62.5	51.2	62.9	51.1	63.3	51.1
Pension age	10.6	25.8	11.1	26.0	11.5	26.3	11.8	26.9	11.8	27.3	11.8	27.7
Urban population	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age groups												
0–4	8.3	7.0	8.0	6.7	7.5	6.2	6.8	5.7	6.1	5.1	5.6	4.7
5	1.7	1.4	1.7	1.4	1.7	1.5	1.7	1.4	1.7	1.4	1.5	1.3
6	1.8	1.5	1.7	1.5	1.7	1.4	1.7	1.5	1.7	1.5	1 7	1.4
7–15	14.0	11.9	14.2	12.1	14.4	12.3	14.6	12.4	14.9	12.6	15.1	12.8
16	1.5	1.3	1.5	1.3	1.5	1 3	1.6	1.3	1.5	1.3	1.6	1 4
17	1.6	1.4	1.5	1.4	1.5	1.4	1.5	1.4	1.6	1.4	1.6	1.4
0–17	28.9	24.5	28.6	24.4	28.3	24.1	27.9	23.7	27.5	23.3	27.1	23.0
Working age	64.1	54.3	63.9	54.2	63.9	54.1	64.1	53.8	64.5	53.6	65.0	53.6
Pension age	10.1	23.9	10.5	24.1	10.8	24 5	11.1	25.2	11 1	25 8	11.1	26.2
Rural population	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0
Age groups												
0–4	9.6	8.2	9.3	8.0	8.8	7.6	8.2	7.1	7.6	6.5	7.1	6.1
5	1.9	1.7	1.9	1.6	2.0	1.7	2.0	1.7	1.9	1.7	1.8	1.5
6	1.9	1.7	1.9	1.7	1.9	1.7	2.0	1.7	2.0	1.7	1.9	1.7
7–15	15.2	13.1	15.5	13.4	15.7	13.7	16.0	14.0	16.4	14.3	16.8	14.7
16	1.4	1.2	1.5	1.3	1.6	1.3	1 6	1.4	1.6	1.4	1.6	1.4
17	1.3	0.9	1.3	0.9	1.4	1.1	1.5	1.2	1.6	1.3	1.5	1.2
0–17	31.3	26.8	31.4	26.9	31.4	27.1	31.3	27.1	31.1	26.9	30.7	26.6
Working age	59.2	44.0	58.6	44.0	58.3	43 9	58.2	44.0	58.5	44.1	58.8	44.2
Pension age	12.2	31.3	12.8	31.3	13.3	31.4	13.6	31.5	13.6	31.7	13.6	31.8

Table 2.1. (continued)

	1996		1997		1998		1999		2000	
	men	women	men	women	men	women	men	women	men	women
Total population	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100 0
Age groups										
0–4	5.6	4 7	5 3	4.4	5.0	4 2	5 0	4.2	4 8	4 0
5	1.5	1.3	1.3	1.1	1.2	1.0	1 0	0.9	1.1	0.9
6	1.6	1.3	1.5	1.2	1.4	1.1	1 2	1 0	1.1	0.9
7–15	15.7	13.5	15.8	13.5	15 7	13.4	15.4	13.0	14.8	12 5
16	1.6	1.4	1.6	1.4	1.7	1.4	1 7	1 5	1.9	1.6
17	1.6	1.4	1.6	1.4	1.6	1.4	1 7	1.4	1.7	1.5
0–17	27.6	23.6	27.1	23.0	26.6	22.5	26.0	22.0	25.4	21.4
Working age	63.6	51.3	63.8	51.6	63.9	52.4	64.1	53.5	64 5	54 7
Pension age	12.0	27.9	12.3	28.2	12.8	27.9	13.3	27 4	13.7	27.0
Urban population	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age groups										
0–4	5.2	4.3	4.9	4.1	4.7	3.9	4.7	3.9	4.6	3 8
5	1.4	1.2	1.2	1.0	1.1	0.9	1.0	0.8	1 0	0 8
6	1.5	1.3	1.4	1.2	1.3	1.1	1.1	0.9	1 0	0.8
7–15	15.3	12.9	15.3	12.9	15.1	12.7	14.7	12.3	14.1	11 8
16	1.6	1.4	1.6	1.4	1.6	1.4	1.7	1 4	1.8	1.5
17	1.6	1.4	1.6	1.4	1.6	1.4	1.6	1.4	1.7	1.5
0–17	26.6	22.5	26.0	22.0	25.4	21.4	24.8	20.7	24 2	20.2
Working age	65.3	53.8	65.6	54.0	65.6	54.7	65.8	55.8	66.2	56.9
Pension age	11.3	26.5	11.6	26.8	12.2	26.7	12.7	26 3	13.1	25.9
Rural population	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0
Age groups										
0–4	6.7	5.7	6.2	5.3	5.9	5.1	5.7	5.0	5.5	4.8
5	1.6	1.5	1.6	1.3	1.4	1.2	1.3	1.1	1.3	1.1
6	1.8	1.5	1.7	1.5	1.6	1.4	1.5	1 2	1.3	1.1
7–15	17.1	15.0	17.2	15.1	17.2	15.1	17.0	14.9	16.6	14.5
16	1.7	1.5	1.7	1.5	1.7	1.5	1.9	1.6	2.0	1.7
17	1.6	1.3	1.6	1.3	1.7	1.4	1.7	1.4	1.8	1.5
0–17	30.5	26.5	30.0	26.0	29.5	25.7	29.1	25.2	28.5	24.7
Working age	59.0	44.4	59.2	44.9	59.4	45.8	59 7	47 1	60 2	48.6
Pension age	13.8	31.9	14.1	31.9	14.5	31.4	14 8	30.7	15 1	29 9

Source: Goskomstat of Russia. **Note**: Working age for women is 16–54; for men 16–59. Pension age is 60 and over for men and 55 and over for women.

Table 2.2: ***Births, mortality, and natural population increase rates in the Russian Federation***

Year	Per thousand population		
	Births	Deaths	Natural increase
1990	13.4	11.2	2.2
1991	12.1	11.4	0.7
1992	10.7	12.2	-1.5
1993	9.4	14.5	-5.1
1994	9.6	15.7	-6.1
1995	9.3	15.0	-5.7
1996	8.9	14.2	-5.3
1997	8.6	13.8	-5.2
1998	8.8	13.6	-4.8
1999	8.3	14.7	-6.4

Source: Goskomstat of Russia.

Table 2.3: ***Total fertility rates in the Russian Federation****

Year	Total population	Urban population	Rural population
1990	1.887	1.701	2.526
1991	1.732	1.540	2.384
1992	1.552	1.362	2.177
1993	1.385	1.215	1.935
1994	1.400	1.249	1.892
1995	1.344	1.207	1.788
1996	1.281	1.158	1.677
1997	1.230	1.118	1.586
1998	1.242	1.133	1.580
1999	1.171	1.072	1.479

Source: Goskomstat of Russia. *Average number of children per women of child-bearing age.

Table 2.4: ***Marriages and divorces in the Russian Federation***

Years	Number, thousands		Per thousand population	
	Marriages	Divorces	Marriages	Divorces
1990	1,319.9	559.9	8.9	3.8
1991	1,277.2	597.9	8.6	4.0
1992	1,053.7	639.2	7.1	4.3
1993	1,106.7	663.3	7.5	4.5
1994	1,080.6	680.5	7.4	4.6
1995	1,075.2	665.9	7.3	4.5
1996	866.7	562.4	5.9	3.8
1997	928.4	555.2	6.3	3.8
1998	848.7	501.7	5.8	3.4
1999	911.2	532.5	6.3	3.7

Source: Goskomstat of Russia.

Table 2.5: *The number of marriages ending in divorce with children under 18 in the Russian Federation*

Year	Total marriages ending in divorce	of which families with:			Children per hundred divorces
		No children	Children aged under 18		
			Divorces	Children involved	
1990	559,918	214,265	345,653	466,137	135
1991	597,930	215,101	382,829	522,150	136
1992	639,248	223,578	415,670	569,117	137
1993	663,282	229,689	433,593	593,782	137
1994	680,494	230,861	449,633	613,429	136
1995	665,904	231,001	434,903	588,078	135
1996	562,373	215,016	347,357	463,527	133
1997	555,160	202,157	353,003	454,540	129
1998	501,654	193,009	308,645	389,685	126
1999	532,533	*	*	*	*

Source: Goskomstat of Russia. *Since 1999, no statistics on divorces with children under 18 are available.

Table 2.6: *Live births by unmarried women in the Russian Federation*

Year	Live births, number		Share (%) In total births
	Total	of which those registered jointly by both parents	
1990	290,601	124,242	14.61
1991	287,944	118,548	16.04
1992	272,255	112,705	17.15
1993	250,714	108,545	18.18
1994	275,765	119,319	19.58
1995	288,291	124,168	21.14
1996	299,873	130,060	22.99
1997	319,163	136,828	25.33
1998	345,891	149,714	26.95
1999	339,283	151,956	27.93

Source: Goskomstat of Russia.

III. HEALTH INDICATORS

Table 3.1: ***Infant mortality in the Russian Federation***

	Number of infants who died under one year of age					
	Infants			Per thousand live births		
	Total	Boys	Girls	Total	Boys	Girls
Total:						
1990	35,088	20,691	14,397	17.4	20.2	14.7
1991	32,492	19,131	13,361	17.8	20.5	15.1
1992	29,208	17,238	11,970	18.0	20.7	15.2
1993	27,946	16,213	11,733	19.9	22.4	17.1
1994	26,141	15,394	10,747	18.6	21.3	15.8
1995	24,840	14,472	10,368	18.1	20.6	15.6
1996	22,825	13,416	9,409	17.4	19.9	14.7
1997	21,735	12,738	8,997	17.2	19.5	14.6
1998	21,097	12,327	8,770	16.5	18.7	14.1
1999	20,731	12,020	8,711	16.9	19.0	14.7
Urban:						
1990	23,902	14,101	9,801	17.0	19.5	14.4
1991	21,549	12,656	8,893	17.2	19.7	14.6
1992	19,097	11,267	7,830	17.6	20.2	14.8
1993	18,106	10,491	7,615	19.2	21.5	16.6
1994	17,131	10,092	7,039	17.9	20.5	15.2
1995	16,258	9,478	6,780	17.4	19.7	14.9
1996	14,842	8,752	6,090	16.4	18.8	13.9
1997	14,034	8,206	5,828	16.1	18.2	13.8
1998	13,883	8,163	5,720	15.7	17.9	13.3
1999	13,657	7,957	5,700	16.1	18.1	13.9
Rural:						
1990	11,186	6,590	4,596	18.3	21.1	15.4
1991	10,943	6,475	4,468	19.1	22.0	16.1
1992	10,111	5,971	4,140	19.1	22.0	16.1
1993	9,840	5,722	4,118	21.4	24.2	18.3
1994	9,010	5,302	3,708	20.1	23.0	17.0
1995	8,582	4,994	3,588	19.8	22.4	17.1
1996	7,983	4,664	3,319	19.4	22.1	16.6
1997	7,701	4,532	3,169	19.6	22.5	16.5
1998	7,214	4,164	3,050	18.3	20.5	15.9
1999	7,074	4,063	3,011	18.8	21.0	16.4

Source: Goskomstat of Russia.

Table 3.2: *Infant mortality in the regions of the Russian Federation*

Regions	Number of infant deaths			Per thousand live births		
	1990	1995	1999	1990	1995	1999
Russian Federation	**35,088**	**24,840**	**20,731**	**17.4**	**18.1**	**16.9**
Northern District	**1,289**	**958**	**713**	**15.8**	**18.5**	**15.5**
Republic of Karelia	150	117	107	14.0	17.4	17.5
Komi Republic	283	283	164	16.5	25.3	16.7
Arkhangelsk Region	314	217	178	14.4	16.2	14.8
Nenets Autonomous Area	26	11	10	28.2	18.0	19.3
Vologda Region	325	203	179	17.7	17.4	17.0
Murmansk Region	217	138	85	16.1	15.9	11.3
North-Western District	**1,581**	**871**	**619**	**16.9**	**14.9**	**11.9**
St. Petersburg	991	469	317	18.0	13.8	10.7
Leningrad Region	264	174	130	14.2	14.3	11.8
Novgorod Region	171	117	71	18.3	19.8	13.3
Pskov Region	155	111	101	15.2	17.1	17.6
Central District	**5,444**	**3,840**	**3,237**	**16.0**	**16.6**	**15.3**
Bryansk Region	322	229	184	16.7	16.7	16.4
Vladimir Region	301	196	174	14.8	15.5	15.1
Ivanovo Region	255	182	160	16.5	19.6	19.6
Kaluga Region	214	153	123	16.4	17.6	16.1
Kostroma Region	186	130	114	17.9	20.1	18.7
Moscow City	1,617	1,067	844	16.8	15.5	12.6
Moscow Region	1,045	767	694	15.1	16.1	15.6
Orel Region	157	152	95	14.1	18.9	14.3
Ryazan Region	253	163	153	16.0	15.7	16.9
Smolensk Region	181	159	126	12.9	16.8	16.8
Tver Region	375	240	205	19.3	19.3	18.1
Tula Region	286	269	215	15.0	20.1	18.6
Yaroslavl Region	252	133	150	15.0	12.0	15.3
Volga-Vyatka District	**1,746**	**1,201**	**1,015**	**15.6**	**16.4**	**15.5**
Republic of Marii El	197	124	95	16.3	16.8	14.4
Republic of Mordovia	213	132	103	16.4	15.2	14.6
Chuvash Republic	290	224	192	13.6	16.1	15.6
Kirov Region	372	229	180	17.0	17.1	14.7
Nizhni Novgorod Region	674	492	445	15.6	16.4	16.3
Central Chernozem District	**1,488**	**1,112**	**907**	**15.9**	**16.4**	**15.7**
Belgorod Region	312	203	161	17.1	14.7	14.0
Voronezh Region	399	321	280	13.8	15.4	15.9
Kursk Region	292	198	183	18.1	17.1	17.9
Lipetsk Region	219	176	139	14.6	16.7	15.3
Tambov Region	266	214	144	17.0	19.4	15.5

Table 3.2 (continued)

Regions	Number of infant deaths			Per thousand live births		
	1990	1995	1999	1990	1995	1999
Volga District	**3,914**	**2,922**	**2,166**	**17.0**	**18.5**	**15.6**
Republic of Kalmykia	103	69	58	14.9	15.8	15.9
Republic of Tatarstan	947	729	502	16.6	18.5	14.2
Astrakhan Region	250	194	154	16.4	18.6	15.9
Volgograd Region	517	469	411	14.9	19.1	19.1
Penza Region	314	190	172	16.7	14.7	15.5
Samara Region	730	399	252	18.1	14.0	10.1
Saratov Region	668	579	406	18.2	23.6	18.9
Ulyanovsk Region	385	293	211	19.1	21.8	18.7
Northern Caucasus District	**5,266**	**3,853**	**3,248**	**19.2**	**19.0**	**18.8**
Republic of Adygeya	107	90	53	17.2	18.7	13.3
Republic of Dagestan	988	798	885	20.3	17.6	22.6
Republic of Ingushetia	925	193	222	29.0	29.2	34.4
Republic of Kabardino-Balkaria	300	159	152	19.3	14.5	16.3
Republic of Karachayevo-Cherkessia	117	94	132	16.0	16.3	28.8
Republic of Northern Ossetia-Alania	141	156	125	12.7	17.8	17.2
Chechen Republic	925	...	...	29.0	...	...
Krasnodar Territory	1,120	975	576	18.0	19.2	13.2
Stavropol Territory	608	621	390	16.6	21.7	16.1
Rostov Region	960	767	713	17.5	18.7	21.1
Urals District	**4,817**	**3,600**	**3,051**	**16.6**	**18.3**	**16.6**
Republic of Bashkortostan	1,066	841	662	16.4	18.3	15.8
Republic of Udmurtia	362	289	261	14.6	18.4	16.5
Kurgan Region	308	230	185	19.0	22.6	18.6
Orenburg Region	584	454	339	17.4	19.7	16.6
Perm Region, including	741	527	511	17.3	18.9	18.8
Komi-Permyak Autonomous Area	40	28	34	14.9	15.6	20.1
Sverdlovsk Region	942	707	559	16.1	17.5	15.0
Chelyabinsk Region	814	552	534	16.5	16.6	17.1
Western Siberian District	**3,887**	**2,769**	**2,269**	**18.2**	**19.3**	**16.8**
Republic of Altai	121	80	79	31.4	27.9	28.5
Altai Territory	522	490	391	15.0	20.8	16.8
Kemerovo Region	801	539	524	19.7	19.6	20.8
Novosibirsk Region	694	374	338	18.9	15.9	15.5
Omsk Region	562	365	253	17.3	16.3	14.0
Tomsk Region	254	205	215	18.3	21.2	22.1
Tyumen Region, including	933	716	469	18.4	21.3	13.9
Khanti-Mansi Autonomous Area	375	327	180	17.0	22.5	12.1
Yamalo-Nenets Autonomous Area	163	136	98	20.3	21.5	16.0

Table 3.2. (continued)

Region	Number of infant deaths			Per thousand live births		
	1990	1995	1999	1990	1995	1999
Eastern Siberian District	**3,113**	**1,987**	**2,058**	**20.7**	**19.6**	**22.8**
Republic of Buryatia	381	187	215	19.5	15.2	18.7
Republic of Tuva	272	172	177	33.1	28.0	36.2
Republic of Khakassiya	164	144	116	18.6	24.6	21.7
Krasnoyarsk Territory, including	918	609	675	20.7	19.8	24.6
Taimyr (Dolgano-Nenets)	22	15	7	25.4	27.3	15.4
Evenk Autonomous Area	17	6	10	33.0	20.2	40.3
Irkutsk Region	918	544	574	20.0	18.1	21.3
Ust-Orda Buryat Autonomous Area	78	41	56	22.8	18.5	27.8
Chita Region	460	331	301	19.5	20.8	21.5
Aginsk Buryat Autonomous Area	29	22	14	15.3	16.3	12.0
Far Eastern District	**2,357**	**1,603**	**1,315**	**18.8**	**20.5**	**20.1**
Republic of Sakha (Yakutia)	436	308	243	19.9	19.5	18.9
Jewish Autonomous Region	94	62	50	23.9	26.4	26.4
Chukotka Autonomous Area	41	32	20	18.5	34.0	26.9
Maritime Territory	618	461	348	18.3	21.5	19.7
Khabarovsk Territory	462	263	238	18.7	17.8	19.4
Amur Region	343	250	270	20.0	23.6	28.8
Kamchatka Region	99	59	49	16.6	15.4	13.8
Koryak Autonomous Area	9	11	9	14.1	28.5	27.0
Magadan Region	93	32	30	17.4	14.2	15.3
Sakhalin Region	171	136	67	16.7	22.7	13.2
Kaliningrad Region	186	124	133	16.5	15.4	18.7

Source: Goskomstat of Russia. **Note**: * Before 1993: Checheno-Ingush Republic.

Table 3.3: ***Perinatal mortality in the Russian Federation***

Year	Persons			Per 1,000 still and live births		
	Died in perinatal period	of which		Died in perinatal period	of which	
		Still births	Died within seven days of delivery		Still births	Died within seven days of delivery
1990	35,999	18,165	17,834	17.94	9.05	8.89
1991	31,726	15,729	15,997	17.52	8.69	8.83
1992	27,507	13,243	14,264	17.18	8.27	8.91
1993	24,169	10,825	13,344	17.39	7.79	9.60
1994	24,088	11,012	13,076	16.97	7.76	9.21
1995	21,759	10,159	11,600	15.83	7.39	8.44
1996	20,878	10,245	10,633	15.88	7.79	8.09
1997	20,105	10,183	9,922	15.83	8.02	7.81
1998	19,427	9,761	9,666	15.03	7.55	7.48
1999	17,429	8,864	8,565	14.24	7.24	7.00

Source: Goskomstat of Russia.

Table 3.4: *Under-five mortality in the Russian Federation*

Year	Children	Per thousand live births
1990	44,417	21.3
1991	41,636	21.8
1992	37,666	22.9
1993	36,419	24.7
1994	33,590	22.6
1995	31,870	22.5
1996	28,704	21.3
1997	27,369	21.1
1998	26,206	20.2
1999	26,157	21.0

Source: Goskomstat of Russia.

Table 3.5: *Mortality in children aged 1–14 by the causes of death in the Russian Federation*

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total number of deaths of all causes in children 1-14	20,314	21,721	20,782	21,309	19,512	19,687	16,884	15,635	15,025	15,285
per 100,000 children 1-14	63.6	68.2	65.7	68.2	63.7	65.7	57.9	55.3	55.3	58.9
Specifically:										
of infectious and parasitic diseases	929	878	797	859	936	969	675	601	514	577
per 100,000 children 1-14	2.9	2.8	2.5	2.8	3.1	3.2	2.3	2.1	1.9	2.2
of neoplasm	2,345	2,384	2,367	2,146	1,955	1,888	1,675	1,583	1,493	1,452
per 100,000 children 1-14	7.3	7.5	7.5	6.9	6.4	6.3	5.7	5,6	5,5	5,6
of respiratory diseases	1,833	1,712	1,373	1,665	1,416	1,513	1,381	1,367	1,154	1,298
per 100,000 children 1-14	5.7	5.4	4.3	5.3	4.6	5.0	4.7	4.8	4.2	5.0
of digestive disorders	246	218	247	245	196	233	234	167	151	202
per 100,000 children 1-14	0.8	0 7	0.8	0.8	0.6	0.8	0.8	0.6	0.6	0.8
of congenital anomalies	1,924	1,892	1,846	1,887	1,621	1,605	1,430	1,472	1,365	1,368
per 100,000 children 1-14	6.0	5.9	5.8	6.0	5.3	5.4	4.9	5.2	5.0	5.3
of accidents, poisonings, and bodily injuries	10,178	11,546	11,240	11,312	10,328	10,505	8,767	8,079	7,979	7,720
per 100,000 children 1-14	31.9	36.2	35.5	36.2	33.7	35.1	30.0	28,6	29.4	29.7
of nervous and sensory diseases	1,582	1,674	1,579	1,663	1,603	1,593	1,430	1,223	1,222	1,298
per 100,000 children 1-14	5.0	5.3	5.0	5.3	5.2	5.3	4.9	4.3	4.5	5.0

Source: Goskomstat of Russia.

Table 3.6: ***Mortality in children aged 0–14 because of unnatural causes in the Russian Federation*** *(inclusive of infant mortality)*

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total number of deaths of all causes in children 0-14	55,402	54,213	49,990	49,255	45,653	44,527	39,709	37,370	36,122	36,016
per hundred thousand children 0-14	163.1	160.7	150.1	150.6	142.4	142.0	130 1	126 5	127 1	133.5
Specifically:										
of accidents, poisonings, and bodily injuries	11,614	12,971	12,619	12,690	11,673	11,890	10,007	9,342	9,247	9,087
per hundred thousand children 0-14	34.2	38 5	37.9	38.8	36.4	37.9	32.8	31 6	32.5	33 7
Of these:										
died in car accidents	2,922	3,005	2,894	2,787	2,529	2,218	1,954	1,747	1,719	1,796
per hundred thousand children 0-14	8.6	8.9	8.7	8.5	7 9	7.1	6 4	5 9	6 0	6.7
died by drowning	2,458	3,239	2,756	2,628	2,414	2,720	2,157	1,974	2,192	1,807
per hundred thousand children 0-14	7.2	9.6	8.3	8.0	7.5	8 7	7 1	6 7	7.7	6 6

Source: Goskomstat of Russia.

Table 3.7: ***Number newborn babies weighing less than 2,500 grams in the Russian Federation***

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Babies weighing 500–2,499 grams (thousand)	110.9	100.4	92.3	85.6	86.9	83.8	78.9	77.9	79,8	79,8
In percent of all live births	5.7	5.7	5.9	6.1	6.2	6.2	6.2	6.3	6,3	6,6

Source: Goskomstat of Russia.

Table 3.8: ***Number of breast-fed infants in the Russian Federation***

Year	Number of breast-fed infants	
	aged under three months	aged under six months
	in percent of the number of infants who reached the age of 12 months in the year under review	in percent of the number of infants who reached the age of 12 months in the year under review
1991	47.9	33.3
1992	48.2	35.5
1993	45.2	32.7
1994	45.6	31.6
1995	45.1	32.5
1996	44.8	32.3
1997	43.2	32.1
1998	43.4	32.4
1999	41.9	27.6

Source: Ministry of Health of the Russian Federation

Table 3.9: ***Immunization coverage rate in the Russian Federation***

	Age	Vaccination: share of infants given vaccination among children under regular medical observation, %					Age	Revaccination: share of infants given vaccination among children under regular medical observation, %				
		1995	1996	1997	1998	1999		1995	1996	1997	1998	1999
Vaccinated against:												
tuberculosis	newborns (30 days)	91.6	93.0	93.5	95 3	95.8	–	–	–	–	–	–
diphtheria	12 months	77.8	83.7	87.5	91 3	95.0	24 months	67.7	76.3	81.8	87.1	92 3
whooping cough	12 months	68.7	76.5	81.8	87.2	92.7	24 months	55.7	67 5	74.6	82.1	89.1
poliomyelitis	12 months	77 0	86.9	91.4	94.3	97.1	24 months	70.8	83 3	90.6	94.2	97.4
							36 months	72.2	83 0	89.8	84.5	97.7
measles	24 months	85.4	88.5	91.1	94.2	96.9	–	–	–	–	–	–
mumps	24 months	64.8	72.1	77.6	88.0	94.7	–	–	–	–	–	–

Source: Ministry of Health of the Russian Federation.

Table 3.10: ***Number of HIV-infected persons diagnosed yearly in the Russian Federation****
(as of the end of the year)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	110	81	88	112	162	190	1,474	4,055	3,647	18,230
of which children	39	21	15	3	4	4	12	44	67	99

Source: Ministry of Health of the Russian Federation.

Table 3.11: ***Number of disabled children under 16 receiving disability pensions in the Russian Federation***
(as of the end of the year)

Year	Number of children with disabilities aged under 16	
	Persons	Per ten thousand children
1990	155,151	43.1
1991	212,004	59.4
1992	284,717	80.9
1993	344,870	99.9
1994	398,943	117.5
1995	453,619	136.6
1996	513,711	159.0
1997	563,719	179.7
1998	597,228	197.5
1999	592,219	203.8

Source: Ministry of Health of the Russian Federation.

Table 3.12: ***State of health of women during pregnancy, delivery, and post-delivery***

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of births	**1,888.8**	**1,707.5**	**1,520.7**	**1,342.1**	**1,341.1**	**1,292.8**	**1,228.6**	**1,188.1**	**1,215.1**	**1,150.6**
Including those										
delivered at term	1,734.6	1,567.9	1,390 8	1,220.1	1,224 3	1,118.0	1,117 6	1,082 9	1,108 7	1,046 4
delivered prematurely	72.2	65.2	57 1	52.2	53.3	50.5	48.8	45.1	46.0	46 1
terminated pregnancies in accidental and therapeutic abortions	82.0	74.4	72.8	69 8	63.8	64.3	62.2	60.1	60.4	58.1
Pregnancy followed up by a medical personnel	...	...	1,476.0	1,301.1	1,304.9	1,256 5	1,200.6	1,154.7	1,182.3	1,124.5
In %:										
delivered at term	91.8	91.8	91.5	90 9	91.3	91.1	91.0	91.0	91.2	91.0
premature delivery	3.8	3.8	3.8	3.9	4.0	3.9	4.0	3.8	3.8	4.0
terminated pregnancies in accidental and therapeutic abortions	4.3	4.4	4.8	5.2	4.8	5.01	5.1	5.1	5 0	5 0
Pregnancy followed up by medical personnel	...	...	97.1	96 9	97.3	97.2	97.7	97.2	97.3	97 7
Number of births given in maternity clinics in percent of total births	**99.2**	...	**99.1**	**99.1**	**99.1**	**99.1**	**99.1**	**99.1**	**99.1**	**99.1**
Anemia cases in new mothers numbered:										
total, thousands	228.1	283.9	328.6	341.8	391.4	444.3	439.6	448.5	469.1	475.0
in percent of the number of deliveries	12.1	16.6	21.6	25.5	29.2	34.4	35.8	37.8	38 6	41 3
Cases of anemia complicating delivery	**127.1**	**158.3**	**191.3**	**203.3**	**250.3**	**281.8**	**294.6**	**3,087**	**327.2**	**322.3**

Source: Ministry of Health of the Russian Federation.

Table 3.13: ***Maternal mortality in the Russian Federation (number of women who died as a result of pregnancy, childbirth, and post-natal complications)***

Year	Total	Per 100,000 newborn babies
1990	943	47.4
1991	941	52.4
1992	806	50.8
1993	712	51.6
1994	737	52.3
1995	727	53.3
1996	638	48.9
1997	633	50.2
1998	565	44.0
1999	537	44.2

Source: Goskomstat of Russia.

IV. CHILDREN DEPRIVED OF BIRTH PARENTAL CARE IN RUSSIA

Table 4.1: *Orphans and other children deprived of parental care in Russia*

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total number of children	472.2	429.2	440 2	460.4	496.3	533.1	572.4	596.8	620.1	636.9	662.5
Of which:											
under guardianship	188.4	180.3	190.6	201 7	225.8	252.7	278.2	293.6	303.8	312.1	329.0
adopted	141.7	131.3	135 6	141.3	144.4	139.7	141.4	145.0	147.0	150.9	153.5
residential institutions	142.1	117.6	114.0	117.4	126.1	140.7	152.8	158.2	169.3	173.9	180.0
In %											
Total number of children	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Of which:											
under guardianship	39.9	42.0	43.3	43.8	45.5	47.4	48.6	49.2	49.0	49.0	49.7
adopted	30.0	30.6	30.8	30.7	29.1	26.2	24.7	24.3	23.7	23.7	23 2
residential institutions	30.1	27.4	25.9	25.5	25.4	26.4	26.7	26.5	27.3	27.3	27.2
Total number of orphans and children deprived of parental care as % of children 0-17	1.18	1.07	1.10	1.17	1.28	1.39	1.52	1.63	1.73	1.82	1.95
Institutionalized orphans and children deprived of parental care as % of children 0-17	0.35	0.29	0.29	0.30	0.32	0.37	0.41	0.43	0.47	0.50	0.53

Source: Ministry of Education, Ministry of Health and Ministry of Labor and Social Development. **Note**: End-year data.

Table 4.2: *Children reported annually as deprived of parental care and their placement into care*

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Children registered as deprived of parental care	49.1	59.3	67.3	81.4	102.7	113.3	113.2	105.5	110.9	113.9	123.2
Placed in:											
residential care institutions	11.0	10.4	13.4	21.7	28.6	32.1	32.6	30.7	33.9	34.9	36.2
guardianship or adoption	37.4	48.2	52.8	58.1	71.1	77.3	78.6	73.0	68.0	66.6	74.3
vocational/general secondary/higher education	0.6	0.7	0.6	0.7	1.1	1.4	1.6	1.6	1.3	1.8	2.1
Unplaced	0.0	0.0	0.5	0.8	2.0	2.6	0.5	0.2	7.7	10.6	10.6
In %											
Children registered as deprived of parental care	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Placed in:											
residential care institutions	22.5	17.5	19.9	26.7	27.8	28.3	28.8	29.1	30.6	30.6	29.4
guardianship or adoption	76.2	81.3	78.4	71.4	69.2	68.2	69.4	69.2	61.3	58.5	60.3
vocational/general secondary/higher education	1.2	1.2	0.9	0.9	1.1	1.2	1.4	1.5	1.2	1.6	1.7
Unplaced	0.0	0.0	0.8	1.0	1.9	2.3	0.4	0.2	6.9	9.3	8.6
Out of home placement	23.7	18.7	21.6	28.6	30.8	31.8	30.6	30.8	38.7	41.5	39.7

Source: Ministry of Education, Ministry of Health and Ministry of Labor and Social Development. **Note**: End year data.

Table 4.3: ***Termination of parental rights in Russia***

	1994	1995	1996	1997	1998	1999	2000
Number of children removed from their families	33,800	37,668	41,589	43,188	45,258	50,018	57,126
Number of children removed from parents whose parental rights have been terminated (by the court)	27,739	31,403	34,865	37,536	41,411	46,526	53,073
Number of children removed from parents whose parental rights have not been terminated	6,061	6,265	6,724	5,652	3,847	3,492	4,053
Number of termination of parental rights cases	16,997	19,846	24,359	27,640	31,790	35,454	-

Source: Ministry of Education of the RF, Ministry of Justice of the RF and the Supreme Court of the RF.

V. RESIDENTIAL CARE FOR CHILDREN IN RUSSIA

Table 5.1: *Infant homes in Russia 1990–2000*

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Number of infant homes	265	262	257	253	252	252	252	251	249	248	254
Number of places in infant homes					22,087	22,237	21,951	20,192	21,976	21,504	21,985
Number of children in infant homes	18,500	17,800	17,700	17,700	18,021	18,346	18,498	18,097	19,250	19,289	19,345
Of which:											
up to 12 months old					3,684	3,822	4,410	5,155	6,196	5,824	5,178
1-3 years old					8,826	8,750	8,731	8,218	8,898	9,807	10,505
3 and more years					5,511	5,774	5,357	4,655	4,156	3,658	3,662
Age structure					100.0	100.0	100.0	100.0	100.0	100.0	100.0
up to 12 months old					20.4	20.8	23.8	28.5	32.2	30.2	26.7
1-3 years old					49.0	47.7	47.2	45.4	46.2	50.8	54.3
3 and more years					30.6	31.5	29.0	25.7	21.6	19.0	18.9
Annual flow (entry and exit)											
Placed during the year (entry)	11,000	10,700	11,400	11,800	12,059	11,533	12,288	12,783	14,447	14,463	13,291
Of which:											
orphans and social orphans	5,214	5,104	5,461	6,443	6,868	6,773	7,914	8,840	10,024	10,231	9,820
placed by parents	5,786	5,596	5,939	5,357	5,191	4,760	4,374	3,943	4,423	4,232	3,471
Left the homes within a year (exit)	10,700	10,400	10,500	10,700	10,876	10,349	11,484	12,420	12,623	13,508	12,895
Of which:											
taken by parents	3,627	3,630	3,801	3,788	3,304	3,061	3,132	2,897	2,958	3,347	2,871
adopted	2,054	2,517	2,856	3,071	3,973	3,727	4,899	6,068	6,085	6,759	6,689
transferred to a social protection residential institutions	3,028	2,288	1,817	1,969	1,631	1,323	1,220	1,413	1,170	1,261	1,306
transferred to an educational establishment	1,990	1,966	2,027	1,873	1,809	2,058	1,953	1,945	1,952	1,891	1,741
In percent											
Placed during the year (entry)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Of which:											
orphans and social orphans	47.4	47.7	47.9	54.6	57.0	58.7	64.4	69.2	69.4	70.7	73.9
placed by parents	52.6	52.3	52.1	45.4	43.0	41.3	35.6	30.8	30.6	29.3	26.1
Left the homes within a year (exit)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Of which:											
taken by parents	33.9	34.9	36.2	35.4	30.4	29.6	27.3	23.3	23.4	24.8	22.3
adopted	19.2	24.2	27.2	28.7	36.5	36.0	42.7	48.9	48.2	50.0	51.9
transferred to a social protection residential institutions	28.3	22.0	17.3	18.4	15.0	12.8	10 6	11.4	9.3	9.3	10.1
transferred to an educational establishment	18.6	18.9	19.3	17.5	16.6	19.9	17.0	15.7	15 5	14.0	13.5
Entry/exit ratio	102.8	102.9	108.6	110.3	110.9	111.4	107.0	102.9	114.4	107.1	103.1
Number of deaths (annual)					827	857	711	764	671	691	642

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Of which up to 1 year old					412	450	401	446	383	397	350
Total death rate					45.9	46.7	38.4	42.2	34 9	35.8	33.2
0-12 month infants' death rate					111.8	117.7	90.9	86.5	61.8	68 2	67 6
1-3 year old children death rate					28.9	28.0	22.0	24.7	22.1	21 8	20.6
Children with											
eating disorder					4,621	4,591	4,817	4,921	5,503	5,488	5,260
rickets (severe form)					2,358	2,183	2,373	2,680	2,741	3,254	3,186
anemia					2,667	2,980	3,280	3,241	3,822	4,034	4,533

Source: Administrative data from the Ministry of Health of the RF. **Notes**: Infant homes are residential institutions under the Ministry of Health of the RF for children deprived of parental care 0–3 (4) years of age. **Death rate** is the number of deaths in infant homes per 1,000 children in infant homes. **0–12 months infants death rate** is the number of deaths of infants 0–12 months old per 1,000 infants 0–12 months placed in infant homes. **1–3 year old children death rate** is per 1,000 corresponding age children residing in infant homes.

Table 5.2: ***Total number of orphans and other children deprived of parental care in residential institutions***

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total number of children	128.7	117.6	114.0	117.5	126.1	140.8	153.2	158.5	169.4	173.0	180.0
Of which:											
in infant homes (MOH)	4.2	5.1	7.6	9.0	10.0	10.5	11.5	11.7	12.8	13 5	14.1
in children's homes (MOE)	37.7	35.5	35.1	37.7	43.4	50.5	56.7	61.3	61.9	62.0	67 7
in children's homes-schools (MOE)									6.8	9.2	9.8
in boarding schools for orphans (MOE)	27.3	22.9	21.2	22.0	24.0	25.8	25.3	25.5	24.8	23.8	23.3
in general boarding schools (MOE)	6.0	4.9	4.0	3.9	3.3	4.3	6.3	6.7	8 4	8.7	9.1
in boarding schools for disabled children (MOE)	38.1	34.5	32.0	31.3	32.1	34.2	37.3	38.4	39.4	41.0	40.7
in residential institutions under the MLSD	15.3	14.7	14.0	13.6	13.5	15.5	16.1	14.9	15.3	15.2	15.3
Memo: children placed in foster families										3.5	4.4
In %											
Total number of children	100.0	100.0	100.0	100.0	100.0	100.0	100 0	100.0	100.0	100.0	100.0
in infant homes (MOH)	3.3	4.3	6.7	7.7	7.9	7.5	7.5	7.4	7.6	7.8	7.8
in children's homes (MOE)	29.3	30.2	30.8	32.1	34.4	35.9	37.0	38.7	36.5	35 8	37 6
in children's homes-schools (MOE)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	5.3	5 4
in boarding schools for orphans (MOE)	21.2	19.5	18.6	18.7	19.0	18.3	16.5	16.1	14.6	13.8	12.9
in general boarding schools (MOE)	4.7	4.2	3.5	3.3	2.6	3.1	4.1	4.2	5.0	5.0	5.0
in boarding schools for disabled children (MOE)	29.6	29.3	28.1	26.6	25.5	24.3	24.3	24.2	23.3	23.7	22.6
in residential institutions under the MLSD	11.9	12.5	12.3	11.6	10.7	11.0	10.5	9.4	9.0	8 8	8.5

Source: Ministry of Education, Ministry of Health and Ministry of Labor and Social Development. **Note**: End year data.

Table 5.3: ***Residential institutions for children in Russia***

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Infant homes	265	262	257	253	25	252	252	251	249	248	254
number of children in them	18.5	17.8	17.7	17.7	18.0	18.3	18.5	18.1	19.2	19.3	19.3
Children's homes	564	569	577	606	676	820	966	1094	1122	1187	1244
number of children in them	42.4	39.9	39.6	42.0	47.2	55.4	62.6	67.3	67.0	68.9	72.3
Children's homes - schools									69	86	85
number of children in them									7.7	9.7	10.3
Group family homes	280	329	335	348	343	347	333	379	-	44	
number of children in them	1.8	2.2	2.2	2.3	2.3	2.3	2.4	2.6	-	0.3	0.5
Internats for severely disabled (MLSD)	160	159	158	159	158	159	157	158	154	155	156
number of children in them	36.4	35	33.4	32.6	31.8	31.0	31.0	30.0	30.0	29.6	29.3
General education boarding schools		682		645		637		628		646	
number of children in them		162.1		155.6		163.2		161.2		160.6	
General boarding schools for children deprived of parental care	161	150	140	143	141	151	153	158	157	155	157
orphans and children deprived of parental care in them	29.3	25.6	22.9	24.4	25.9	28.0	28.4	28.8	27.4	26.9	26.5
Boarding schools for disabled children	1494	1493	1492	1481	1475	1473	1471	1450	1439	1442	1420
number of children in them	242.1	226.7	210.5	200.3	199 9	199.5	202.2	202.8	203.0	201.0	198.2
of which orphans and children deprived of parental care	21.7	21.2	19.8	19.9	21.0	21.8	23.0	22.9	23.4	25.0	25.9

Source: *Russian Statistical Yearbook 2001*, Goskomstat Rossii, 2001. **Notes**: Data on general boarding schools are collected every second year. General education boarding schools house children from the Far North and Far East, mostly from indigenous nomadic population groups, talented children, as well as children from poor and other families at risk that "are unable to care for their children because of objective reasons."

VI. SOCIAL WORK AND CARE SERVICES IN RUSSIA

Table 6.1: *Social work and care centers in subjects of the Russian Federation as of 1/1/2000*

Subjects of the Russian Federation	Number of centers	Subjects of the Russian Federation	Number of centers
Aginsky Buryat AO	-	Primorsky territory	16
Chechen Republic	-	The City of Sankt-Peterburg	16
Republic of Altai	1	Astrakhan region	17
Republic of Ingushetia	1	Tomsk region	17
Karachaev-Circassian Republic	1	Republic of Khakasia	19
Nenets AO	1	Republic of Tuva	19
Taimyr AO	1	Republic of Karelia	20
Ryazan region	1	Leningrad region	20
Jewish AO	2	Chuvash Republic	20
Kabardian-Balkar Republic	2	Stavropol territory	21
Lipetzk region	3	Voronezh region	22
Belgorod region	4	Udmurt Republic	22
Kaliningrad region	4	Republic of Mariy El	25
Kamchatka region	4	Novgorod region	25
Magadan region	4	Republic of Tatarstan	26
Republic of Bashkortostan	5	Kurgan region	27
Koryak AO	5	The City of Moscow	27
Kursk region	5	Tyumen region	27
Chukchi AO	5	Republic of Mordovia	31
Arkhangelsk region	6	Penza region	35
Vologda region	6	Khanty-Mansi AO	36
Yamalo-Nenets	6	Pskov region	36
Evenki AO	6	Oryol region	37
Ivanovo region	7	Tver region	38
Ulyanovsk region	7	Nizhny Novgorod region	39
Ust-Ordyn Buryat AO	7	Kirov region	40
Vladimir region	8	Kostroma region	48
Republic of Kalmykia	8	Irkutsk region	52
Komi-Permyatsky AO	8	Novosibirsk region	54
Tambov region	8	Republic of Komi	59
Amur region	9	Sverdlovsk region	59
Kaluga region	9	Saratov region	60
Smolensk region	9	Bryansk region	64
Khabarovsk territory	9	Krasnodar territory	64
Altai territory	11	Orenburg region	64
Sakhalin region	11	Krasnoyarsk territory	69
Yaroslav region	12	Volgograd region	70
Republic of Dagestan	13	Rostov region	77
Murmansk region	13	Republic of Sakha (Yakutia)	78
Chita region	13	Perm region	80
Omsk region	14	Moscow region	82
Tula region	14	Chelyabinsk region	82
Republic of Adygeya	15	Samara region	95
Republic of North Ossetia – Alania	15	Kemerovo region	96
Republic of Buryatia	16		

Source: MOLD administrative statistics.

Table 6.2: ***Institutions providing social work and care services 1994–2000***

Type of institution	Number of institutions						
	1994	1995	1996	1997	1998	1999	2000
Center for social assistance to families and children	36	92	169	190	259	287	334
Center for psycho-pedagogical assistance to the population	3	88	100	123	51	36	40
SOS telephone	5	78	80	93	48	25	20
Socio-rehabilitation center for minors	7	61	116	159	206	231	276
Temporary shelter for children and youth	22	173	311	390	388	410	412
Center for assistance to children left without parental care	1	25	23	24	20	14	13
Rehabilitation center for children and youth with disabilities and developmental delays	33	94	138	151	152	174	182
Departments for families and children in the complex social services centers for the population	–	228	310	444	452	456	510
Complex social services centers for families and children	–			264	267	291	240
Crisis center for men	–			1		1	1
Crisis center for women	–			6	6	6	10
Other social services centers	–	158	174	203	230	203	202
Total	**107**	**997**	**1,421**	**2,048**	**2,079**	**2,134**	**2,240**

Source: MOLD administrative statistics.

Table 6.3: ***The number of minors provided social work and care services 1995–2000 (at the beginning of the year)***

Type of institution	Number in 000					
	1995	1996	1997	1998	1999	2000
Center for social assistance to families and children	133	326	470	729	707	904
Center for psycho-pedagogical assistance to the population	47	149	152	67	76	108
SOS telephone	69	64	101	54	20	22
Socio-rehabilitation center for minors	31	38	62	58	107	125
Temporary shelter for children and youth	10	23	28	41	43	41
Center for assistance to children left without parental care	1	4	2	0.9	0.9	1
Rehabilitation center for children and youth with disabilities and developmental delays	19	41	50	75	67	116
Departments for families and children in the complex social services centers for the population	454	644	836	839	709	639
Complex social services centers for families and children			338	498	496	401
Crisis center for men					0.08	0.1
Crisis center for women			2	0.2	0.8	4
Other social services centers	39	96	441	265	531	181
Total	**804**	**1,388**	**2,482**	**2,627**	**2,758**	**2,543**

Source: MOLD administrative statistics.

Table 6.4: ***The number of families with disabled children served in centers for social work and services 1996–2000***

Type of institution	Number of families with disabled children				
	1996	1997	1998	1999	2000
Center for social assistance to families and children	41,683	47,207	55,617	54,242	59,478
Center for psycho-pedagogical assistance to the population	28,685	27,019	10,686	2,557	4,735
SOS telephone	11,364	5,852	510	503	224
Socio-rehabilitation center for minors	11,832	9,707	4,361	3,948	4,287
Temporary shelter for children and youth	2,513	11,492	3,870	687	868
Center for assistance to children left without parental care	1,134	665	443	2	6
Rehabilitation center for children and youth with disabilities and developmental delays	21,355	24,703	31,331	32,155	40,792
Departments for families and children in the complex social services centers for the population	52,726	72,605	62,634	50,833	61,564
Complex social services centers for families and children				34,408	34,493
Crisis center for men					
Crisis center for women				27	124
Other social services centers	60,842	22,295	71,504	22,519	25,995
Total	**232,134**	**221,545**	**240,956**	**201,881**	**232,566**

Source: MOLD administrative statistics.

Table 6.4: *Services provided by the social work and care centers for families and children as of 1/1/2000*

Type of institution	Services provided							Families under supervision
	Total	socio-economic	socio-medical	psycho-social	socio-pedagogical	legal advise	at-home services	
Center for social assistance to families and children	3,282,999	887,958	565,405	617,570	702,840	185,962	323,264	118,502
Center for psycho-pedagogical assistance to the population	258,556	14,524	23,919	151,108	53,394	8,899	6,712	2,000
SOS telephone	95,375		187	92,963	1,576	643	6	52
Socio-rehabilitation center for minors	5,911,967	934,852	1,267,580	1,007,568	1,480,319	626,830	594,818	26,566
Temporary shelter for children and youth	3,679,034	323,377	499,989	733,828	921,565	283,708	916,567	14,355
Center for assistance to children left without parental care	516,254	45,346	117,956	92,402	89,601	25,945	145,004	209
Rehabilitation center for children and youth with disabilities and developmental delays	2,250,993	55,273	1,508,910	190,258	351,679	21,480	123,393	22,254
Departments for families and children in the complex social services centers for the population	2,582,867	1,502,572	213,111	168,228	288,518	140,050	270,388	113,892
Complex social services centers for families and children	2,168,490	765,884	305,978	172,841	120,377	82,282	721,128	18,205
Crisis center for men	1,430		371	914	82	62	1	0
Crisis center for women	20,277	6,852	539	6,751	785	2,563	2,787	113
Other social services centers	3,218,223	496,592	1,142,178	305,429	463,154	36,086	774,784	5,340
Total	23,986,465	5,033,230	5,646,123	3,539,860	4,473,890	1,414,510	3,878,852	321,488

Source: MOLD administrative statistics.

The Experience of Some of the Russian Regions in Reforming Their Child Care Systems

Samara

Samara's "experiment" represents the most comprehensive, advanced, and successful attempt to reform the child care system in Russia, with de-institutionalization as one of its explicit goals. It is an example of a coherent approach to child care that is administratively concentrated in the hands of one entity, the Regional Family, Motherhood and Childhood Committee (FMCC). The regional government has been very supportive, playing an active role in all the stages of the reform, which started in 1993 and has been accompanied by an intensive public education and information campaign.

In contrast to most of other regions in Russia, Samara has developed a coherent family and child welfare policy. The policy's main focus is on strengthening the capacity of birth families to take care of their children (through assistance and support to vulnerable families, in particular to young couples and families of children with disabilities, through the introduction and development of social work and care services, and so on), and on promoting family care for children deprived of parental care (through developing existing and introducing new forms of family-based substitute care arrangements). A large-scale public information and awareness raising effort has played an important role in, among other things, attracting public attention to children deprived of parental care, even reaching out to neighboring regions in seeking potential substitute parents, and creating a positive image of a family adopting a child.

Samara paid particular attention to adoption, guardianship, and fostering. The region established the Center for Adoption, Guardianship and Fostering, which keeps the database on children in need of substitute placement, as well as on families that wish to receive a child; publicizes widely and regularly information on children without parental care; trains foster and other substitute parents; closely monitors quality of care these parents provide; and pays foster allowance regularly.

In Samara, the guardianship/trusteeship authority is placed within the FMCC both at the regional and local levels, which allows for efficient coordination of child welfare policies and institutions, exchange of information, and easy tracking of children's cases.

The results of the Samara region's efforts to reform child welfare institutions and policies and improve child welfare outcomes can be best illustrated by the following numbers:

- Prior to 1991, about 50 children were adopted annually in the region, with potential adoptive parents waiting 5–7 years on average for the adoption. In mid-1990s, that number increased to about 600 children, including both international and national adoptions.

- Emphasis on preventive services and family-based substitute care arrangements resulted in the decrease of children's institutionalization to the extent that some of the facilities were closed down or transformed into social work and care services centers. During the 1990–97 period, the number of children in educational residential care facilities declined by 21.3 percent. In the city of Samara itself, only 1 out of 4 residential institutions for children deprived of parental care of preschool age remained in operation by the end of 1997. The audit of the child residential facilities performed by the Regional Public Prosecutor's Office in the first half on 2000 reports that five infant homes and one residential facility for preschool children were housing 230 children, while their full capacity was 420 children. Thus, the audit

recommended to the Governor of Samara to close down some of these institutions and transform the rest into day care facilities.

- In 1992, 47 percent of institutionalized children without parental care attended schools for children with mental retardation, whereas in 1996, that percentage was 29. In 1996, 332 children from corrective schools had their mental retardation diagnoses (previously established by medico-psycho-pedagogical commissions) removed following reassessment by the newly established Center for Medical, Psychological and Pedagogical Diagnostics. The Center applies a functional approach to disability and uses modern assessment methods and techniques. Its functioning has significantly decreased the number of children sent to special (corrective) educational institutions, as the quality of diagnostics improved. Also, the number of parentless children evaluated as "lightly mentally retarded" dropped by 32 percent, making their adoption easier. In 1999, children previously assessed as "uneducable" started receiving training.

The child welfare reform in Samara is characterized by exceptionally strong political support and leadership, highly committed and capable staff, and a strong Family, Motherhood and Childhood Committee that was given the authority to lead the reform. The international training and assistance played and important role as well. The reform progress has an important demonstration effect, showing (i) that the child welfare reform, and in particular de-institutionalization is feasible and (ii) that it brings substantial improvements in child welfare outcomes. It also points to the benefits of having one government agency implementing a coherent family and child welfare policy that emphasizes the development of preventive policies and interventions and family-based substitute care arrangements, including an explicit de-institutionalization policy.

Volgograd

The Volgograd region was among the first in Russia to experiment with temporary shelters for children. Children from families at risk are temporarily placed in a shelter while a comprehensive effort to assist, support, and heal their families is made. For children deprived of parental care, family placement is sought actively, thus effectively treating institutionalization as a very last-resort placement option. The region has been seeking ways to increase public awareness and foster family placement of children deprived of parental care. In 2000, the governor issued a resolution obliging educational, health, and family and children affairs authorities to jointly implement a set of actions aimed at increasing family placements, and in particular national adoptions. The program also included a public information campaign. A regular TV broadcast, "Find My Mama" became very popular. As a result, the number of adopted children and those placed under guardianship significantly increased: to 101 adoptions and 1,158 guardianships in 2000 compared to respectively 63 and 459 in 1999.

Volgograd is one of Russia's leading regions in introducing and developing social work and care centers. It has established a network of 70 such centers, covering the entire oblast.

St. Petersburg

The city of St. Petersburg has focused on improving the capacity of its local administration staff working with families and children. The following specific activities aimed at improving the quality of work with families and children have drawn a great deal of attention in Russia:

(i) A family counseling program for parents of children with disabilities implemented jointly by the Swedish SIDA and the St. Petersburg Early Intervention Institute. The program focuses on early

diagnosis and treatment of children with disabilities in a family environment, so as to prevent their institutionalization;

(ii) A training program for about 150 staff members from St. Petersburg's social offices and centers providing services to individuals with disabilities, including children and youth. The program aims to improve the quality of social work and care services by training the staff in modern techniques. An affiliated program provides similar training to staff from local social welfare offices and social work and care centers from municipalities outside the city of St. Petersburg.

(iii) A maternal and infant health care program implemented by the Pediatric Academy of St. Petersburg, which analyzes maternal and infant health care patterns and practices in St. Petersburg and develops recommendations for their improvements.

Novgorod, Tuva, and Altai

The joint experience of Novgorod, Tuva, and Altai provide examples of successful partnership with the nongovernmental sector in providing social support to families and children. Such experience is of particular importance, because in Russia the social partnership between the government and the nongovernmental sector is at the early stages of development. In the region of Novgorod, about 100 nongovernmental organizations were identified and invited to participate in municipal and regional family assistance programs. Their involvement includes the implementation of earmarked municipal programs, consultations, and charity work; training of minors and women; assistance and care services to ill and disadvantaged children; and the like. A joint coordination council was set up to supervise the piloting and implementation of the programs that include soup kitchens, social partnership centers, "volunteers' centers," and so on. For instance, one of the "volunteers' centers" gathers volunteers willing to provide various kinds of services to large families (sewing, hairdressing, and so on). The Center cooperates closely with the Regional Center for Multi-Children Families—an NGO set up in 1997 by mothers with three or more children. The Center provides various types of assistance to large families, effectively complementing services offered by social protection offices. Another two nongovernmental centers—"Rodnichok" and "Vita"—provide assistance to the parents of children with disabilities and assist those children's integration into the community.

Saratov, Novosibirsk, and Chelyabinsk

Several regions have focused their efforts on improving assistance to children with special needs. The regions of Saratov, Novosibirsk, and Chelyabinsk are among them. They have concentrated their efforts on developing family-based care for children with disabilities, through parental counseling and training, psychological assistance, provision of special rehabilitation equipment, individualized rehabilitation programs, and special professional training (for the children). A model developed in Novosibirsk involves parents of children with disabilities and local social welfare services in close day-to-day work in three stages: (i) problem identification and the creation of an individual family file (which allows staff to trace the history of all activities focused on assisting the child); (ii) provision of rehabilitation services to the child (medical, psychological, pedagogical, and so on) alongside parental counseling and training in care and rehabilitation techniques (which results in an individual program of support to the child that parents continue to implement); and (iii) monitoring of the family by social welfare services This approach enables families of children with disabilities to keep their children and help them, while integrating the children into the community. As a result the institutionalization of children with disabilities, previously almost unavoidable, is prevented.

New Programs for Children with Disabilities

(i) New services

Social work and social care services (SWSCS), including the rehabilitation of children with mental and physical disabilities and support services to their families, were introduced in Russia in 1993.[1] In 1994, the Ministry of Labor and Social Development issued "Sample Regulations of a Rehabilitation Center for Children and Adolescents with Disabilities" (Order No. 249, dated December 14, 1994).

According to these Sample Regulations, a center that provides social rehabilitation services to children and adolescents with mental and physical disabilities and their families is established within the public system of social protection of the population. One center should cover a child population of 5,000–10,000.

The main objectives of the center include the following:

- identifying, in a city or municipality, all children under 18 with disabilities;
- studying, jointly with consulting and diagnostic services of the health care and educational systems, the causes of disability in a child, assessing the initial level of the child's health and psyche, and forecasting the potential for restoring impaired functions;
- developing an individualized rehabilitation program and ensuring its implementation by coordinating the joint efforts of medical, educational, and social protection services, and sports and other organizations;
- providing assistance to families raising children with disabilities, including rehabilitation at home; and
- social work with the parents of children with disabilities.

Children could be referred to the center by the social protection administration and institutions, education and health care agencies and institutions; parents (guardians), or the center's employees. As a rule, the services would be free of charge.

The center could comprise the following departments:

- a department of disability diagnostics and development of medical and social rehabilitation programs;
- a department of medico-social rehabilitation that should organize and carry out individualized programs for medical and social rehabilitation, "employing both traditional and new 'effective' rehabilitation techniques and models"; refer children to specialized medical institutions; provide regular visits to families of children with disabilities; train parents in basic rehabilitation

[1] The introduction of social work and social care (SWSC) services in Russia was initiated by the Presidential Decree on Priority Measures for the Implementation of the World Declaration on Survival, Protection and Development of the Child in the early 1990s (No. 543, June 1, 1992). The Decree encouraged the subjects of the Federation "to support the introduction and development of a territorial network of *'new'* institutions for the social protection of families and children, based on local needs and local economic resources." The first SWSC centers opened in 1993.

techniques and methods; and assist children in getting prosthesis, wheelchairs, and the like. This department should coordinate its work with health care institutions;

- a department of psychological and pedagogical rehabilitation and assistance. This department should work jointly with education authorities in specifying the forms of education for children with disabilities and should assist the creation of this education program; it should conduct psychological work with children; advise parents on the psychological and pedagogical aspects of upbringing and personality development of children with disabilities; arrange leisure activities for children; give guidance and provide work therapy to children; help them find employment, and so on. It should also teach children with disabilities how to take care of themselves, behave properly at home and in public places, exercise self-control, communicate, and so on;
- a daycare department (which would provide services to children with disabilities on a daycare basis); and
- a department providing five-day rehabilitation programs. The department would be responsible for the rehabilitation of children staying at the Center five days a week. It would form rehabilitation groups of up to seven children. A single department would be allowed to maintain a maximum of five rehabilitation groups. Children of school age should continue to attend their schools or take classes at the Center. The department should provide living conditions closely resembling the children's home environment.

Typically, rehabilitation centers employ a team of physicians of different specializations (a pediatrician, an orthopedist, a neurologist, a psychotherapist, an ophthalmologist, a physiotherapist, and so forth), nurses, social workers, a sociologist, teachers, pedagogues, and technical and administrative staff. Examples of new programs for children with disabilities from some of the Russian regions are presented next.

(b) Examples of New Programs for Children with Disabilities from some of the Russian Regions[2]

Moscow Oblast

Since 1993, 16 rehabilitation centers for children with disabilities, as well as 4 multi-service rehabilitation centers for children and adults with disabilities have opened. These centers regularly serve about 5,400 children.

The *Yunost* social rehabilitation center in the Naro-Fominskii municipality serves children with mental and physical disabilities. The Center carries out programs for the children's social, cultural, and psychological rehabilitation; and organizes vocational rehabilitation including training in simple skills involving, for example, personal computer use. It holds regular training seminars for families of children with disabilities and arranges vacations for them. It was the first facility in Russia to organize rehabilitation for wheelchair users.

[2] The Ministry of Labor and Social Development with the assistance of the UNICEF Office in Moscow has recently published a book presenting the experience of six Russian regions (Novosibirsk, Moscow, Cheliabinsk, Voronezh, Saratov, and Samara) in the development of complex rehabilitation programs for children with disabilities (Ministerstvo truda i social'nogo razvitia Rossiiskoi Federacii and UNICEF 2001).

The *Rosinka* rehabilitation center in the Balashihinskii municipality, set up in 1995, offers two-month, five-days-a-week rehabilitation cycles. It has the capacity to accommodate 52 children and admits children 4–13 years of age with asthma and locomotor system impairments.

The *Himkinskii Rehabilitation Center* for children with disabilities provides social, medical, and vocational rehabilitation services to children from two months to 18 years old. The Center runs special programs for the children's parents, in particular mothers. Parents also are provided medical, psychological, and legal assistance. The Center has set up specialized groups to emphasize its differentiated and individualized approach to children. The Social Adaptation Group focuses on developing abilities and skills in children with disabilities that prepare them for attending school and socializing with peers and adults. The efforts of the Special Child Group are centered on developing the children's ability to speak. The Center operates a *Podrostok* Club that provides career counseling to children with disabilities and helps them socialize with their peers. The Center also has computer classes, a pottery-making shop, and a decorative and applied art group. As a result, rehabilitation has enabled many children to attend regular preschool facilities, as well as regular general education schools.

The *Rozhdestvensky* medico-social center for children and senior citizens with disabilities in the town of Dubna has been in operation on the local hospital premises since 1993. The Center has a "Diabetes School" focusing on issues related to diabetes-related research, diagnostics, treatment, and prevention. Its objective is to teach patients with diabetes how to keep the disease under control, prevent the development of vascular complications and disability, and improve the quality of the patients' lives.

The *Alenushka Center* in the Egor'evskii municipality provides daycare services to 60 children aged between three and nine in need of constant care. Every day, a bus takes the children to the Center in the morning and brings them back home in the evening. The Center and the children's parents sign a contract specifying the terms and conditions of a child's maintenance and services and the rights and responsibilities of both parties. The parents are charged 50 rubles per child a month, which is about one-third of the monthly fee in a regular preschool institution.

The Center's specialists assemble the children in groups according to their age and specifics of disability. An individualized rehabilitation plan, which is implemented in diligently monitored stages is developed for each child.

Irkutsk Oblast

There are eight rehabilitation centers in the Irkutsk Oblast for children with disabilities. A Regional Rehabilitation Center has been set up at the *Sosnoviya Gorka* disease prevention and health center to promote the development, education, and training of children with locomotor system disabilities, cerebral palsy, bronchial asthma, epilepsy, and diseases of the gastrointestinal tract. With a rehabilitation cycle of 45 days, the Center provided treatment to 663 children in 1999.

The public efforts are reinforced by successful cooperation with nongovernmental organizations. In 1999, the *Naslednik* youth hiking and tour club launched a summer camp on the shores of Lake Baikal. The camp receives children with disabilities as well. Over two successive seasons, the camp provided rehabilitative activities to 150 children with disabilities, most of whom were children with severe physical impairments. Three key rehabilitation factors can be singled out in the camp's work: adaptive (children get adapted to outside weather factors, life away from the parents, more movement, and fitness training); medical (they are provided physiotherapy aimed to improve their capacity to move); and socio-pedagogical (they are involved, together with children who do not have disabilities, in efforts to provide for themselves).

Krasnodar Krai

In the Krasnodar Krai there are 16 rehabilitation centers in 12 cities and municipalities for children with disabilities. In addition to rehabilitation programs, the Krai centers provide targeted social assistance to children with disabilities (including 850 children confined to bed) under the targeted regional program named "Children of the Kuban." During the "Days of the Disabled," cities and municipalities hold exhibitions, sporting events, and art festivals featuring the works and participation of children with disabilities. In 1999, 1,600 of these children were sent to summer camps. A first-ever shift was launched for child wheelchair users and their escorts at the children's resort in Anape. In addition to receiving standard spa treatment, the children had an opportunity to associate with children who did not have disabilities. At the same time the children who did not have disabilities were given a lesson in diversity.

Moscow City

In Moscow City, "Down's Syndrome," a nongovernmental organization that brings together parents of children with Down's Syndrome, carries out educational campaign among such children's parents, in order to motivate and help them in raising their children in a family environment. Also, with the support from the Moscow City Committee for Social Protection, "The Down's Syndrome" has developed a program for the care, rehabilitation, and education of children who have Down's syndrome and is implementing it at one of the city's *internats* for children with severe disabilities. The idea is to demonstrate the effectiveness of the program and disseminate it to other institutions working with children with disabilities.

The *Kontakti-1* ("Contacts-1") club for people with disabilities brings together children who do and do not have disabilities and their parents. In this program children socialize in cultural, leisure, learning, and other activities.

ANNEX 4

Rules Regulating the Functioning of Psycho-Medico-Pedagogical Commissions[3]

A psycho-medico-pedagogical commission (PMPC) is established at the regional levels of the Russian Federation within the regional department of education. If needed, an MPPC could be established at the city or municipal level. The functioning of the commission is supervised by the heads of the regional committees of education and health.

According to the Rules, the commission does the following:

(i) conducts a differentiated selection of children with mental and physical "defects" for enrollment in special general education schools and boarding schools and special preschool institutions "in accordance with the admission rules of these institutions";

(ii) recommends admission of children assessed as having severe disabilities into health care and social protection institutions;

(iii) decides on exit from special schools and transfer of children from one special education institution to another; and

(iv) advises parents and teachers on various aspects of the therapy, care, and education of children with minor development disabilities who are ineligible for enrollment in special schools and special preschool institutions.

A Regional Commission comprises the following members: a representative of the regional committee for education (a commission chair), a representative of the regional committee for health (a commission deputy chair), a representative of the regional committee for social protection, and the commission members (consisting of a child psycho-neurologist or psychiatrist, an ophthalmologist, an otorhinolaryngologist, a psychologist, a pedagogue-defectologist, a preschool institution defectologist,[4] a speech therapist, and a commission secretary). Members of the commission are appointed by the regional committees for education and health.

The PMPC follows a fixed yearly schedule. It is allowed to handle a maximum of 10 cases a day (less than an hour per child). The commission operates from a regional pediatric hospital, special school, or special preschool institution that has adequate facilities for a comprehensive evaluation of children. On commission session days, members are released from their duties at their regular workplaces. Formally, children are referred to the commission by municipal departments of education, which also send accompanying documentation.[5] The commission secretary, who files the documents, makes an

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[3] Approved by the USSR Ministry of Public Education and endorsed by the USSR Ministry of Health on November 21, 1974 (Order No. 102-M).

[4] A defectologist ("a specialist in physical and mental development defects") is a profession specific to the former Soviet Union and some other former socialist countries. It is a profession in a discipline of defectology that originated from the theory of defectology developed by a Russian scholar Vigotsky in the early 20th century. The theory (or to put it more correctly, its interpretation) had an enormous impact on the approach to disability in the former Soviet Union, particularly in special education. For a brief discussion on Vigotsky's original theory and its subsequent interpretation and implementation see Ainscow and Haile-Giorgis (1998, pp. 16–19).

[5] The list of documents is as follows: a file containing detailed information on the child's education history, school performance, learning progress, and difficulties, and behavior and measures undertaken to improve this behavior and performance; the child's schoolwork (for schoolchildren); the child's medical file signed by the head physician of a

appointment and sends a notice of the appointment to the child's parents (or guardians) and school (or preschool institution). The child is examined by the commission in the presence of his or her parents (or guardians). In issuing its recommendations, the commission is guided by instructions for admission of children into special general education schools (or boarding schools) and preschool institutions for children with physical and mental disabilities.

The results of the examination of each child are entered into a case record in minutes format. The child's personal file together with the commission's conclusion[6] and recommendations concerning the child's education and health treatment are then sent to the school to which the child is assigned. In cases in which children are assessed to be ineligible for education in special classes and special schools, the file is sent to the regional committees of health or social protection for further consideration (for placement in a medical institution or an *internat* under the MLSD). No child can be admitted to, or discharged from, a specialized school or preschool institution, or transferred from a school or preschool institution of one type to another type without the decision of the regional (that is, city or municipal) PMPC.

In situations in which a commission is not able to decide on a final diagnosis, particularly concerning the "mental retardation degree" (in the Russian terminology to decide, for instance, between "debility" and "imbecility"), the child could be sent to an auxiliary school or class for a term, but not for more than one year. If necessary, after the period is over, the child could be sent back to the PMPC for its final decision concerning the type of special school to which he or she will be assigned.

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pediatric outpatient clinic with detailed information of his or her development and health status, including the findings and opinion of the child's pediatrician, a psycho-neurologist, an otorhinolaryngologist; an ophthalmologist; and an orthopedist; and the child's birth certificate. For preschool-age children a reference from a preschool institution is required.

[6] The conclusion is binding on the parents (or guardians) and in most cases final.

ANNEX 5

Entitlement of Children Certified as "Child Invalids" and Their Families to Special Benefits

"Child invalids" and their families are entitled to the following major special benefits:

- *a social pension for the "child invalid"*—At the end of 1999 this pension amounted to 409.7 rubles, or 43.3 percent of the monthly subsistence minimum in Russia. Anecdotal evidence, as well as information obtained from the social workers during our field visits, suggests that the child disability pension is an important factor in a family's decision to keep the child as opposed to placing him or her in a residential institution.[7] In addition to the pension, the "child invalid" is entitled to *a child allowance* (70 rubles per month as of January 1, 2001);

- *a monthly compensation* paid to a working age individual who has left his or her job to care for the "child invalid" (60 rubles as of January 1, 2001);

- *employment history for retirement*—women are entitled to have the time they spend caring for the "child invalid" included in their employment history for acquiring retirement benefits;[8]

- *additional paid leave*—one of the parents of the "child invalid" is entitled to four additional days of paid leave per month (two days, if the other parent is unemployed) until the child reaches 18 years of age;[9]

- *special employment-related provisions*—the Labor Code of the RF provides for a range of employment-related benefits to which both parents of the "child invalid" are entitled:[10] the right to a part-time workday or workweek; the right to refuse to work overtime; the right not to be denied annual leave; the right to 14 calendar days off without pay in addition to the regular annual leave; and the right not to be made redundant, except if the employer goes into liquidation, in which case the parents have to be offered employment elsewhere.[11] In addition, if the job application of an employee who has a child with a disability is rejected, the employer is required to explain in writing the reasons for the rejection. The rejection may be appealed in court;

- *education at home*—"child invalids" temporarily or permanently unable to attend regular schools are entitled to be educated at home or enroll in private educational institutions at the expense of the state. Home education is allowed based on the recommendation of a health care institution. Education

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[7] An evaluation of the child disability pension program and its recipients, including its impact on a family's decision whether to keep a child or place him or her in an institution, could be of great importance for the further development of a safety net for families of children with disabilities in Russia. If a "child invalid" is placed in an educational residential establishment, one half of his or her pension is paid to the institution (80 percent in the case of severely disabled "children invalids" placed in *internats* under the MLSD), and the rest is accumulated in the child's savings account.

[8] The Law on the State Pensions in the Russian Federation.

[9] The Federal Law on Amendments and Additions to the Labor Code of the Russian Federation, (No. 84, April 30, 1999). The cost of additional days of paid leave is borne by an employer. Given that this increases the cost of hiring the parent of a "child invalid," these parents' employment may be affected adversely (specifically, the employers may try to avoid hiring such workers or decrease their wages).

[10] Before May 1999 only mothers were entitled to those special provisions. At the beginning of 2001, almost all provisions were extended to cover the "child invalid" up to the age of 18.

[11] In a market economy, this provision increases labor market inflexibility and may actually result in lower employment of parents of children with disabilities.

at home should be provided by a nearby general education school. Children studying at home are entitled to textbooks and other literature from the school library and to any assistance and advice by schoolteachers they may need in order to complete their education. Also, they should be certified (by taking tests) at mid-term and at the end of the school year and issued an official certificate for the education they have completed;

- *reimbursement of educational expenses*—the parents (or guardians) of "child invalids" should be reimbursed for their time and expenses if they teach their children at home;

- children up to two years of age, including "child invalids," are provided *free baby formula* if their family's per capita income is at or below the regional subsistence minimum;

- *free preschool education*—"child invalids" attend preschool institutions free of charge;

- *free prescription drugs*—"child invalids" under the age of 16 are provided free prescription drugs;

- *free transportation*—"child invalids" and their parents are entitled to free use of all means of public transportation in cities, to discounted fares for intercity travel, and a free fare once a year to and from the facility where they receive medical treatment;

- *free prosthesis, wheelchairs, and so on, as well as free repair services*;

- *discounted utilities*—families with "child invalids" are entitled to a 50 percent discount for the use of telephone and local wire radio network services and at least 50 percent discounts on rent and utility services;

- *municipal housing*—families with "child invalids" should be assigned municipal housing on a priority basis, including extra floor space, taking into account the child's health conditions; and

- *free social work, care and rehabilitation services*, including day care, respite care, assistance at home, and the like.

ANNEX 6

The 1995 Family Code of the Russian Federation A Summary

1. Introductory remarks

In Russia, the family, motherhood, and childhood are protected by the state (Constitution of the Russian Federation, Article 38).

The Family Code of the Russian Federation was adopted by the Russian Duma (Parliament)on December 29, 1995.[12] In the Russian history of family legislation, this is the fourth family code. Each of the three previous codes (1918, 1926, and 1969) reflected "a given époque in the development of the Russian state and society" (Kuznetsova 1999).

By the adoption of the new family code, norms regulating family relations in Russia were adjusted to the new Constitution of the RF (adopted on December 12, 1993), and other relevant legislation, particularly the Civil Code of the RF (Part One), from November 30, 1994. Part Two of the Civil Code of the RF was adopted on January 26, 1996. The Family Code also reflects international norms on human rights and in particular the UN Convention on the Rights of the Child, ratified by Russia (that is, the USSR at the time) in 1990.

In conformity with the Constitution of the Russian Federation, the family legislation is under a joint jurisdiction of the Federation and its subjects.

2. Basic principles

The basic principles of the Russian Family Code are as follows (Family Code of the RF 1995; Kuznetsova 1999):

- The family, motherhood, fatherhood, and childhood in the Russian Federation are under the protection of the state. The family legislation "proceeds from the necessity to strengthen the family, build family relations on the feelings of mutual love and respect, and joint support and responsibility of all its members before the family; from the inadmissible arbitrary interference of anybody into the family affairs; and from the need to ensure that all the family members have an opportunity to freely exercise their rights and the possibility to defend these rights in the court" (Family Code, Art. 1).
- Only marriages concluded (and accordingly registered) at the civil registry office (ZAGS) are legally recognized.
- A marriage is a free, voluntary, equal conjugal union of a man and a woman.
- Spouses are equal; all internal family issues shall be resolved and all decisions shall be made by mutual consent.

[12] The Code became effective on March 1, 1996.

- The priority of family upbringing for children is expressed, as well as concern for their well-being and development and priority of protection of their rights and interests.[13]

- Guaranteed priority protection of rights and interests of the family members incapable of providing for themselves is provided.

- Equality of all citizens in their rights and obligations, irrespective of their language, religion and social, racial, and national characteristics is established (any direct or indirect form of discrimination is prohibited).

3. A summary of some of the Family Code provisions[14]

(i) Children's rights in a family

The right to live and grow up in a family (Article 54)[15]

Every child (a person who has not reached the age of 18) has the right to live and be brought up in a family, "as far as it is possible"; the right to know his/her parents, live with them and enjoy their care, with the exception of such cases in which this is contrary to his interests. In the case of parents' absence, their loss or termination/restriction of their parental rights, the right of the child to live and be brought up in a family shall be ensured by the guardianship and trusteeship (custodial) authority, as regulated by the Code.

The right to communicate with parents and other kin (Article 55)

The child has the right to communicate with both of his/her parents, a grandfather and a grandmother, brothers and sisters, as well as other relatives. The dissolution or annulment of the parents' marriage, or their separation shall have no impact on the child's rights. If the parents live apart, the child shall have the right to communicate with each of them, irrespective of the country of their residence. The child, who has found himself/herself in an emergency situation (detention, arrest, custody, placement into a medical center, and so on), shall have the right to communicate with his/her parents and other relatives in the law-established order.

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[13] This principle reflects a Constitutional provision (Article 38), according to which "A care for children is equally a parental right and a responsibility." A child in a family is an independent subject of law, not a dependent object of "parental power." The best interest of the child is a basic criterion underlying the resolution of all disputed issues concerning his/her life and upbringing. The Family Code for the first time ever in Russia regulates the rights of the child in the family (Chapter 11), including the right to live and grow up in a family; know his/her parents; be cared for and brought up by the parents; have his/her human dignity protected; express freely his/her opinion; have his/her rights and interests guaranteed and protected; and so on.

[14] *The Family Code of the Russian Federation* No. 223-FZ of December 29, 1995 (with the Amendments and Additions of November 15, 1997, June 27, 1998, January 2, 2000). "Garant" database, Moscow, 2000.

[15] The right to live and grow up in a family is one of the most important rights of the child, because growing up in a loving and caring family is of extraordinary importance for his/her full development. Except in legally regulated cases, no state organ has the right to separate the child from his/her parents. Hence, the child can be placed for upbringing in another family or institution against his parents' will only when the parents are deprived of parental right or when the rights are restricted because the court has concluded that staying with the family endangers the child's life. Children deprived of parental care (for example, children who have lost any possibility to live with their family) for any reason are under the custody of the local guardian/trustee organ that "decides their fate" (Kuznetsova 1999). The Family Code gives a priority to the family placement of children deprived of parental care. "Only in cases in which placement in a family is impossible, a child can be placed in an institution" (Kuznetsova 1999).

The right to the protection of rights and interests (Article 56)

The child has the right to have his/her rights and legal interests protected by the parents (birth or substitute), and in the cases stipulated by the Family Code, by the guardianship authority, the Prosecutor, and the court. The child has the right to protection from parental abuse. If the child's rights and legal interests are violated, including the parents' complete or partial failure to appropriately fulfill their duties related to the child's upbringing and education, or if they abuse their parental rights, the child has the right to seek protection from the guardianship authority, and upon reaching the age of 14 the protection of the court. The official persons, organizations, and citizens who have learned about a threat to the life or health of the child, or about a violation of his/her rights and legal interests, are obliged to report this to the local guardianship authority, which is then obliged to take necessary measures to protect the child's rights and legal interests.

The right to express his/her opinion (Article 57)

The child has the right to express his/her opinion in resolving any issue in the family that affects his/her interests, and also to have his/her voice heard in the course of any court or administrative hearings. It is obligatory to take into account the opinion of a child who has reached the age of 10, except in cases in which it may be contrary to his/her interests. In normal cases, as stipulated by the Family Code,[16] the guardianship authority or the court can decide only with the consent of the child who has reached the age of 10.

The right to a name, a patronymic, and a family name (Articles 58 and 59)

The child has the right to a name, a patronymic, and a surname. The name shall be given to the child by an agreement between the parents, and the patronymic shall be awarded by the father's name, unless otherwise stipulated by the laws of the subjects of the Russian Federation or unless based on the national custom. The child's surname shall be defined by the parents' surname. If the child's parents have different surnames, the child shall be awarded the father's or the mother's surname by an agreement between the parents, unless otherwise stipulated by the laws of the subjects of the Russian Federation. In the absence of an agreement between the parents about the name and (or) the surname of the child, the dispute shall be resolved by the guardianship and trusteeship body. If the fatherhood is not established, the name is given to the child by his mother, the patronymic is awarded by the name of the person, written down as the child's father, and the surname by the surname of his mother. At the joint request of the parents, and proceeding from the child's interests, the guardianship authority has the right to permit the change of the child's name, and also surname, for the surname of the other parent, before he/she reaches the age of 14 years. The name and (or) the surname of the child who has reached the age of 10 years may be changed only with his/her consent.

The property rights of the child (Article 60)

The child has the right to get a maintenance from his parents and from other family members. The amounts due to the child as alimonies, pensions, and allowances shall be at the disposal of the parents (or the persons substituting for them) and should be spent on the child's maintenance, upbringing, and education. The child has the right of ownership to the income, as well as property received by him/her as a gift or by inheritance, or acquired on his/her means. The child's rights concerning the property at his/her disposal are regulated by the Civil Code of the RF (Articles 26–28). The child does not have the right of ownership to the property of his parents, and the parents do not have the right of ownership to the property of the child. The children and the parents, living together, may possess and use each other's property by mutual consent.

[16] Articles 59, 72, 132, 134, 136, 143, and 154.

(ii) Parental rights and responsibilities

The parents' equality in their rights and duties toward children (Article 61)

Both parents have equal rights and duties with respect to their children. The parental rights cease when the children reach the age of 18, when underage children enter into a marriage, or when the children acquire full legal capability before reaching adulthood, as regulated by the legislation of the RF. The underage parents have the right to live together with their child and take part in his/her upbringing.

The rights of underage unmarried parents (Article 62)

Underage unmarried parents have the right to exercise their parental rights on their own upon reaching the age of 16 (provided that their motherhood and/or fatherhood is established). Until they reach the age of 16, a guardian may be appointed to the child, who shall bring him/her up jointly with the underage parents. Differences that may arise between the child's guardian and his/her underage parents, shall be resolved by the guardianship authority.

The parents' rights and obligations in the upbringing and education of children (Article 63)

The parents have the right and obligation to raise their children. They are responsible for the education and development of their children. They are obliged to take care of their children's health and their physical, mental, spiritual, and moral development. The parents have a priority right in raising their children. They are obliged to ensure that their children receive a basic general education. The parents, taking into account the opinion of their children, have the right to choose the educational institution until the children complete a basic general education.

The parents' rights and obligations in protecting the rights and interests of their children (Article 64)

Parents are obliged to protect the rights and interests of their children. The parents are legal representatives of their children and they shall represent and protect their children's rights and interests in the children's relations with any natural and legal persons, including in the courts, without having to obtain special powers. The parents do not have the right to represent their children's interests if the guardianship authority has established that there is a conflict of interest between the parents and their children. In such cases the guardianship authority is obliged to appoint a representative to protect the children's rights and interests.

Exercise of parental rights (Article 65)

Exercise of parental rights shall not be contrary to the child's interests. Providing for the child's interests shall be the parents' primary concern. In exercising parental rights, the parents do not have the right to inflict damage on the child's physical and mental health, and on his/her moral development. The methods of the child's upbringing shall exclude contempt, cruelty, rudeness, humiliation, abuse, or exploitation. Parents who exercise their parental rights to the detriment of the rights and interests of their child shall be made answerable in the law-established order. All the issues concerning the child's upbringing and education shall be resolved by the parents by mutual consent, proceeding from the child's interests and taking into account their opinion. In the case of differences, the parents have the right to turn to the guardianship office or the court for assistance. If the parents are living separately, the place of the child's residence shall be decided by an agreement between the parents. In the absence of an agreement, the dispute shall be resolved in court, following the child's interests and taking into account his/her age and opinion, as well as the child's affection for each of the parents and brothers and sisters, moral and other personal characteristics of the parents, relations between each of the parents and the child. The court will strive to create optimal conditions for the child's upbringing and development (taking into account, for example, the parents' job and work hours, economic situation, and so on).

Exercise of parental rights by the parent residing apart from the child (Article 66)

The parent residing apart from the child has the right to communicate with the child, take part in his/her upbringing and issues related to his/her education. The parent with whom the child lives shall not prevent the child's communication with the other parent, unless such communication damages the child's physical and mental health or moral development. The parents can sign a written agreement concerning the manner in which the parent residing apart from the child will exercise his or her parental rights. If the parents cannot reach an agreement, the dispute shall be resolved in court with the participation of the guardianship authority. If the court decision is not obeyed, the measures stipulated by the civil procedural legislation are applied to the guilty parent. In cases of persistent noncompliance, the court has the right, upon the request of the parent residing apart from the child, to decide on transferring the child over to him/her, proceeding from the child's interests and taking into account the child's opinion. The parent residing apart from the child has the right to get information about his/her child from the educational, health, social protection, or other similar institutions. The information may be refused only if the parent presents a threat to the child's life and health. The refusal to provide information may be disputed in court.

A grandfather, grandmother, brothers, sisters, and other relatives have the right to communicate with the child (Article 67)

A grandfather, grandmother, brothers, sisters, and other relatives have the right to communicate with the child. If the parents (or one of them) refuse to allow the child's relatives to communicate with him/her, the guardianship authority may oblige the parent or parents not to interfere with the communication. If the parent or parents do not comply with the decision of the guardianship authority, the child's close relatives or the guardianship authority itself has the right to file with the court a claim for the removal of obstacles to communication with the child. The court shall resolve this dispute, proceeding from the child's interests and taking into account the child's opinion. If the court's decision is not complied with, the guilty parent is subject to measures stipulated by the civil procedural legislation.

Protection of parental rights (Article 68)

The parents have the right to demand that their child is returned to them from the custody of any person who keeps him/her on a different ground than that of the law or the court decision. In case a dispute arises, the parents have the right to turn to the court for the protection of their rights. When considering these requests, the court has the right, taking into account the child's opinion, to reject the parents' claim, if it comes to the conclusion that the child's return to the parents is contrary to the child's interests. If the court establishes that neither the parents nor the custodian is capable of ensuring the child's appropriate upbringing and development, it should put the child into the care of the guardianship authority.

Deprivation of parental rights (Article 69)

The parents (or one parent) may be deprived of parental rights if they (i) evade their parental duties (for instance, deliberate and persistent failure to pay alimony); (ii) refuse, without a valid reason, to take their child from the maternity ward, other medical institution, an educational establishment or an institution for the social protection of the population, or other similar institutions; (iii) abuse their parental rights; (iv) treat the children cruelly, including physical and/or mental maltreatment, or sexually abuse them; (v) suffer from chronic alcoholism or drug addiction; (vi) have committed a premeditated crime against the life or the health of their children, or against the life or the health of one another.

Procedures for the termination of parental rights (Article 70)

The termination of parental rights is carried out in court proceedings. Such cases are considered by the court upon an application by one of the parents (or substitute parents), the Prosecutor, as well as organizations or institutions to which an obligation to protect the rights of children is entrusted (such as the guardianship authority, commissions for the affairs of minors, or residential institutions for orphans

and children deprived of parental care). The cases are considered with the participation of the Prosecutor and the guardianship authority. Within three days after the court decision on the termination of parental rights has become effective, the court is obliged to notify the civil registry office where the child's birth was registered.

Consequences of the termination of parental rights (Article 71)

The parents whose parental rights have been terminated lose all their rights with respect to the child, including the right to receive a maintenance from the child, as well as any state privileges and allowances established for citizens with children. The termination of parental rights does not free parents from their duty to support their children. A child whose parent or parents have been deprived of parental rights retains the right of ownership to the parents' living premises, as well as the right to use them. The child keeps the property rights based on kinship with the parents and other relatives, including the right to receive inheritance. The question of the child's residence with the parent or parents whose parental rights have been terminated shall be resolved by the court in conformity with the procedure stipulated by the housing legislation. If it is not possible to give the child to the other parent, or if both parents are deprived of parental rights, the child is placed into the custody of the responsible guardianship authority. The adoption of the child whose parent or parents have been deprived of parental rights cannot take place earlier than six months after the date the court decided on the termination of parental rights.

Restoration of parental rights (Article 72)

Parental rights may be restored if the parent or parents have changed their behavior, their way of life, or their attitude toward the child's upbringing. The restoration is effected in court upon an application by the parent whose parental rights were terminated. Cases of parental rights restoration are considered with the participation of the guardianship authority and the Prosecutor. A claim for the child's return to the parent or parents may be considered simultaneously with the application for the restoration of parental rights. The court has the right, taking into account the child's opinion, to reject the parent or parents' request for the restoration of parental rights, if this is not in the child's best interest. The restoration of parental rights in cases in which the child has reached the age of 10 is possible only with the child's consent. The restoration is not allowed if the child is adopted and the adoption has not been cancelled.

Restriction of parental rights (Article 73)

The court, taking into account the child's interests, may decide to remove the child from the parent or parents, while not terminating their parental rights; this is called a restriction of parental rights. The restriction is allowed when leaving the child with a parent or both parents would be dangerous for the child, owing to circumstances over which the parents have no control: mental or other chronic illness, difficult life situation, and so on. The restriction is also allowed if leaving the child with a parent or parents is dangerous for the child because of the parents' behavior, yet there is no sufficient grounds for terminating their parental rights. If in the six-month period, the parent or parents do not change their behavior for the better, the guardianship authority is obliged to file a claim for the termination of their parental rights (a termination of parental rights case can be filed before the six-month term has expired, if it is in the best interest of the child). The claim for restricting parental rights may be filed by the child's close relatives, the bodies and institutions legally obliged to protect the rights of the child, a preschool institution, general education establishments and other institutions, as well as by the Prosecutor. These restriction of parental rights cases shall be considered with the participation of the Prosecutor and the guardianship authority. Within a three-day period after the court decision on the restriction of parental rights has become effective, the court is obliged to notify the civil registry office where the birth of the child is registered.

Consequences of the restriction of parental rights (Article 74)

Parents whose parental rights have been restricted lose the right to raise their child (since the child is removed from the parental home), as well as the right to privileges and state allowances

established for citizens with children. The restriction does not free parents from their duty to support the child. A child whose parent or parents have had their parental rights restricted retains the right of ownership to the living premises, as well as the right to use them. He/she keeps the property rights based on the kinship with his/her parents and other relatives, including the right to inheritance. If the parental rights of both parents are restricted the child is put under the care of the guardianship authority.

The child's contacts with parents whose parental rights have been restricted (Article 75)

Parents whose parental rights have been restricted may be allowed to maintain contacts with the child provided that these contacts do not have a negative impact on the child. The contacts shall be allowed with the consent of the guardianship authority, the child's guardian (trustee), foster parents, or the administration of the institution where he/she resides.

Canceling the restriction of parental rights (Article 76)

If the grounds for the restriction of parental rights cease to exist, the court may, upon the claim of a parent or both parents, decide to abolish the restriction and return the child to the parent or parents. The court has the right to refuse to satisfy the claim, if the child's return to the parent or parents is assessed as contrary to his/her interests.

Removal of the child, if there is a direct threat to his/her life or health (Article 77)

If a direct threat exists to the child's life or health, the guardianship authority has the right to immediately take the child away from his or her parent or parents, or from any other persons under whose care the child has been placed. The immediate removal of the child is undertaken by the guardianship authority as authorized by the local self-government authority. When removing the child, the guardianship authority is obliged to inform the Prosecutor immediately, provide for the child's temporary accommodation (placement), and file a claim with the court for the termination or restriction of parental rights within seven days after the local self-government authority has decided to take action.

Participation of the guardianship/trusteeship authority in the court's hearings considering the disputes related to the upbringing of children (Article 78)

When the court considers disputes related to the upbringing of children, the guardianship authority takes part in the proceedings, regardless of who has filed the claim for the child's protection. The guardianship authority is obliged to inspect the living conditions of the child and of the person (or persons) responsible for his or her upbringing, and to report its finding to the court.

Execution of the court decision on cases related to the upbringing of children (Article 79)

Court decisions on cases related to the child's upbringing are executed by an officer of justice in conformity with the procedures stipulated by the civil procedural legislation. If a parent (or a custodian) interferes with the execution of the decision, that person is subject to measures stipulated by the civil procedural legislation. A forced execution of the decisions to take away the child and place him/her under the custody of another person requires obligatory participation of the guardianship authority, the person under whose care the child is placed, and, if necessary, of internal affairs officials. If the decision on the child's transfer cannot be executed without hurting the child and his/her interests, the child may be placed temporarily, in conformity with the court ruling, in a residential institution.

(iii) The forms of upbringing of children deprived of parental care

What follows is a direct translation of Section IV of the Family Code (chapters 18–21).[17]

Chapter 18: Identification and placement of children deprived of parental care

Protection of the rights and interests of children left without parental care (Article 121)

The protection of the rights and interests of children deprived of parental care is entrusted to the guardianship/trusteeship authorities in the following cases: the parents' death; termination or restriction of parental rights; when parents are recognized as legally incapable; parents' illness; long absence; neglect of children; refusal to take their children from educational establishments, medical centers, institutions for social protection, and other similar institutions; and absence of parental care. The guardianship authority shall identify children left without parental care, register them, and, depending on the concrete circumstances of the loss of parental care, select the forms of care (placement) suitable for them. The guardianship authority shall also control (monitor) children's living conditions, upbringing, and education. Other legal and natural persons are not allowed to participate in the identification and placement of children deprived of parental care; this is exclusively the function of the guardianship authority. The guardianship/trusteeship functions are entrusted to local self-government bodies. It is in the power of the local self-government authority to determine the branch of the local administration that will perform the guardianship/trusteeship functions over children left without parental care.

Identification and registration of children left without parental care (Article 122)

Officials of preschools, schools, medical centers, and other public institutions, as well as citizens possessing information on children indicated in Article 121 of the Family Code are obliged to report such information to the responsible guardianship authority. Within a three-day period, the guardianship authority should inspect the conditions of the child's life and, if it establishes parental neglect or absence of parental care (or care provided by the child's relatives), should provide for the protection of the child's rights and interests until a family-based substitute care placement is arranged. The local guardianship organ should ensure family placement within one month. If its efforts fail, this office sends the information about the child to the relevant regional organ, which in turn has a month to provide a family placement for the child. If unsuccessful, the regional authority sends the information to the federal body designated by the Government of the RF for establishing and maintaining the state database on children (who are the citizens of the RF permanently residing on the territory of the RF) without parental care and for rendering assistance in the subsequent placement of the child for upbringing with a family. The procedure for the formation and use of the state database shall be determined by a federal law.[18] For noncompliance with the obligation to report children deprived of parental care, for deliberately supplying a false piece of information, and also for other actions aimed at preventing the child from being placed with a family,[19] the heads of the listed institutions and local and regional government officials shall be made answerable in the law-established order.

Placement of children left without parental care (Article 123)

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[17] Section IV regulates issues related to the "forms of upbringing (vospitan'ie) of children deprived of parental care." The Section has four chapters: Chapter 18 (Articles 121–23 on the identification and placement of children deprived of parental care); Chapter 19 (Articles 124–44 on adoption); Chapter 20 (Articles 145–50 on guardianship and trusteeship), and Chapter 21 (Articles 151–55 on foster families).

[18] See the *Procedure* for the Organization of Centralized Registration of Children Left Without Parental Care approved by the *Decision* of the Government of the Russian Federation No. 919 of August 3, 1996.

[19] If the heads of residential institutions where children left without parental care are placed learn that the child residing with them may be placed in a family, they are obliged to inform the guardianship authority within a seven-day period.

Children deprived of parental care shall be placed with a family for upbringing in the following legally recognized ways: adoption, guardianship (trusteeship), or foster care. In the absence of a family placement option, children shall be placed in residential institutions for children deprived of parental care. Other forms of placement may be stipulated by the laws of the regions of the RF. When placing the child, account shall be taken of his/her ethnic origin, affiliation to a certain religion and culture, his/her native tongue, and the possibility of ensuring succession in his/her upbringing and education. Until the child deprived of parental care is placed into a family or residential institution, the duties of the child's guardian (trustee) shall be temporarily transferred to the guardianship authority.

Chapter 19: Adoption of children

Children eligible for adoption (Article 124)

Adoption shall be a priority form of placement for children deprived of parental care. The adoption of children is allowed only in their interest and in order to provide for their adequate physical, spiritual, and moral development. The adoption of brothers and sisters by different persons is not allowed, except in cases in which such an adoption would be in the children's best interest. The adoption of children by foreign citizens or stateless persons is allowed only in cases in which it is impossible to place the children with families who are citizens of the RF, place them with persons permanently residing on the territory of the RF, or arrange adoption by the children's relatives, regardless of their citizenship or place of residence. The children are eligible for international adoption three months after they have been registered with the (federal) state database on children deprived of parental care.

Procedures for child adoption (Article 125)

The adoption is effected by the court upon an application by the prospective adoptive parents. The adoption proceedings require obligatory participation of the future adoptive parents, the guardianship authority, and the prosecutor. A responsible local guardianship office prepares an evaluation of the adoption case, including an assessment as to whether it is in the best interest of the child to be adopted. The procedure for the transfer of children to adoptive parents, as well as the control and monitoring of the living conditions and upbringing of children in adoptive families on the territory of the RF, is determined by the Federal Government. Within a three-day period after the adoption has become effective, the court is obliged to notify the civil registry office.

Intermediary activity in the adoption of children is inadmissible (Article 126.1)

Any intermediary activity in the adoption of children, that is, any activity of third parties with the purpose of selecting and transferring children for adoption in the name and in the interest of future adoptive parents is inadmissible. The following activities in the adoption of children are not considered as intermediary: (i) activities of the guardianship authorities and bodies of the executive power during the performance of their official duties in the identification and placement of children deprived of parental care, and (ii) activities of the bodies and organizations especially authorized by foreign governments based on an international treaty, or on the principle of reciprocity. These bodies and organizations may not pursue commercial purposes in their activity. Procedures for the activities of the bodies and organizations of foreign states in the adoption of children in the RF and the procedures for the control of their conduct shall be established by the Government of the RF based on the proposal prepared by the Ministries of Justice and Foreign Affairs of the RF. The obligatory personal participation of future adoptive parents in the adoption process shall not deprive them of the right to have a representative, whose rights and duties are established by the civil and civil-procedural legislation, and also to use the services of an interpreter whenever necessary.

Persons who have the right to adopt children (Article 127)

Persons of both sexes are eligible to adopt a child with the exception of (i) individuals declared by the court to be fully or partially legally incapable; (ii) spouses, if one of them is declared by the court

as fully or partially legally incapable; (iii) persons whose parental rights have been terminated or restricted; (iv) persons dismissed from the duties of a guardian or trustee for improper fulfillment of their obligations as guardians/trustees; (v) former adoptive parents, if the adoption has been cancelled by the court because of their transgression; (vi) persons unable to perform parental duties owing to the state of their health (the list of diseases preventing people from adopting a child, acting as his or her guardian/trustee or foster parent is determined by Government of the RF);[20] (vii) persons without sufficient means to ensure a minimum subsistence for the adopted child; (viii) persons with no permanent residence, or whose accommodation does not meet required sanitary and technical conditions; and (ix) persons with a record of conviction for an intentional crime against the life or health of citizens. If several persons wish to adopt one and the same child the preferential right is granted to the relatives of the child, subject to the results of the required evaluation of the conditions for adoption and an assessment of the best interest of the child.

A minimum required difference in age (Article 128)

The age difference between an unmarried adoptive parent and the adoptive child cannot be less than 16 years. Based on justifiable reasons, the court may decide to reduce the difference. The difference is not required if the child is adopted by his/her stepfather (a stepmother).

The parents' consent to the child's adoption (Article 129)

To adopt a child, it is necessary to obtain the consent of his/her parents. The consent to adoption has to be in writing and certified by a notary, by the head of the institution in which the child deprived of parental care is placed, or by the guardianship authority. The consent may also be expressed directly in court during the adoption proceeding. The parents have the right to withdraw their consent before the court decision on the adoption has been passed. The consent may be given only after the child's birth. In the adoption of the child of underage parents below 16 years of age, it is also necessary to obtain the consent of their parents or guardians/trustees, and in their absence, the consent of the guardianship authority

The adoption of the child without parents' consent (Article 130)

The parents' consent to the child's adoption is not required, if they are (i) unknown or recognized by the court as missing; (ii) recognized by the court as legally incapable; (iii) deprived of parental rights by the court; and (iv) for reasons recognized by the court as invalid, do not live with the child and evade their duties in his/her support and upbringing for a period that is longer than six months.

Consent to the child's adoption of his guardians (trustees), foster parents, and heads of residential institutions (Article 131)

To adopt a child placed under guardianship (trusteeship) or in a foster family, written consent is required from these parties. In the case of institutionalized children, a written consent of the head of a given institution is required. The court has the right to make the decision on the child's adoption without the consent of the previously mentioned persons, if this is in the child's best interest.

The child's consent to adoption (Article 132)

To adopt a child older than 10 years of age, his/her consent is required. If prior to the adoption the child has lived in the adoptive family and considers the adoptive parents his/her parents, the adoption, as an exception, may be effected without the child's consent.

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[20] The list of diseases serving as an obstacle to adopting a child and to becoming his/her guardian (trustee) or a member of an adopted family was approved by the *Decision* of the Government of the Russian Federation No. 542 of May 1, 1996. On the procedures for the medical examination of individuals who want to become adoptive parents, guardians (trustees) or foster parents, see the *Order* of the Ministry of Public Health of the Russian Federation No. 332 of September 10, 1996.

The adoptive parent's spouse's consent to the adoption of a child (Article 133)

If only one of the spouses is adopting the child, the consent of the other spouse is required. The consent is not required if the marriage has ended and the couple has not lived together for over a year.

Name, patronymic, and surname of the adopted child (Article 134)

The adopted child can retain his or her name, patronymic, and surname. At the request of the adoptive parent, the child may be given the adoptive parent's surname or the name he/she suggests. The patronymic of the adopted child shall be defined by the adoptive parent's name if the parent is a man; and if the adoptive parent is a woman, by the name of the person whom she indicates as the father of the adopted child. If the adoptive spouses bear different surnames, the child shall be given the surname of one of them based on their agreement. The surname, name, and patronymic of an adopted child who is older than 10 years can be changed only with his/her consent (with the exceptions stipulated by the Code). The change of the adopted child's surname, name, and patronymic has to be pointed out in the court decision on the adoption.

Changing the date and place of birth of the adopted child (Article 135)

To ensure the confidentiality of the adoption, changing the date and place of birth of the adopted child is allowed, but only if the child is younger than 12 months. The date of birth cannot be moved more than three months. The change of the date and (or) of the place of birth of the adopted child has to be indicated in the court decision on the adoption.

The adoptive parents' entry into the birth registry (Article 136)

At the request of the adoptive parents the court may decide to allow their entry into the Register of Births as the parents of the adopted child. If the adopted child is older than 10 years, his or her consent to such decision is required. The decision to make such an entry shall be pointed out in the court decision on the child's adoption.

Legal consequences of the child's adoption (Article 137)

The adopted children and their offspring with respect to the adoptive parents and their relatives, and the adoptive parents and their relatives with respect to the adopted children and their offspring are equalized in personal non-property and property rights and duties to the relatives by kinship. The adopted children lose their personal non-property and property rights and are freed of their duties with respect to their birth parents and their relatives. If the child is adopted by one person, the child's personal non-property and property rights and obligations may be retained if requested by the mother (if the adoptive parent is a man), or by the father (if the adoptive parent is a woman).

Retaining the right to a pension and allowances (Article 138)

A child who at the time of his/her adoption has the right to a pension and other allowances in relation to his/her parents' death has the right to retain these benefits.

The confidentiality of the child's adoption (Article 139)

The confidentiality of the child's adoption is protected by law. The officials who participate in the adoption process, as well as persons who have learned about the adoption in another way, are obliged to adhere to the confidentiality of the child's adoption. A person who discloses the adoption contrary to the will of the adopted parents or children can be prosecuted.

Cancellation of the child's adoption (Article 140)

The child's adoption may be cancelled by the court. The case on the annulment of a child's adoption shall be considered with the participation of the guardianship authority and the Prosecutor.

The grounds for cancellation of the child's adoption (Article 141)

The child's adoption may be cancelled if the adoptive parents (parent) evade their parental duties, abuse rights, treat the adopted child cruelly, or suffer from chronic alcoholism or drug addiction. The court shall cancel the child's adoption also on other grounds, proceeding from the child's interests and taking into account his/her opinion.

Persons who have the right to request the cancellation of the child's adoption (Article 142)

The right to demand an annulment of the child's adoption is given to his/her parents, adoptive parents, adopted child upon reaching the age of 14, a guardianship authority, and the Prosecutor.

The consequences of canceling the child's adoption (Article 143)

If the court cancels the adoption, the mutual rights and responsibilities of the adopted child and the adoptive parents (relatives) cease to exist, and the rights and responsibilities of the child and his/her parents (relatives) are reinstated, if this is in the best interest of the child. If the adoption is canceled, the child should be transferred back, by the court decision, to his or her parents. If the child has no parents or if the transfer would be against his/her interests, the child should be put into the custody of the guardianship authority.

Adoption cancellation after the child has become of age is inadmissible (Article 144)

The cancellation of the child's adoption is not allowed if at the time of filing for the cancellation the adopted child has become of age (18), with the exception of cases in which both the adoptive parents and the adopted child consent to a cancellation.

Chapter 20: Guardianship and trusteeship over children

The children over whom a guardianship or trusteeship is instituted (Article 145)

Children deprived of parental care are placed under the guardianship/trusteeship in order to secure their maintenance, upbringing, and education, as well as to protect their rights and interests. The guardianship is established over children up to 14 years of age. The trusteeship is established over children aged 14–18 years.

The children's guardians (trustees) (Article 146)

Only a legally capable adult can be appointed as the children's guardian (trustee). In appointing a guardian/trustee for the child, the candidate's moral and other personal features, capability to perform the guardian/trusteeship duties, his or her relationship with child, the child's attitude toward the guardian/trustee's family members, and also, if it is possible, the child's preference should be taken into account. The following persons cannot be appointed as guardians/trustees: persons suffering from chronic alcoholism or drug addiction, those dismissed from guardianship/trusteeship, those whose parental rights have been terminated or restricted, former adoptive parents (if the adoption was cancelled through their transgression, and also persons who, owing to their health status, cannot take care of the child.

The guardianship (trusteeship) over children placed in institutions (Article 147)

For children placed in residential care institutions and fully supported by the state, the guardianship function is performed by the administration of these institutions. The guardianship authority is obliged to control living conditions and the upbringing and education of the children placed in residential institutions. The guardianship authority is also obliged to protect the rights of the children discharged from residential institutions.

The rights of the children under the guardianship (trusteeship) (Article 148)

Children placed under the guardianship/trusteeship have the right to (i) be brought up in the guardian/trustee's family, enjoy his/her care and reside with him/her; (ii) be provided proper support,

upbringing, education, comprehensive development, and respect for human dignity; (iii) alimony, pensions, allowances, and other social payments due to them; (iv) retain the right of ownership over the living premises or use them, and in their absence, receive them in conformity with the housing legislation; and (v) protection from abuse inflicted by a guardian/trustee.

The rights of children placed in residential institutions (Article 149)

Children deprived of parental care placed in residential institutions have the right to maintenance, upbringing, education, comprehensive development, respect for their human dignity and protection of their interests; alimony, pensions, allowances, and other social payments due to them; retain the right of ownership over the living premises or use them, and in their absence, the right to receive them in conformity with the housing legislation; privileges and employment, stipulated by labor legislation, after having being discharged from the institution.

Rights and duties of the child's guardian/trustee (Article 150)

The guardian/trustee of the child has the right and the obligation to raise the child under his/her guardianship/trusteeship and take care of his/her health and physical, mental, spiritual, and moral development. The guardian/trustee has the right to make decisions on the child's upbringing—taking into account, however, the child's opinion and the guardianship authority's recommendations. He/she is obliged to ensure that the child receives basic general education; the guardian/trustee also has the right to choose an educational establishment and the forms of the child's training until the child completes basic general education. The guardian/trustee does not have the right to interfere with the child's communication with his/her parents and other close relatives, with the exception of cases in which such communication is against the child's interests. Guardianship/trusteeship duties shall be performed free of charge. However, the guardian/trustee shall be reimbursed for monthly expenses, according to the procedures and in the amount defined by the Government of the RF.

Chapter 21: Foster family

Starting a foster family (Article 151)

A foster family is established by an agreement on placing the child (or children) for upbringing into a family. The agreement is concluded between the guardianship authority and the foster parents (spouses or individual citizens who want to take children for upbringing for an agreed period of time). The Government of the RF further regulates foster families.

An agreement on placing the child (or children) with a foster family (Article 152)

The agreement on placing the child with a foster family should include the conditions of the child's maintenance, upbringing, and education; the foster parents' rights and duties; duties of the guardianship authority; and the grounds and consequences of the termination of such an agreement. Remuneration paid to foster parents and the privileges granted to foster families are regulated by the subjects of the RF. The agreement on placing the child with foster care may be canceled before the agreed term at the request of the foster parents or at the initiative of the guardianship authority.

Foster parents (Article 153)

Adults of both sexes can become foster parents, with the exception of the following persons: those recognized by the court as fully or partially legally incapable; those whose parental rights have been terminated or restricted; former guardians/trustees dismissed of their duties because of unsatisfactory performance; former adoptive parents, if the adoption has been canceled by the court based on their transgression; those incapable of fulfilling the duties involved in the child's upbringing and care owing to the state of their health. The foster parents should be chosen by the guardianship authority. They should enjoy the rights and duties of a guardian/trustee with respect to children they have accepted for upbringing.

The child (children) placed into a foster family (Article 154)

Children deprived of parental care, including those placed in institutions can be placed with a foster family. Preliminary selection of children should be done by persons who want to accept the child (children) into their family in agreement with the guardianship authority. Separation of brothers and sisters is not allowed, unless it is in their interest. A child (or children) who has reached the age of 10 may be placed into a foster family only with his/her consent. A child (children) placed into a foster family retains the right to alimony, pension, allowances and other social payments, as well as the right of ownership over the living premises or to use them—and in their absence the child has the right to receive the living premises in accordance with the housing legislation.

Maintenance of the child (children) under foster care (Article 155)

The foster family should be reimbursed monthly for the maintenance of each child in the order and the amount established by the Government of the RF. The guardianship authority is obliged to provide necessary assistance to foster families to create normal conditions for the children's life and upbringing. It is also obliged to supervise the foster parents.

4. A summary of the guardianship and trusteeship regulation—Articles 31–40 of the Civil Code of the Russian Federation[21]

The guardianship/trusteeship (Article 31)

The guardianship/trusteeship is established to protect the rights and interests of legally incapable or partially capable citizens. The guardianship/trusteeship over minors also can be established for educational purposes. The corresponding rights and duties of the guardians are defined by legislation on marriage and families. The guardians/trustees have the responsibility to protect the rights of the persons placed into their care in these persons' relations with any other persons, including in the courts. For that they do not need a special power of attorney. The guardianship/trusteeship over minors is established in cases in which minors do not have any birth or adoptive parents, when their parents' parental rights have been terminated, and also in cases in which the parents are neglecting their duties with regard to ensuring their children's education and protecting their rights and interests.

The guardianship (Article 32)

The guardianship is established over minors as well as the citizens declared by the court to be legally incapable as a result of a mental disorder. The guardians represent the persons in their custody and should take care of all necessarily legal procedures on their behalf and in their interests.

The trusteeship (Article 33)

The trusteeship is established over minors aged 14–18, and also over citizens who have been restricted in their active capacity as a result of alcohol abuse or drug addiction. The trustees should give their consent for effecting the , which the citizens under their trusteeship have no right to effect independently. The trustees should assist their wards in performing their rights and duties, and should protect them from possible maltreatment from third persons.

The guardianship/trusteeship bodies (Article 34)

The guardianship/trusteeship bodies are local self-government bodies.[22] Within a three-day period after deciding to declare a citizen legally incapable or to restrict his or her capacity, the court is obliged to

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[21] *The Civil Code of the Russian Federation* (Parts One and Two) (with the Additions and Amendments of February 20 and August 12, 1996; October 24, 1997; July 8 and December 17, 1999).

[22] Hence, legally, local administration is a bearer of the functions of a guardian/trustee. Traditionally a local government's department of education has fulfilled the functions of the guardian/trustee, although some of the

notify the responsible guardianship/trusteeship authority, which should put that person under someone's guardianship/trusteeship. The guardianship/trusteeship authority is also obliged to supervise the performance of guardians and trustees.

Guardians and trustees (Article 35)

A guardian/trustee should be appointed by a responsible local guardianship authority within one month of being informed of the need to establish the guardianship/trusteeship over a citizen. Until the guardian/trustee is found, the guardianship authority temporarily takes over custodial duties. The guardian/trustee can be appointed only upon his/her consent. The appointment of the guardian/trustee may be appealed in court. Only adult and legally capable citizens may be appointed as guardians/trustees. Citizens deprived of parental rights cannot be appointed as guardians or trustees. When appointing a guardian/trustee, the candidate's moral and other personal characteristics, capability to perform the duties of the guardian/trustee, his/her relationship with the person in need of guardianship/trusteeship, and, if possible, the preferences of the ward, should be taken into account. In cases in which a person in need of guardianship/trusteeship is placed in a residential care institution, the guardianship/trusteeship function is performed by the institution's administration.

Exercise of the guardians' and trustees' duties (Article 36)

Duties performed by guardians/trustees are free of charge, with the exception of law-stipulated cases. Guardians/trustees of underage citizens are obliged to live together with their wards. The guardians/trustees are obliged to inform the guardianship authority when they change their place of residence. The guardians/trustees are obliged to support and take care of their wards, including providing education and medical services and protecting their rights and interests.

The ward's property (Article 37)

The incomes of a citizen placed under guardianship or trusteeship, including incomes due to him/her from the management of his/her property—with the exception of income that could be spent independently by the ward—can be spent by the guardian/trustee exclusively in the ward's interest and upon the preliminary permission of the guardianship authority. The guardian/trustee has the right to fund the maintenance of the ward at the expense of the ward's income without obtaining preliminary permission from the guardianship authority. The guardian/trustee does not have the right to conclude—or give his consent to concluding—deals involving alienation of the ward's property or deals that would result in a reduction of the ward's property. The procedure for the management of the ward's property is regulated by the law. Guardians, trustees, their spouses and close relatives have no right to conclude any deals with the ward, with the exception of giving him/her own property as a gift or for a free-of-charge use.

Release and dismissal of guardians and trustees from their duties (Article 39)

The guardianship authority should release the guardian/trustee from his/her duties when the ward is returned to his/her parents or adopted. In case the ward is institutionalized, the guardianship authority should release the formerly appointed guardian/trustee from his/her duties, if it is not against the ward's interests. In cases involving extraordinary circumstances—such as illness, a change in the financial

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subjects (for instance, Samara) have changed that and established a new family and child welfare department as an organ responsible for child and family welfare issues and policies including performing the function of a guardian/trustee. The guardian/trustee authority is given significant powers both by the Civil and Family Codes. It is supposed to play an important role in protecting the rights and providing support to families and individuals, including children. According to the Family Code, a range of disputes related to the child's upbringing, education, name and family name, and so forth, are supposed to be resolved by the local guardian/trustee authority. This authority's presence in court is mandatory in cases related to a number of family and child issues, as well as in cases involving the child's removal from his or her family.

position, absence of mutual understanding between the guardian/trustee and the ward, and so on—the guardian/trustee may be released from his/her duties upon his/her request. If there is an improper execution of guardian/trustee duties, the guardianship authority has the right to dismiss the guardian/trustee from his/her duties and take necessary actions in conformity with the law.

Recalling the guardianship and trusteeship (Article 40)

The guardianship over a young child is recalled when the child reaches the age of 14. The child's guardian automatically becomes his/her trustee without any additional decision made to this effect. The trusteeship over the minor is recalled without any special decision when the child becomes of age (also if he/she marries or acquires full legal capacity before reaching adulthood).

ANNEX 7

Child Welfare Policies in Germany, England, and United States: An Overview[23]

This Annex provides a survey of child welfare approaches, policies, and practices in Germany, England, and the United States, covering children deprived of parental care, child disability, and juvenile delinquency. There is a statistics section with each surveyed country's child welfare data at the end.

1. Overview

1.1. Children deprived of parental care

Current child welfare policies and legislation in England, the United States, and Germany have come a long way from the reliance on mass institutionalized care of the Charles Dickens era. All three systems share the basic principle of the birth family being the most appropriate place for a child to grow up in. Furthermore, it is understood that a child should grow up in a permanent and secure relationship with a caregiver. The legal permanence of a care arrangement is therefore a cornerstone of all three countries' child welfare approaches. To a great extent the three countries share the same care priorities, as outlined below.

Prevention: The three countries share a great reliance on prevention. Family counseling and advisory services through social workers, psychologists, and other specialists take center stage in fighting family crises that might affect a child's well-being. These services are also and especially available to parents whose children have been placed away from home for protective reasons, in order to solve problems that led to the removal and improve the conditions sufficiently so as to allow the children's return.

Clear procedures for taking children into care: In each country there are clear procedures that govern the public's involvement in family affairs and the removal of a child from the parents. First of all, the child's well-being and safety has to be in immediate danger, and efforts to improve the situation in the family stopping short of removal need to have been made. Usually, child welfare agencies become involved much earlier than at the time of removal, making preventive advisory and family support services available. Furthermore, removal can only be initiated by an order from the family or juvenile court.

Foster care: In principle foster care is a short-term care option to keep a child in a safe environment while the child welfare agency attempts to help solve the family's problems and while the agency and the courts determine whether a family reunion is possible or whether the child should be placed for an adoption. However, because of a shortage of adoptive families, social workers, and funds, children often remain in foster care for extended periods of time and change foster caregivers frequently. In England and the United States most foster children are placed with private foster families, while Germany relies significantly more on group foster care institutions, not least because of a shortage of foster care families. However, group care institutions are mostly geared toward children with psychological and other difficulties, offer specialized treatment and housing in very small groups, and aim especially at older children and youth.

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[23] Prepared by Christian Bodewig, a consultant to the World Bank, under the guidance of Aleksandra Posarac, a team leader for the study.

If possible, all family-based forms of care are to be given priority over institutionalized care, not least because of its vastly superior cost-effectiveness. In particular, all three countries increasingly rely on kinship foster care, especially for short-term foster care arrangements. However, in general England relies much less on foster care than do the United States and Germany. Apparently the authorities in England prefer keeping children with their birth parents while solving the problems to placing them in foster care.

Birth family reunion and gate-keeping: Family reunion is a priority in all three countries. Once a child has been removed from the birth family, all efforts have to be undertaken to alter the conditions at home and address the problems that have led to the child's removal, so as to allow family reunion. To achieve this, child welfare agencies provide extensive psychological and social work support services. Furthermore, gate-keeping provisions favor family reunion: At each stage in the process leading to adoption there is a provision to allow the child's return to the birth family if this is deemed appropriate and safe for him or her. Furthermore, the case of each child in foster care—both short and long-term—is regularly reviewed with the aim of returning the child to the family if possible.

Adoption: All three systems share the view that, if a child cannot return to the birth parents, adoption is the preferred long-term care option, because it best ensures permanence for the child. In the recent past, England and the United States have pushed strongly for an increase in the number of adoptions, have introduced strict time-frames in which adoption hearings have to be initiated, and completed and have worked at enabling child welfare agencies and courts to process the cases more speedily. As opposed to that, Germany seems to rely on longer-term foster care in the hope of eventual family reunion.

The individual country approaches: Although the three countries share the basic thrust of child welfare values and policies, they differ slightly on the strategies on how best to achieve permanence and safety.

A new approach to child welfare introduced by the British government in 2000 features new National Adoption Standards based on the basic values of permanence, child safety, and the family as their prime provider. Children are entitled to grow up as part of a loving family which can meet their needs during childhood and beyond. Every reasonable effort is to be made to enable and support the child's birth family in providing a permanent home for the child when it is safe and appropriate for the child to be part of it. If this is not the case, society has to provide the child with a next-best permanent living arrangement. Looked-after children who cannot return home are entitled to have adoption considered for them speedily as a means of giving them a secure, stable, and permanent home. Decisions on permanence are to be made on the basis of each looked-after child's individual needs.

The child welfare policy in the United States shares a lot with the English; approach. It is the child that is unequivocally at the center of public concern. The interests of the parents and all other players involved are secondary. Although the birth family is believed to provide the best environment for children to grow up in, other forms of care can be chosen if that is deemed in the best interest of the child. As in Britain, adoption is increasingly seen as the key permanency measure and ambitious steps have been taken to raise the number of adoptions. Although still the preferred solution, family reunions happen far less than was previously hoped for. This and the shortage of foster care-givers leave the U.S. foster care system overstretched, with children remaining in foster care for extended periods in various care arrangements, thus experiencing everything but permanency.

In Germany's approach to child welfare, constitutional law balances the right of the parents and the well-being of the child. Parental rights are highly valued and can be terminated only in cases involving severe threats to the well-being of the child. Termination is the strongest intervention into family autonomy and parental rights available to public youth support. It is a measure of last resort, only

to be employed after the entire menu of available measures has been exhausted and if the child is exposed to significant danger. The hurdles for the termination of parental rights are consequently much higher than in both England and the United States. Therefore Germany relies much more heavily on long-term foster care and is willing to spend significant amounts of money on providing adequate care.

1.2. Children with special needs

All three countries' policies with respect to children with special needs are based on the same fundamental principles of equal rights and opportunities for people with disabilities and their inclusion in all spheres of public life. Furthermore, family care as opposed to institutionalization, whenever possible, is seen as vital to the development of children with disabilities and their preparation for participation in public life. All three countries go to great lengths to ensure that the majority of the children with special needs are catered to in regular classrooms and provide significant funds for that. Furthermore, special schools for children with very severe forms of disability are available at the local level everywhere. The three systems also share a reliance on early assessment and intervention as well as extensive parent advice and support.

1.3. Juvenile delinquency

Over the years justice systems in the United States, England, and Germany have moved from relying on penalizing children and young people for delinquent behavior to stressing the educational aspect of sanctions and helping young offenders to return to the midst of society and develop into law-abiding citizens. Moreover, increasing emphasis is being placed on preventive and early intervention activities. This is based on the empirical evidence that the majority of those children who offend come from a socially underprivileged background, suffer from disintegrating families, and under perform at school. However, differences remain. Still, more young offenders are convicted and sentenced to prison sentences in the United States and England than in Germany. In the United States in particular, juvenile offenders below the age of 18 can actually be tried as adults for specific crimes and sentenced to long prison terms (and even death). For example, this has been the case with a number of recent high-school shooting offenders.

The British government has introduced a significant policy shift recently by bringing in a range of measures aimed at tackling youth offending at the roots. Programs to regenerate deprived neighborhoods, to tackle school exclusion and truancy and to promote youth recreation outside school help local communities to find solutions to problems that hamper the development of young people.

2. Germany

2.1. Children deprived of parental care

(a) Key definitions

Guardianship (Vormundschaft): parent-like rights and responsibilities taken over by an appointed person, an authorized organization, or the youth office upon the death of birth parents or their loss of parental rights.

Custody (Sorgerecht): Parental rights and responsibilities with respect to a child.

Supervision (Aufsicht): Supervision over a child can be awarded to the youth office by court order, if a child is temporarily removed from his/her birth family.

Foster care: Temporary care arrangement for a child that has been removed from his/her birth family without the parents losing their parental rights. Foster care is supervised by the public through local youth offices. Short-Term Foster Care means the placement of a child in a family or an institution while the youth office determines if a return to the birth parents is possible. After the youth office has determined that an immediate return is not appropriate a child can be placed in a long-term foster care arrangement, in most cases with a family.

Adoption: The legal transfer of parental responsibility over a child below the age of 18 from his or her birth family to another family, after birth parents lose their parental rights by court order or give their consent.

(b) Legal background

The German Federal Basic Law, Article 6 (Grundgesetz)[24] places great importance on the role of the family and puts it under special protection. It also provides the parents with the right and obligation to care for their children, under the supervision of the community through the youth office.

The key document governing child welfare is the Federal Social Law, 8th Book, Children and Youth Support Act (*Sozialgesetzbuch, 8. Buch, Kinder- und Jugendhilfegesetz*),[25] which has been in effect since 1990, in succession to the Youth Welfare Act of 1961. It provides the framework for any public dealings with child welfare issues in Germany. State Executive Laws set out its implementation: Municipal Youth Offices and Family Courts are the relevant bodies governing child welfare.

Federal Private Law, 4th Book, Family Law (*Buergerliches Gesetzbuch, BGB*)[26] sets out the legal framework for the family and the rights and obligations of the parent and legal guardian as well as the rules of custodial care. It also defines the conditions under which the Family Court can interfere in family arrangements and how.

(c) Actors and their authorities

Child welfare in Germany is governed by the regulations of the Child and Youth Support Act. The regulations are of a broad nature and avoid detailed instructions. While they spell out what kinds of services the youth office should offer and in which cases it has to act, they leave the decision on the details of services provision to the individual youth office. The youth office forms part of the local authority, is funded by it, and is scrutinized by the municipal legislature, based on a yearly report.

There is widespread consensus as to the broad outline of child welfare in Germany, and services are very similar across the country. Moreover, there is an ongoing debate on the basic directions of child and youth welfare and on how to strengthen children's rights and safety, which is fueled by input from the federal and state youth ministries, the parliamentary groups on the federal and state level, think-tanks, university research centers, and the youth offices themselves.

The municipal youth office: The youth office has far-reaching obligations and authorities. Its services include youth work (for example, recreational and educational activities outside school), youth social work, and child and youth protection. It provides financial support for raising children in families, pays out the child foster care benefit (*Pflegegeld*), and provides financial support for children and young adults with mental disabilities. It also offers specialist and professional counseling for families, single

[24] Available in English at *http://www uni-wuerzburg.de/law/gm00000_.html.*
[25] Available at *http://www.bmfsfj.de/download/2922/SGB_VIII.pdf* (in German).
[26] Available at *http://www.buergerliches-gesetzbuch.de* (in German).

parents, foster parents, guardians, and children and young people. Its authorities and duties include taking children and youth under its own supervision and acting as a guardian and issuing and revoking the foster care permission to individuals and the operating license to care institutions.

German law defines two providers of child/youth support: the public youth office and private child welfare institutions. Public youth offices are obliged to cooperate with private ones, assist them in their activities, and are supposed to give way to private initiatives if deemed appropriate (according to the subsidiary principle). Private youth support institutions can be authorized to offer all services the public youth office offers and conduct them partly under youth office supervision. Social support beneficiaries are free to choose between private and public services.

The youth office interventions are governed by the Child and Youth Support Act:

§28 introduces care advisory services, in which specialists of various backgrounds support children, young people, parents, and guardians in solving intra-family problems.

§29 spells out that older children with learning and behavioral difficulties are entitled to receive support from the youth office through social group work with other children, in order to overcome developmental and behavioral difficulties.

§ 30 introduces parent care support and parent advisory services by social workers to help parents with raising their children.

§ 31 establishes the concept of intensive, long-term social-pedagogic family support by the youth office, in which social workers help parents raise their children, address everyday problems, and work toward solving intra-family conflicts. This is a key preventive tool enabling the youth office to address early on family problems that might, if not addressed, eventually lead to a child being taken out of the family.

§ 32 introduces social group learning activities in a child daycare center, in which children are supported in their development, while allowing them to remain in their birth families. This is an intervention stopping short of removing children and placing them in full-time family-based foster care as set out in § 33.

According to § 33, family-based foster care arrangements can provide children with both a short-term and long-term living arrangement while the situation in the birth family is addressed. Children with special needs are to have their special requirements taken into account when identifying a placement.

§ 34 and § 35 introduce institutionalized foster care as a child care model that combines everyday life with pedagogic and therapeutic programs addressing developmental and psychological problems with the aim to either return the child to the birth family (the situation in the family permitting) or place him/her with a foster family. Alternatively, institutionalization can provide a long-term living arrangement to prepare the child or the young person for an autonomous life on his/her own.

§ 42 sets out how and in what circumstance the youth office can take a child under its own supervision and place the child either in a foster family or an institution. As long as the child is under its supervision, the youth office has to provide for the child financially and secure his/her access to medical care. The youth office is required to take a child under its supervision if the child asks for it or if the youth office deems the safety of the child endangered. When taking a child under its supervision, it has to obtain a court order to render the act legally binding. Close contact with the birth parents is to be kept at all times, and their views have to be adequately taken into account.

The Family Court: The Family Court is a special section at the District Court that rules over family affairs. Family affairs include marital issues, parental rights issues, custodial rights issues in connection with a divorce, maintenance/alimony issues, and issues involving the separation of a household.

(d) Child welfare in practice

The Child and Youth Support Act sets out all relevant rules governing child welfare and support. It identifies the bodies involved with child welfare issues on the municipal level and spells out individual rights and obligations. There are various forms of child care in Germany, each of which is described in the sections below. Most commonly a child is cared for by his/her birth parents. If this is not deemed possible and the child is removed from the birth family by court order for security or other reasons, a number of distinct care arrangements are available. First, the child can be placed in a short-term foster care arrangement with his/her extended family, with another family or in an institution, while the youth office determines whether a return to the family is possible. If it is deemed not possible, the child can go into long-term foster care, either in a family (full-time care) or in an institution. If parental rights are terminated, the child can be placed under legal guardianship (in cases of temporary and permanent termination) or placed for adoption (if the termination is permanent).

The child, the parents, the family, and the public: Each child has a right to care, and parents are obliged to provide that care. The German system is an attempt to balance the right of the parents and the well-being of the child. Parental rights are highly valued and can be terminated (temporarily or permanently) only in cases of severe threats to the well-being of the child and after all other options to remedy the situation have been exhausted. The state/community provides supervision and child/youth support (counseling and financial support). Youth work activities are geared toward enabling children and young people to judge for themselves whether their living conditions are appropriate to protect them from dangerous influences, and to seek help if necessary. They have the right to address the youth office in all matters of care and development without the consent or even (if deemed necessary) without the knowledge of their parents or guardian.

Family at the center of child welfare: According to Article 6 of the Federal Basic Law, caring for children in the family takes absolute priority. Every effort is to be made to secure that a child can be cared for within the family. Preventive activity in the form of family counseling and advisory services through social workers or psychologists takes center stage in fighting family crises that might affect a child's well-being. According to Article 6 of the Federal Basic Law as well as paragraphs 42 and 43 of the Child and Youth Support Act, a child can only be removed from his or her family on a firm legal basis and if parents fail to care or if the children face a threat to their development. If a child is taken out of the family for protective reasons, every effort has to be made to help alter the conditions in the family to allow the child's return.

Removing a child from his/her birth parents and placing him/her in foster care under the supervision of the youth office is the strongest intervention into family autonomy and parental rights available to public youth support. It is a measure of last resort, only to be employed after the entire menu of available measures has been exhausted and if the child is exposed to significant danger. All other available measures (for example, counseling and advisory services) require the consent of the parents and are not mandatory. It is therefore possible to end up with a situation in which the youth office, while it may be alarmed about a child's situation in his/her family, cannot intervene because the Family Court does not deem the situation facing the child sufficiently dangerous to order a removal from the family and because the family does not call for help.

The special protection of the family and the central role of the parents in raising a child reflect a pronounced sensitivity to the historical legacy of the Third Reich. Between 1933 and 1945, child care had increasingly been shifted away from the realm of the family to that of the public, among others through mandatory membership in the Hitler Youth organization. Often, the Nazi ideals were in opposition to those held by parents. In such cases children were encouraged to withstand their parents' influence, leading to their alienation from their families.

Foster care arrangements: If a child is removed from the family home, he/she is placed in foster care. There are two forms of foster care: full-time care (*Vollzeitpflege*, § 33 Child and Youth Support Act) and institutionalized care (*Heimerziehung*, § 34 Child and Youth Support Act). Full-time care is a family-based care arrangement, either within the child's extended family (ideally) or in a non-related family. Institutional group foster care is an arrangement in which the child is placed in an institution, together with other children and under the supervision of qualified and specialist social workers. It is often sought for children with serious emotional and psychological difficulties stemming from experiences acquired at home and which need to be addressed professionally. For children without any serious emotional problems, family-based full-time care is clearly preferred over placement in a group foster care institution. The relative undesirability of institutional foster care stems mainly from the experience that, if they are not in need of intensive psychological care, children deprived of parental care develop more successfully in family foster care. Furthermore, studies in Germany have shown that family foster care usually requires less than half the public financial support per person than does group foster care. Nevertheless, more children have been placed in institutional group foster care than in family-based full-time care in Germany throughout the 1990s, which is partly due to a shortage of prospective foster families.

However, there are other reasons as well. Care institutions in Germany offer a vast range of psychological socio-pedagogic and therapeutic support services for traumatized and vulnerable children, which appears to be more difficult to offer to children in family foster care. Frequently, therefore, such vulnerable children are placed in institutions so as to give them the support they need and tackle their emotional and psychological problems in order to prepare them for an eventual return to their birth families or for a move into a long-term substitute care arrangement. If possible, birth parents are to participate in the efforts to overcome child's difficulties even when he/she is placed in an institution.

Germany's group foster care institutions have got nothing in common with the homes of Dickensian times. They usually offer different types of care arrangements, and distinct forms of care—such as residential groups (*betreutes Jugendwohnen*, § 34 and 41 Child and Youth Support Act) and intensive social-pedagogic individual care (*intensive sozialpaedagogische Einzelbetreuung*, § 35 Child and Youth Support Act)—often form parts of the same institution. The size of the institutions tends to be small and the size of such subgroups even smaller. While residential groups are usually limited to 20, individual care is only aimed at a handful of children. This reflects the understanding that groups have to be small to ensure effective social-pedagogic and therapeutic services. Children have their own rooms as well as personal advisors who are deeply involved with their cases. Group foster care institutions are mostly run by private charities, often related to churches, and typically employ nearly as much staff as they accept children. The local youth offices fund the placement, jointly with the parents if the parents can afford to do so. Because of the significantly higher costs of caring for children in institutions compared to caring for them in foster families, there is a continuous debate in Germany on how to reduce the number of children in institutionalized care and on what alternatives should be developed.

Duration of foster care: Foster care arrangements are mostly short and last less than three months, while the youth office determines whether the child can return to the birth parents or whether a more long-term foster care arrangement has to be found (§ 36 Child and Youth Support Act). This applies both to family-based and institutional care. Some municipalities have set up a pool of families who make

themselves available at short notice to take on children for short-term foster care. Identifying foster parents for long-term arrangements is more difficult, especially if there is nobody available from the child's extended family. However, once the decision has been taken not to return the child to the birth family immediately and a long-term foster care solution is sought, it is a practice that as stable as possible a foster care arrangement is to be found. Moving children from one foster care arrangement into another on a regular basis is clearly seen as harmful to the child, because it prevents the child from bonding with a trusted caregiver.

Throughout the duration of foster care, the child remains under the supervision of the youth office. The foster care arrangement is governed by an individual support plan (*Hilfeplan*, § 36 Child and Youth Support Act). The individual plan is drafted for a child before he/she is placed into foster care; the support plan describes the situation of the child, the goal of the foster care arrangement, the nature and the amount of the support the child will receive (Child Foster Care Benefit—*Pflegegeld*), the level of involvement of the youth office, and the cooperation between birth and foster parents. The plan is reviewed once a year jointly by birth and foster parents, the foster child, the youth office, other child care institutions, as well as teachers and other people involved in the well-being of the child.

Child daycare: One intervention stopping short of removal from the family is child daycare under § 32 of the Child and Youth Support Act, which aims to provide the child with a social learning opportunity outside the family, in order to ensure that the child can remain in the family.

Adoption: Although it is the preferred solution if parents are unfit or unable to care for their child, there is no direct automatic move toward adoption or legal permanency. It is therefore possible for a child to remain in foster care for an extended period of time. Unless their parental rights have been terminated, the birth parents have to give their consent to an adoption. Adoptions are handled by the youth office or private child welfare institutions and rendered legally binding by an order from the Family Court. The Court can reverse the adoption only in cases of irregularities in the process. The most common form of adoption is the so-called incognito adoption, in which birth parents do not know about the adoption parents. However, open and semi-open forms of adoption are possible as well.

Termination of parental rights: In the case of both parents' death, the Family Court can assign a legal guardian for the child. The Family Court also has the authority to terminate parental rights if the parents are still alive, if it deems both parents unfit to have custody over the child. The termination of parental rights can be temporary (§ 1674 Federal Private Law) or permanent (§ 1666a Federal Private Law). However, the termination of parental rights, especially the permanent one, is a measure of last resort, and it can only be taken after all other attempts at caring for the child with the consent of the birth parents have failed (§ 1666a Federal Private Law). As with all other child welfare provisions, the Family Court is guided by considerations of the welfare of the child but has to carefully balance those with the parents' special role in child care (which is anchored in the Constitution) when ruling over the termination of parental rights.

Guardianship: The guardianship of a child can be awarded to the following: an individual person, an authorized organization, or the youth office. The Family Court issues the guardianship and has the right to revoke it, partially or in its entirety (§ 1796 Federal Private Law). If the parents of the child have chosen a guardian for their child before their death, their choice has to be respected. The guardian has the right and the obligation to care for a child like a parent (§ 1793 Federal Private Law). His/her/its actions are guided by considerations of the child's welfare. The youth office supervises the guardian and his/her/its actions and has to be informed of the child's development. In addition, the guardian can draw on advisory support from the youth office. If the youth office detects deficiencies in the guardian's care, it is obliged to intervene and to help improve the situation. If the youth office feels there is immediate danger for the child, it has to alert the Family Court.

If the youth office or an authorized organization takes over the legal guardianship, the child is placed in a long-term foster care arrangement, under the supervision of the youth office. It is basically the same arrangement as long-term foster care outlined above, with the difference that instead of the parents the youth office or the organization has the guardianship.

Decision-making and line of involvement: The youth office gets involved in a child's case upon the suggestion of people (for example schoolteachers, relatives, or friends) who are aware of the child's situation or upon the request of the child himself or herself. The youth office will then make the range of its services available, and the parents can decide whether they want to take advantage of them. If the living condition of a child is deemed harmful or if the child asks for help, the youth office must act to take the child temporarily under its supervision to circumvent imminent danger to the child or ask the Family Court to change the child's living arrangements (for options see below). All decisions leading to both a temporary and permanent change in a child's living and care arrangements have to be taken by the courts, upon request by the youth office or others. Children and young people are invited to participate in the decision-making process and are to be instructed about their rights. If custodial rights remain with the birth parents, the foster parents have the decision-making power in matters concerning the everyday life of the child in their care, while the birth parents keep the right to decide on the fundamental issues (for example, which school the child should go to). If the parental rights have been terminated (temporarily or permanently) and a guardian has been appointed and given the custodial rights, this rule will apply for him/her respectively.

(e) Funding and financial support

Child allowance (Kindergeld):[27] Child allowance is identical countrywide. Whoever lives or pays taxes in Germany has the right to receive this allowance for his/her own child, adopted child, stepchild, or foster child (if the child is in a long-term foster care arrangement). Child allowance is paid for every child until the age of 18, but payment can go on until the age of 27 if the child is still in education or under military or civil service obligation. Since January 2000 the child allowance is DM 270 a month each for the first and second children, DM 300 for the third child, and DM 350 for any subsequent child (representing 10, 11, and 13 percent of the 1998 net average wage, respectively).

Public health insurance (Krankenkassen): Child medical support is financed through medical insurance of the parents or the guardian (public or private). A foster child has the right to medical support from the youth office if he/she is not covered by medical insurance (§40 Child and Youth Support Act).

Childcare benefit (Erziehungsgeld):[28] The childcare benefit is dependent on the size of the family income and has a ceiling of DM 600 a month (22 percent of the 1998 net average wage). It is paid for every child during the first two years after birth. The amount of the benefit can be raised to DM 900 (33 percent of the 1998 net average wage) if the duration is limited to one year. Every resident can draw the support, including birth parents, adoptive parents, and foster parents.

Child foster care benefit (Pflegegeld): The size of the child foster care benefit lies within the municipal youth office's discretion. It is paid to foster parents for every child in foster care until the age of 18. The German Society for Child Foster Care Benefit issues recommendations each year to serve as guidelines for setting the amount. For 2000 the recommendations were as follows: DM 1,122 a month for children aged 0–7 years; DM 1,231 for children aged 8–14 years; and DM 1,418 for children aged 15–18 (representing 41, 45, and 52 percent of the 1998 net average wage, respectively). Placements in group foster care institutions are financed by the youth office, in cooperation with parents if they can afford it. A

[27] Details available at *http://www.bff-online.de/Kige/kgmb2001.pdf* (in German).
[28] Details available at *http://www.bmfsfj.de/downloads/Erziehungsgeldgesetz.pdf* (in German).

place in an institution can cost up to about DM 200 per day, which makes this form of care significantly more expensive than family-based foster care.

2.2. Children with special needs

(a) Legal background

The Federal Basic Law states that everyone has the right to the free development of his or her personality and the right to life and to physical integrity. All humans are equal before the law and no one may be disadvantaged because of his/her disability. This sets the legal framework to ensure that people with special needs are provided with all means possible to live as normal a life as possible and to be included in all walks of public life.

The treatment of people with special needs will be governed by the new Federal Social Law, 9th Book (*Sozialgesetzbuch, 9. Buch*),[29] which currently is in the process of being passed by the lower and upper houses of Parliament, and which unites all federal legal provisions on disabilities previously scattered across a number of other federal laws. It will be effective from summer 2001. In addition, there remains a vast range of state laws covering disability issues such as schooling, (medical) treatment, and special housing provisions.

(b) New Federal Social Law 9th Book

The goal of enabling people with disabilities to participate in public life is at the center of the new law and disability policy. It spells out the right of children with special needs to prevention, early intervention, and rehabilitation services; to medical, social-pediatric, psychological and psychosocial support; to counseling and advice for parents or guardians; to physical rehabilitation and education enabling them to participate in public life and work/earn a living; to preschool care; and to financial support. The law facilitates access to care and counseling.

(c) Actors and their authorities

Joint service centers of the service providers: The joint service centers are the first access point for people with disabilities or expected disabilities. The centers provide advice on what services are on offer and what the eligibility criteria are, on the treatment process, and on which service provider to contact.

Medical treatment and service providers: Rehabilitation and medical services are provided by doctors or by special service providers upon the prescription of the doctors and medical staff routinely treating the child. Services are to be coordinated by the joint service centers.

School councils: Regional school councils, which form part of the state departments for education, are the bodies responsible for providing education to pupils of school age in their area of responsibility. These councils supervise schools and administer the state funds directed to education (for kindergartens and primary, secondary, and higher education). The councils are also tasked with planning the educational provision, with implementing state laws pertaining to schools, and with running pilot projects. While supervising and administering special schools and other specialist services, the councils do not become directly involved in individual cases of children with special needs.

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[29] An unofficial draft version is available at *http://home.t-online.de/home/johannes.gutenberg/refe26-10.html* (in German).

(d) Child disability care in practice

Medical treatment and care: Treatment and care at home is preferred over institutionalization. It is generally believed that, if at all possible, the child should remain in his/her family, enabling him/her to live as normal a life as possible. This also reflects the view that the family is the preferred place to raise a child—regardless of whether the child has a disability or not. The child or his/her parents or a guardian has a say in the decision-making process on what services the child will receive.

Rehabilitation and medical services provided to the person with special needs include early assessment and intervention; medical treatment; the provision of drugs and medicine; medical, physical, and speech therapy; psychotherapy and psychotherapeutic treatment; activation of self-help potential; training in everyday life activities; and counseling of the individual concerned or his/her parents or guardian.

Education: Children with special needs are classified in categories of special educational needs from one to four. Levels one to three allow an instruction within the regular classroom, while children in level four are normally provided with a special education, geared toward their individual needs and provided by special schools (*Sonderschulen*). The German school system goes to great lengths to include children with learning difficulties in the regular classrooms. For children with minor and temporary difficulties, the regular class teacher provides the extra service needed to enable the child to keep pace with the progress made by the other pupils, by paying more attention to the child and his/her homework; and by acting as liaison with parents on how best to support the child. Children with more serious difficulties usually receive extra support from a special teacher, who comes into the classroom to assist or who instructs the children with difficulties in a smaller group for part of the day. Those special teachers are usually recruited from the special schools in the area.

As soon as the teacher or the parents notice a child's more serious difficulties, the child will be tested by a special teacher. The result will be discussed by this special teacher, the class teacher, and the parents, and a decision will be taken as to whether the child should move to a special school (that is, he/she is a level four case) or remain in the regular school (case one to three) and if so, what service he/she should receive. However, no decision to move the child to a special school can be taken against the child's parents' will.

Children with physical disabilities are usually instructed in regular classrooms, the situation permitting. A school building has to be accessible for children using a wheelchair, for example; the class size must not be too large (that is, not exceeding 20 children); and a second, specialized teacher has to be available to support the child. Children suffering from blindness or deafness, as well as children with serious mental disabilities are instructed in separate special schools.

Special schooling in all those separate cases takes place in small groups, enabling the children to make the best progress possible. Special schools are mostly public and, as is the case with regular schools, are funded from the state budget. Boarding facilities attached to special schools are virtually unknown in Germany. Children with disabilities aged 16 and above can be trained in workshops for the disabled (*Behindertenwerkstaetten*) for up to two years, where they can learn a profession, which allows them to support themselves through work.

Some states have recently initiated or plan to initiate pilot projects furthering the inclusion of children with special needs in regular primary education. These projects entail the choice for parents of children with level-four difficulties to send their children to regular schools that provide an enhanced service, instead of placing them in special schools. Typically, there would be one regular primary school per municipality providing those services. The services include having extra teachers (both regular and

special teachers), limiting the size of classrooms to facilitate the inclusion, and offering an enhanced monitoring of the child's progress. However, these initiatives are only just emerging and are not widespread.

(d) Funding

Schooling is provided free of charge in Germany, and this applies to special schooling for children with disabilities as well. Medical treatment and rehabilitation services are funded by public or private medical insurance. Non-school social and psychological care is funded and provided by childcare institutions (municipal public youth offices or private) or funded through social assistance. Furthermore, social insurance services apply to people with special needs in the same way as they apply to people without special needs.

2.3. Juvenile delinquency

(a) What is juvenile delinquency?

Juvenile delinquency includes criminal behavior of children and young people below the age of 21. The following definitions apply: A child is a person aged below 14 years and is not liable for his/her actions. A young person is 14 to 17 years old, and has limited liability under Juvenile Criminal Law. People between 18 and 21 are termed grownups, with near full liability.

(b) Legal background

The following laws govern the treatment of juvenile delinquents in Germany: The Federal Juvenile Criminal Law (*Jugendstrafrecht*), which forms part of Federal Juvenile Court Law (*Jugendgerichtsgesetz*);[30] and the Federal Social Law, 8th Book, Children and Youth Support Act (*Sozialgesetzbuch, 8. Buch, Kinder- und Jugendhilfegesetz*), which sets out under which circumstances and how child/youth welfare institutions have to be involved.

(c) Juvenile delinquency and its remedies

German law provides a vast array of legal responses to juvenile delinquency, ranging from preventive efforts as part of child/youth support to criminal prosecution according to juvenile criminal law. In recent months there have been reports about the federal and state governments planning a hardening of the legal response to juvenile delinquency, especially in cases involving criminal acts with a neo-Nazi background.

Prevention and early identification of prospective offenders are at the core of the German approach to fighting juvenile delinquency. Prospective offenders often show conspicuous behavior early on, for example at school. In that case, teachers can alert the youth office, which then approaches the parents with the aim of finding out about the family situation. If there is scope and need for intervention, the office can make its advisory and social work services available. In serious cases the child can be removed from the family and be placed in the group care of specialist psychologists and social workers.

Furthermore, juvenile criminal law places great emphasis on the care for young delinquents and provides the means to avoid unnecessary criminalization. It offers a range of measures from terminating a lawsuit, to issuing certain obligations, to imprisoning young offenders. However, all possible measures aim at signaling to the offender that he/she has committed a criminal act (learning outcome) and at stimulating a perception of guilt and atonement. Regardless of the court's decision, every effort has to be

[30] Available at *http://www.gesetze.2me.net/jgg_/* (in German).

made to help the young offender back into non-criminal life and to open up opportunities for him/her to achieve this, through special counseling, psychological support, or group social work.

3. England

3.1. Children deprived of parental care

(a) Key definitions

Permanence: Safe, stable custodial environment for the child to grow up in and a lifelong relationship with a nurturing caregiver.

Adoption: The legal transfer of parental responsibility over a child below the age of 18 from his or her biological family to another family.

Foster Care: Temporary care arrangement for a child who has been removed from his/her birth family without the parents losing their parental rights. Foster care is supervised by the public through local council social workers.

Special Guardianship: A legally secure and permanent care relationship between a special guardian and a child below the age of 18, allowing that a basic legal link between the child and the birth family remains. It is a status that allows legal permanence but does not constitute a complete legal break with birth parents (as would be the case with an adoption).

(b) Current legal background

Child welfare in England is primarily governed by two acts—the Adoptions Act 1976[31] and the Children Act 1989.[32] However, these are currently being overhauled as part of the government's new approach to adoption, initiated by the publication of a White Paper in December 2000 (see below), which primarily aims at further aligning the two documents' provisions.

(c) Actors and their authorities

Local authorities and councils: The child welfare offices at the local councils offer counseling and support services through social workers to children and families in need to help overcome any crisis situation as quickly as possible. If a child is removed from his/her family in the interest of his/her welfare under a court order, the child welfare office at the local council assumes partial rights and responsibilities for the child. Without a court order (that is, if the local authority accommodates the child at the parents' request), the local council has to consult with the parents in planning for the child. The council also is tasked with the assessment and approval of foster caregivers, and with the supervision of caregivers through regular visits and reviews.

Adoption agency: Adoption services can be offered both by the council and a voluntary agency. A voluntary adoption agency is a nonprofit organization approved by the Department of Health to provide an adoption service. These services may include the recruitment, assessment, and approval of prospective adopters as well as the provision of advisory services.

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[31] Amendments to it available at *http://www legislation.hmso.gov.uk.*

[32] Available at *http.//www.hmso.gov uk/acts/acts1989/Ukpga_19890041_en_1.htm.*

The court: The Children Act promotes a "no order principle" in that it is deemed to be in children's best interests for matters to be agreed between the parties rather than inviting the court to become involved. Therefore, the court will only issue an order when it is clear that doing so is better for the child than not (for example, when parents and local authorities are in fundamental disagreement over care arrangements). At each stage of the court process leading to adoption there are provisions to allow returning the child to his/her birth family (gate-keeping). Furthermore, subject to age and understanding, children always have to be consulted in all matters pertaining to their living arrangements and kept informed as to what is going to happen to them. The courts dealing with adoption proceedings are magistrates' courts, county courts, and the High Court. Proceedings can begin at any one of these levels. After the initiation of proceedings, cases are generally transferred to the most appropriate level, depending on each case's complications. The judges dealing with child welfare matters specialize in family and adoption work.

(d) Child welfare in practice

The child, the parents, the family, and the public: The Child Act of 1989 is based upon the view that children are generally best looked after in the birth family, with both parents playing a full part in the upbringing of and having a special responsibility to the child. Ensuring the welfare and safety of the child is considered paramount. The Child Act introduced the concept of parental responsibility to promote the idea that parents have "responsibilities" toward their children. The term is defined as "all rights, duties, powers, responsibilities, and authority which by law a parent of a child has in relation to that child or his property." In cases involving unmarried couples, only the mother automatically acquires parental responsibility. An unmarried father will need to secure parental responsibility by agreement with the mother or by a court order.

Placing children outside the birth family can be both long and short term and can happen following a court order or at the parents' request. A care order by the court gives the local authority some of the parental rights and responsibilities over the child, which they share with the birth parents. Without a care order the local authority has to agree on a plan for the child with the birth family.

Adoptions can be rendered legally binding by the court both with the birth parents' consent and without. In the latter case, the court orders the termination of their parental rights. The parents' agreement to an adoption tends to accelerate the process by avoiding the entire termination of parental rights proceedings.

Forms of care: The Children Act of 1989 states that, when a child is taken out of the birth family and placed in short-term foster care (Section 20 of the Children Act of 1989), social workers have to attempt to improve the situation in the child's family sufficiently to allow his/her return. Return is a priority. The intention behind the act is to promote the use of temporary accommodation of children outside their families as family support service. Furthermore, if the child has to live away from home, the local authorities usually seek to make voluntary arrangements with birth parents whenever possible. This reflects the expectation that if parents give their consent to the child's being cared for temporarily elsewhere while problems in the birth family are addressed, the chances of the child's return improve.

If a care order is issued, the local authority starts to look after the child. The Children Act, Section 23, states that if a local authority is looking after a child, it has to provide accommodation for him/her. It may place the child with a family, a relative or any other suitable person, or it may maintain him/her in a community home, a voluntary home, or a registered children's home. Or, if a return is deemed impossible and the parents give their consent, they can place the child for adoption or special guardianship.

The British childcare law features a number of different group care institutions. A community home is a home that may be provided, equipped, managed, and maintained by a local authority or provided by a voluntary organization in accordance with the local authority and under its control (Sections 53ff, Children's Act). Private and voluntary homes are those homes that are owned and run by private individuals and organizations and charitable bodies (Sections 59ff). A children's home is a home that provides care and accommodation wholly or mainly for more than three children at any one time (Sections 63ff) but tends to be smaller than community homes and is family based. Private foster care is defined in Sections 66ff.

The priorities: The practice of childcare varies across local councils in England. However, most act more or less according to the following priority list. Each case is treated individually and the priorities may change if need be. After the care and supervision order enables the council to look after the child, it has to provide *short-term* accommodation until the long-term placement is determined. As a first step, the council social workers usually seek a home for the child with his/her extended family, another family or suitable individual, or place the child in a community, voluntary home, or children's home. However, while the foster and home care practice varies considerably across local authorities, placing the child in an institution is a measure of last resort and is only done in a minority of cases. Furthermore, institutionalization is widely believed to be more appropriate for teenagers and less so for smaller children.

Efforts are then undertaken to find a *long-term* solution, first of all by trying to improve the situation in the birth family to allow a return. Most children in short-term foster care return to their birth families. If return is impossible, the child welfare office at the local authority identifies a long-term care arrangement for the child. The priority would be to place the child within the extended birth family in a long-term foster care arrangement. When that is not possible, adoption is sought as a means of providing permanence to the child. Members of the child's extended family or foster parents are encouraged to apply for adoption if adoptive parents are sought. Slightly more than half of all children adopted have been looked after before being adopted, while most of the remainder are adopted by step-parents or relatives. According to a survey by the British Agencies for Adoption and Fostering, about 16 percent of looked-after children were adopted by their foster caregivers in 1998.

Long-term fostering is also often used for older children with strong links to their birth families. Again, placing children in a group foster care home is a measure of last resort, often for extremely traumatized or difficult children, in order to provide them with psychological support and specially tailored therapy.

(e) The Government 2000 White Paper on Adoption: "Adoption—A New Approach"

In December 2000 the British Government published a White Paper on Adoption[33] to initiate a major overhaul of the adoption and foster care system with the aim of increasing the number of adopted children. It takes account of the unsatisfactory situation the British child welfare system is in. In particular, it finds that the foster care practice in the past has not been promoting permanence, with many foster children moving among foster families several times. According to research quoted in the White Paper, adopted children have found to be doing significantly better in their educational and personal development than children who have remained in the foster care system throughout most of their childhood.

The following statistics, as set out in the White Paper, document the unsatisfactory state of the British child welfare system today. Currently there are 58,000 children looked after by councils in

[33] Available at *http://www doh.gov.uk/adoption/whitepaper/whitepaper.pdf.*

England. Every year, about 40 percent of children in foster care leave after less than eight weeks in care and more than 50 percent leave after six months. However, during the year prior to 31 March 1999, over 28,000 of looked-after children had been in care for more than two years. Many children become trapped in constantly changing foster care arrangements—only 51 percent of children looked after for more than four years have been in a stable foster placement for two years. In 1999, only 4.7 percent of looked-after children were offered the opportunity of a permanent family. Even in cases in which adoption is used the process is considered to be too slow.

New National Adoption Standards—The Basic Principles: The new approach introduces new National Adoption Standards based on the following basic values and guidelines. Children are entitled to grow up as part of a loving family, which can meet their needs during childhood and beyond. Every reasonable effort is to be made to enable and support the child's birth family in providing a permanent home for the child when it is safe and appropriate for the child to do so. If this is not the case, society has to provide the child with a next-best permanent living arrangement. Looked-after children who cannot return home are entitled to have adoption considered for them as a means of giving them a secure, stable, and permanent home. Decisions on permanence are to be made on the basis of each looked-after child's individual needs.

New strict timetables for adoption: The White Paper introduces new strict timescales in which certain decisions with regard to the adoption will have to be taken. A plan for finding a permanent home is to be made within six months of a child's entering long-term foster care. If a court has agreed to the adoption, suitable adoptive parents are to be identified within six months of the court's decision. If a parent has voluntarily requested that his or her baby be placed for adoption, a permanent placement is to be found within three months.

This accelerated process means that looked-after children will not be left waiting indefinitely for a "perfect" family to be found that meets all their needs. In the past the search for a "perfect" family, meeting all of the child's requirements and desires, has often kept foster children waiting in several foster care arrangements, while they should have been enjoying a legally permanent and secure family life. However, each child's views have to be listened to, recorded, and taken into account at each stage of the process, and every move will have to be explained. Every looked-after child is to have a designated social worker who is responsible for assessing his/her needs and who is to act as liaison with the child throughout the process.

However, the process provides the opportunity to return the child to the birth parents at every stage, provided the situation in the family has improved and the court is convinced that a return would be in the child's best interest.

Adoption targets: The White Paper features a new national target to increase by 40–50 percent by 2004–05 the number of adoptions of looked-after children. It also introduces an Adoption Register for England and Wales to match children with adoptive parents across the country where a local family cannot be found. The new approach also aims to improve the support for adoptive parents by offering post-placement services which may include counseling and financial help (including a revamped adoption allowance scheme). An Adoption and Permanence Taskforce is to help spread best practices among local councils and help poorly-performing councils improve their service. New training programs seek to build up the skills of social workers.

In order to shorten the court proceedings within the adoption process, the White Paper aims to increase the number of judges specializing in family work and to make better use of the expertise of judges and magistrates trained in children and adoption work. Available expertise is to be improved through training.

Special guardianship: At present the options for legal permanence for children in foster care are limited. While adoption provides legal permanence but requires an absolute cutoff of legal ties between the child and the birth family, long-term foster care does not sever those ties but is not legally as secure. Long-term foster care arrangements can be terminated either by the councils or by birth parents through a court order. Statistics show that changes in foster care arrangements have been a frequent feature up to this point—only about half of the foster care arrangements are long-term (that is, last longer than four years). What is missing is a status that allows legal permanence but lacks the complete legal break with birth parents that adoption requires. The new "special guardianship" introduced in the White Paper reflects the view that adoption is not always an ideal outcome for children who are unable to return to their birth parents. For instance, some older children may not like to be legally separated from their extended family. Furthermore, some minority ethnic communities may have religious or cultural difficulties with legal separation.

Special guardianship is only to be used to provide legal permanence to those children for whom adoption is inappropriate and when the court decides that it is in the best interest of the child. Special guardianship provides a firm basis on which to build a lifelong relationship between the caregiver and the child and gives the caregiver a clear responsibility for all aspects of upbringing and caring for the child. It is legally secure, and the council will no longer look after the child, while a basic legal link between the child and the birth family remains. For example, it can be used to give non-adoption kinship care arrangements legal security. As is the case with adoption, the full range of improved financial and counseling services is available to the special guardian.

(f) Financial support

Child benefit: Child benefit is available for every child aged below 16 (or aged below 19 and studying full-time up to A level, National Vocational Qualifications level 3, or equivalent; or aged below 18 and registered at the careers office for work-based training for young people). The amounts available are GBP 15 per week for the eldest child and GBP 10 for each other child.

Guardian's allowance: A guardian's allowance can be paid to a foster caregiver if both parents have died or one parent has died and the other is divorced, missing, or in prison. Recipients do not have to be legal guardians to receive the allowance. The amounts available are GBP 11.35 per week for the eldest child and GBP 9.85 for each other child.

Adoption allowance: An adoption allowance can be paid for an adopted child as long as the child stays in his/her adoptive parents' household until the age of 18 (or 21 if enrolled in full-time education or work training). It is meant as a contribution toward meeting the extra cost of caring for a child who would not be adopted without an adoption allowance. It is a means-tested benefit and is paid by the council who is placing the child for adoption. Whether the allowance is paid depends on the needs of the child, the adoptive parents' earnings and savings, and the savings of the child—and is at the discretion of the council agency. The amount paid varies from council to council, but may not exceed the guardian's allowance.

National health service: Every Briton has access to medical treatment free of charge under the National Health System, which is financed from the general government budget.

3.2. Children with special needs

(a) Legal background

A child is considered to have a Special Educational Need (SEN) if he/she is aged below 19 and has a learning difficulty that calls for special provisions to be made; around 20 percent of children in England have some form of SEN. Although the majority of children have their needs met by their regular schools, around 3 percent have severe needs requiring their local education authority to arrange for special provision.

The following legal documents cover child disability issues. The Disability Discrimination Act of 1995[34] aims to end discrimination faced by people with disabilities and to ensure recognition of the needs of people with disabilities wishing to study as well as the provision of better information to parents and students. Under its guidelines schools have to explain their arrangements for the admission of children with disabilities, how they will help these pupils gain access to school, and what schools will do to ensure they are treated fairly. These provisions do not add any new rights to people with disabilities as similar provisions already exist for children with special educational needs. The Act is currently in the process of being renewed and extended.

The education of children with special needs is governed by the Education Act of 1996,[35] which sets the rules for the access of children with special needs to schooling. Part of its provisions as well as those of the Disability Discrimination Act of 1995 will be amended and extended by the Special Educational Needs and Disability Bill of 2000,[36] which is currently making its way through the parliamentary process. The bill strengthens the right of children with SEN to be educated in mainstream schools and alters the advisory role of the Local Education Authorities (LEA).

(b) Actors and their authorities

Local education authorities (LEA): The LEA is the local government body responsible for providing education to pupils of school age in its area as well as for early years education, the youth service, and adult education. It ensures that efficient primary and secondary education is provided and that there are enough primary and secondary places with adequate facilities to meet the needs of pupils living in the area. Local education authorities have many other responsibilities, which include school improvement; access to schooling (including managing the supply of school places and school admissions); special education provision; and strategic management (including planning, finance and auditing) for schools.

The LEA is also tasked with organizing the access of children with special needs to education (making statutory assessments and maintaining statements of special educational needs).

Schools: There are two different school (public and private) types catering to children with special needs. A mainstream school is an ordinary school that caters to some pupils with special educational needs. It is not equipped to admit a larger number per classroom. A special school caters exclusively to children with special needs. The size of special schools varies considerably, depending on whether they are geared toward children with a specific disability or toward a wider audience and whether they are day or residential schools. While some special schools are attached to a hospital or other institution and offer less than 40 places, some are bigger with up to 200 places.

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[34] Available at *http://www.hmso.gov.uk/acts/acts1995/1995050.htm.*
[35] Available at *http://www hmso.gov.uk/acts/acts1996/1996056.htm.*
[36] Available at *http://www parliament.the-stationery-office co.uk/pa/ld200001/ldbills/003/2001003.htm.*

Special Educational Needs Tribunal: The Special Educational Needs Tribunal hears on an independent basis parents' appeals against LEA decisions affecting children with special educational needs. Mostly LEAs and parents reach agreement without recourse to formal tribunal hearings. However, this is not always possible and the Tribunal provides a safeguard for parents who wish to ensure that the facts of each case and all relevant views are weighed carefully.

(c) Child disability care in practice

Assessing a child's special educational needs: Before involving any one outside the school, the school's SEN coordinator is the first contact for teachers and parents of children with suspected special educational needs. This coordinator will, in cooperation with the teacher and the parents draw up an Individual Education Plan, stating what additional classroom services should be made available to the child. If needed, outside help from an educational psychologist or a specialist teacher can be sought when preparing the plan. If the extra services do not enable the child to make progress as expected, the coordinator can ask the LEA to get involved.

Children with suspected or evident special educational needs can be referred to the LEA either by the parents or the school. If the LEA believes that a child has special educational needs which call for special educational provision, it may decide to assess him/her. Parental consent is needed to do this for children under the age of two—although in those cases it is mostly the parents who approach the LEA over their child's SEN. In a statutory assessment, a child's special educational needs are examined, which may lead to a Statement of Special Educational Needs. This statement is a detailed multi-professional examination to find out exactly what the child's special educational needs are. It includes reports from the school or SEN coordinator, an educational psychologist, a doctor, and any health staff involved with the child (such as a health visitor or therapist) and parents.

The statement usually contains propositions with regard to all the services to be provided by the school or the LEA or both; the number of hours of extra help, including specialist help; any special equipment the child needs; any diagnosis that indicates specialist therapy (for example, speech therapy); and educational targets for the child which will be reviewed after a year as well as any modifications to the National Curriculum. Parents receive advice and counseling from the LEA. Furthermore, the statement assigns a "named person" who will provide advice and information to the parents independently.

Inclusion of a child with special needs in a mainstream school: The LEA is obliged to admit a child with special educational needs to a mainstream school if the child's needs will be properly met there, if other children's education would not be adversely affected, if resources are being used efficiently, and if the parents agree.

Within a mainstream school, children with special needs usually receive specialist teaching, while remaining integrated into mainstream classes for much of the week. In mainstream classes, they can receive extra help by an additional teacher or a learning support assistant (LSA). The accepted approach is to integrate most children with special educational needs in mainstream schools, while specialist schools cater to those children whose disability is too severe to allow them to make sufficient progress in mainstream schools.

(d) Special Educational Needs and Disability Bill of 2000

The Special Educational Needs and Disability Bill is an attempt by the British government to improve equal opportunities for people with disabilities as well as to extend children's rights. Its main aim is to strengthen the right of children with disabilities to be educated in mainstream schools where it is

appropriate, while acknowledging that there remains an important role for special schools. The LEAs are obliged to provide parents and children with information and advice, and a means of resolving disputes when they arise.

The LEAs also will be required to inform parents of where they are making special educational provision for their child and allow schools to request a statutory assessment of the educational needs of a disabled pupil, including any special provisions such as occupational therapy (that is, therapy by means of activity or creative activity prescribed for its effect in promoting recovery or rehabilitation). The LEAs also will be required to comply with the orders of the Special Educational Needs Tribunal within a specified time period.

The bill consists of two parts. Part One contains proposals made in the 1997 Green Paper, "Excellence for all children: Meeting special educational needs and subsequent action programs."[37] It makes changes mainly to the Education Act of 1996 by strengthening the right of children with SEN to be educated in mainstream schools and improving the parent information and advisory services. Part Two introduces disability discrimination rights for basic education, vocational training, higher education, and the youth service, taking forward the recommendations contained in 1999's Disability Rights Task Force report, "From Exclusion to Inclusion."[38] It places new obligations on the LEAs, schools including private institutions, and higher education institutions. These obligations include ensuring that students with disabilities are not treated less favorably, making reasonable adjustments to ensure that pupils with disabilities are not put at a substantial disadvantage to pupils that are not disabled, and increasing physical accessibility to schools' premises and the curriculum.

(e) Funding

Child benefit: Child benefit is available to children with special needs as well (see above for details).

Disability living allowance (DLA): The DLA is paid to parents or guardians of children up to the age of 16 with a physical or mental illness or disability in need of extra help. The amounts paid are dependent on each case's individual circumstances. The following are guidance amounts published by the Department for Social Security. Children who need to be looked after can claim, depending on circumstances, GBP 53.55 (high rate), GBP 35.80 (middle rate), or GBP 14.20 (lower rate) per week. Children who need help to get around receive GBP 37.40 (higher rate) or GBP 14.20 (lower rate) per week. The DLA is not paid if the child is in hospital or residential care.

Invalid care allowance: Caregivers of children who receive the middle or higher rate of the DLA may be entitled to receive an Invalid Care Allowance. In order to qualify, the caregiver will need to spend at least 35 hours a week caring, which can be at any time during the day or night. They do not have to live with the person they are caring for, but are usually the parents. Invalid Care Allowance can be as much as GBP 40.40 per week, depending on the circumstances.

Free milk: Parents with a child aged 5–16 unable to attend school because of a physical or mental disability can claim free milk for the child.

National Health Service: Free access to medical treatment (and support items such as wheelchairs) under the National Health System applies to people with disabilities as well.

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[37] Available at *http://www.dfee.gov.uk/sengp/.*

[38] Available at *http://www.disability.gov.uk/drtf/index2.html.*

Residential or daycare: If the local council social service department arranges residential or daycare, there is scope for public financial support, depending on the family's income.

3.3 Juvenile delinquency

What is juvenile delinquency? These are offenses committed by persons under the age of 17, for which special punishment exists in England. The age of criminal responsibility in England and Wales is 10 years, which is among the lowest in Europe.

Legal background: The legal document covering the prevention and prosecution of juvenile delinquency in England is the Crime and Disorder Act of 1998.[39] This act governs preventive anticrime policies as well as responses to crimes committed and focuses on reforms in the criminal justice system. The Youth Justice and Criminal Evidence Act of 1999[40] forms part of the government's agenda to streamline procedures in the youth court system.

The new approach of these recently introduced acts relies on the realization that an effective fight against youth crime has to involve various departments across government as well as nongovernmental agencies. The emphasis, therefore, lies on joint initiatives focusing on welfare, regional development, education, and the justice system.

(a) Juvenile delinquency and its remedies

Prevention and Community Development: While in the past British policies to fight juvenile delinquency have relied mostly on reactive measures, recent reforms have identified preventive activities to be an important component in any strategy against youth offending. The Government's Crime Reduction Strategy for the year 2000[41] spells out many of the new priorities and measures introduced with the Crime and Disorder Act of 1998 and the Youth Justice and Criminal Evidence Act of 1999.

Preventive measures start with policies aimed at improving deprived neighborhoods and developing at-risk communities. The New Deal for Communities (NDC) aims at the regeneration of small neighborhoods and supports plans that bring together local communities, voluntary organizations, local authorities, and business and focuses on employment, education attainment, and health. For instance, better provision of culture and leisure facilities for young people are at the core of neighborhood renewal.

The "Surestart" program, a cross-departmental strategy targeted at children under the age of 4 and their families, aims to work with parents and children to further physical, intellectual, and social development of preschool children in disadvantaged areas. Moreover, local youth inclusion programs in extremely deprived communities focusing on youth works activities such as outward bound recreational courses, art projects and "stolen bicycles recovery initiatives" receive financial support from the government.

Early intervention: School exclusion and truancy are a predictor of antisocial and criminal behavior. The Crime and Disorder Act of 1998 enables police to pick up truants they find in public spaces and return them to school. Furthermore, magistrates can require parents to attend court or risk arrest and be fined if their children fail to show up at school. Some local authorities have established special school attendance task-forces that help problem schools improve their attendance record. Furthermore, under the act, local authorities can impose curfews on children in the interest of public order.

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[39] Available at *http://www.hmso.gov.uk/acts/acts1998/19980037.htm.*
[40] Available at *http://www.hmso.gov.uk/acts/acts1999/19990023.htm.*
[41] Available at *http://www homeoffice gov.uk/crimprev/crimstra1.pdf.*

The Youth Justice System: Most juvenile offenders are tried in juvenile courts (special Magistrate Courts), in which one of the magistrates must be a woman. The press and the public are not admitted, the offender's identity is withheld, and the term "conviction" is avoided (an offender is only "found guilty"). The guilty offender may be bound over to a parent or guardian, put under the supervision of a local authority, or, if above 16, a probation officer. Alternatively, the offender may be fined, whereby the fine for offenders below 16 is paid by the parents or guardian.

Within the past two years, the British government has, on top of preventive measures, introduced some new initiatives aimed at improving the dealings with those children and young people who have committed offenses. They include a final warning scheme and a reparation order (which should make a young offender face up to his/her crime and its consequences) and an action plan order—a short, intensive program of community-based intervention (including punishment, rehabilitation, and reparation). The parenting order aims to help parents control their children's behavior, while detention and training orders force offenders to undergo a period of detention and training, followed by close supervision.

The multi-agency and community-based Youth Offending Teams, made up of police, probation officers, social workers, and education and health specialists work at the local level with young offenders, addressing all aspects of their behavior, including family, education, and health problems. Their activities are overseen and coordinated by the national Youth Justice Board, which was created under the Crime and Disorder Act to provide a national framework for local anti-crime action. It is tasked to monitor the operation of all aspects of the youth justice system and the provision of services. It advises the government on setting national standards and identifies bottlenecks in the system that slow down the prosecution of young offenders.

Reforming the youth court system is part of the British government's new approach to reducing juvenile delinquency. The Youth Justice and Criminal Evidence Act of 1999 includes provisions for young offenders who appear in court for the first time, plead guilty, and do not require a custodial sentence to be referred to a special community-based young offender panel. This panel, aided by the youth offending team, will identify the causes of the offending behavior and will, jointly with the young offender and his or her parents, develop individual solutions to them. It is thus a preventive measure brought in after a first offense has occurred.

4. United States

4.1 Children deprived of parental care

(a) Key definitions

Permanence: Safe, stable, custodial environment for the child to grow up in and a lifelong relationship with a nurturing caregiver, preferably within the birth family.

Termination of parental rights: Court ruling to terminate the parental rights of the birth parents.

Adoption: The permanent transfer of complete parental responsibility from the birth parents to the adoptive parents.

Legal guardianship: Judicially created relationship between a caregiver and a child, which is intended to be permanent and self-sustaining by transfer to a caregiver of protection, education, care and supervision, custody, and decision making

Kinship care: Situation in which a grandparent or other relative is raising a child whose birth parents are unable or unwilling to do so.

Foster care: Temporary care arrangement for a child that has been removed from his/her birth family while the child welfare agency determines whether the child can be returned to the birth family or whether he or she should be placed for adoption. Foster care arrangements are supervised by the child welfare agency.

(b) Legal background

The concept of legal permanency has been around in the United States since 1980 when in a major policy shift the Adoption Assistance and Child Welfare Act became law. While previously foster care was seen as the panacea in child welfare support, the new policy represented a move toward doing everything possible to enable children to remain at home or to return them as fast as the situation allowed to their birth parents.

However, the legislative history of U.S. child welfare provision has developed from the focus on family reunification in the 1980s toward a greater emphasis on adoption in the late 1990s. This owes to the fact that more children enter foster care and fewer children are able to return to a safe and stable home. Introduced as a response to rising numbers of children in foster care, the 1993 Family Preservation and Family Support Service Program provided extra funds for preventive and crisis services for children and families at risk. Furthermore, the Multiethnic Placement Act of 1994 and the Interethnic Placement Provisions of 1996 were passed with the aim of fighting the prevalence of racial preference in the placement of children, as well as the extended length of stay in foster care and poor outcomes for minority children.

However, it is the 1997 Adoption and Safe Families Act (ASFA)[42] that most comprehensively addresses the issue of legal permanency. Furthermore, it represents a shift toward adoption as the key permanency option apart from family reunion and provides incentives to states to increase the number of adoptions. At the same time, preventive services are reinforced by the introduction of the Promoting Safe and Stable Families Program, which forms part of ASFA.

(c) Actors and their authorities

Child welfare and protection is—apart from federal funding of the child welfare system—governed by state legislation. This means that policies, actors and their responsibilities vary across states. Therefore, the following paragraphs outline the broad commonalities in the U.S. child welfare system, but does not go into the details of differing state services.

The child welfare agencies and the court: Public child welfare agencies operate under the supervision of the state governments' social services departments and operate at the municipal level. The agencies offer a range of services from the selection of foster and adoptive parents and the licensing of group homes to the supervision of all kinds of care arrangements. They also administrate financial support for children in care and provide counseling and advice to children, parents, foster and adoptive parents, and other caregivers.

Child welfare agencies can be both public and private, with certain authorities reserved for public agencies only. For example, when private child welfare agencies look after children, the children remain

[42] Available at *http://frwebgate access.gpo.gov/cgi-bin/getdoc.cgi?dbname=105_cong_public_laws&docid=f:publ89 105 pdf.*

under public custody—that is, the state government social services department, which jointly with the private agency reports to the court on adoption or legal permanency issues. However, private child welfare providers are major program partners of public child welfare agencies and the state governments' social services departments, in providing advisory services, running foster care institutions, or being in charge of adoption proceedings. Private agencies are typically licensed for operation by the state's social service departments. In various associations and panels, private agencies consult with and advise the child welfare agencies and social services departments on service management and improvement.

All decisions changing a child's living arrangements have to be taken by a court ruling, primarily upon the initiative of the child welfare agency. However, the practices of court involvement and its timetables vary across states. This has led critics to call for efforts to bring states' legislation more in line among one another and improve the rules and procedures so as to enable courts to reach a decision more quickly.

The Federal Child Welfare Agencies: There are four bureaus covering child and youth welfare at the federal level. They are located within the Federal Administration on Children, Youth and Families, which forms part of the Administration for Children and Families in the Department of Health and Human Services. The main role of the bureaus is to channel federal funds to state child welfare programs and provide advice and programmatic input. Five regional offices of the Administration for Children and Families serve as the first point of contact for information and assistance for states and tribes operating child welfare programs. They also oversee the local administration of programs. See below for funding program details.

Being the main player in the field of foster care and adoption, the Children's Bureau works with state and local agencies to develop a number of programs that focus on preventing abuse of children in troubled families, rehabilitating families, and finding permanent placements for those who cannot safely return to their homes. The Child Care Bureau administers federal funds to states, territories, and tribes to assist low-income families in accessing quality childcare for children when the parents work or participate in education or training. The Family and Youth Services Bureau focuses on youth issues and assists individuals and organizations in providing services for youth in at-risk situations and their families. The programs concentrate on preventing youth delinquency and preventing the general deterioration of living arrangements by funding and supporting local communities in providing services and opportunities to young people, particularly runaway and homeless youth. The Head Start Bureau administers the Head Start program for preschool children from low-income families. Head Start provides children with activities that help them develop mentally, emotionally, socially, and physically. It offers social and comprehensive development services for children aged three to five and their families. Grants to conduct Head Start programs are awarded to local public or private nonprofit agencies.

(d) Child welfare in practice

The child, the parents, the family, and the public: The main goal of U.S. child welfare policy is to ensure that each child can live in conditions that provide safety, permanency, and well-being. Therefore it is the child that is unequivocally at the center of public concern. The interests of the parents and all other players involved are secondary. Although the birth family is believed to provide the best environment for children to grow up in, other forms of care can be chosen if that is deemed in the best interest of the child. Through child welfare agencies, the community supervises the actions of the parents and considers the well-being of the child.

The concept of permanency: The U.S. child welfare approach places a very strong emphasis on the concept of legal permanency. It reflects the argument that a child's safety and well-being is best

achieved in a permanent relationship with a caregiver. ASFA features a number of provisions that seek to speed up the process of moving children out of foster care into a permanent living arrangement.

There are various ways to achieve legal permanency. The most preferred type of legal permanency remains safe and stable care in the birth family. Therefore, in cases involving difficulties the child welfare agencies offer preventive support for family preservation or reactive interventions to allow family reunification. If reunion is not deemed in the child's best interest, another permanent solution is to be sought speedily. Permanent solutions include adoption, legal guardianship, and alternatively planned long-term foster care, the lattermost being the least preferred and reserved mainly for special cases of kinship care. Children can be placed for adoption by relatives, family friends, or previously unknown adoptive parents selected by the child welfare agency. Although adoption is seen as a priority, ASFA acknowledges that each case is different and requires differentiated treatment; decisions are to be made on a case-by-case basis. Therefore, alternative arrangements such as legal guardianship or planned long-term foster care can be chosen when adoption is not suitable (for example for special cases such as older children with close links to their birth family). Furthermore, in recent years the number of children cared for by members of their extended family without legal sanctioning and security (kinship care) has increased. In order to provide legal security for these arrangements, kinship caregivers are encouraged to make use of and apply for legal guardianship or even adoption.

The termination of parental rights (TPR): Although parental rights are given constitutional protection, U.S. law values the child's well-being higher than the parents' right to their child. If it is clear that birth parents cannot or do not ensure their child's required safety, permanence, and well-being, parental rights can be terminated and adoption initiated. Transferring complete parental responsibility to the adoptive parents requires that all rights of the child's birth parents be ended. Once parental rights have been terminated in court proceedings and the adoption agreement is passed, this decision is final in the interest of guaranteeing a permanent living arrangement for the child.

The Adoption and Safe Families Act states that permanency hearings have to be held within 12 months of the child's entering foster care. TPR proceedings have to be initiated if a child has been under state responsibility for 15 out of the last 22 months, unless the child is in kinship foster care. ASFA further requires that TPR proceedings be initiated immediately if a child is an abandoned infant and in cases in which a parent committed murder, voluntary manslaughter, or felony assault on any other of his/her children. However, termination may also be voluntary, based on the parents' informed consent. Another case is that in which a parent who is chronically ill or near death can designate a standby guardian, who may be a kinship caregiver, without surrendering his/her own parental rights.

The crisis of foster care: Foster care is meant to be only temporary while legally permanent placement for the child is being sought (in the form of family reunion, adoption, and so on). There are various forms of foster care in the United States: children can be placed within their extended family (kinship foster care), with non-relative foster parents, or within a group foster care institution (in that order of preference). Foster care arrangements within a non-relative family are the most common form of care.

Today there is widespread agreement that the current foster care system is not producing satisfactory results. Initially foster care was designed to provide a temporary home for children who would eventually be reunited with their parents or adopted. However, for many children in the United States foster care has become a permanent living arrangement, as neither a return to their birth parents nor adoption is possible. For example, today 80 percent of abuse and neglect cases are associated with drug abuse, and while those problems could in principle be addressed by special social services, they are very often in short supply. Moreover, even if attempts to fight parental drug abuse are made in order to allow the child's return, they often remain unsuccessful and the child will not return. Furthermore, it is precisely

children from such backgrounds with serious psychological difficulties who are hard to place for adoption. The same holds for older, non-white children, and those with disabilities.

Therefore, the present foster care system may have worked for children who could return to rehabilitated parents, children in need of short-term care, and children who could be adopted. However, children outside these categories often fall through the cracks and move through a number of different foster homes, thus experiencing everything but permanency. In general, each child adopted from foster care has spent on average at least three years in foster care, while about 20 percent remain in care for five years or longer.[43]

Shortage of foster care families: The main reasons for the current foster care system's unsatisfactory performance are a shortage of foster care families and the slowness of the adoption process. While the numbers of children entering foster care have risen dramatically over the last 15 years, the number of foster families has not kept up. According to the Child Welfare League of America, the number of children in out-of-home care rose by 44 percent between 1986 and 1995. Meanwhile, the number of foster care families decreased from 147,000 in 1985 with 276,000 children in care to 142,000 in 1995 with 486,000 children in care.[44] In addition, today there is not only a shortage in foster families overall, but also in particular a shortage of families with special characteristics and who are trained and willing to take on difficult-to-place children.

The increase of children entering foster care and the length of their stay has sparked a new debate on the deficiencies of the current foster care system, with one side arguing that all too often children are removed from their birth families when there is no reason other than poverty and the other demanding that new forms of care in modern and revamped group care facilities be provided.

The role of group foster care: Group foster care plays only a marginal role in the U.S. child welfare system today, with significantly less than a quarter of foster children lodged in group institutions. This reflects the view that individual family-based care is preferable to what is widely seen as an old-fashioned phenomenon surviving from Dickensian times. This view may explain the fact that information and data on the role of institutionalized foster care are very hard to obtain and that there is no country-wide assessment of institutionalized care.

However, given the foster care dilemma outlined above, there have been calls from various ends of the political spectrum to reintroduce congregate foster care.[45] What proponents have in mind, though, are institutions designed after the example of SOS Children's Villages—modern-day orphanages with well-kept, campus-style homes. SOS children's Villages attempt to replicate a family setting by giving every child a mother and brothers and sisters. The mother has the same duties and responsibilities as a birth mother and is the head of the family; she is responsible for the family budget and in charge of her household. She is supported by an assistant or trainee mother to enable her to take holidays or days off. Furthermore, psychological support and counseling is available to children in need.

However, the debate about group foster care is ongoing, and the proponents appear to remain a minority. That is partly due to the high cost markup of group foster care over family-based care and to the fact that there remain group care institutions in the United States that do not resemble the SOS Children's

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[43] Ladner (2000; see the Bibliography for full reference), available at *http://www.brookings.edu/comm/childrensroundtable/issue4/issue4.pdf.*

[44] See Child Welfare League of America: Family Foster Care Fact Sheet, January 1998, available at *http://www.cwla.org/programs/fostercare/factsheet.htm.*

[45] See Ladner (2000) for these arguments.

Village type of facility—they provide inadequate services. It appears that a refocus on group foster care would have to be part of a wider and comprehensive reform of the foster care system. At present, reform initiatives are more focused on increasing the number of adoptions—also of hard-to-place children—as a means of decreasing the number of foster children and shortening their stay in care.

The role of kinship foster care: Given the difficulties with the foster care system, kinship foster care (both long and short term) is increasingly seen as a substitute care option for children, especially if foster care goes on for an extended period. Therefore, kinship foster care has become increasingly widespread in the United States. This is due to the shrinking supply of foster families, the growing number of children in need of out-of-home care, the shift in values about the importance of kin as a resource for children, and the improved financial incentives provided for kinship caregivers. Relatives have no legal obligation to become children's caregivers, but these individuals are more likely to take on their extended family members. In some states, child protection authorities recognize kin as foster caregivers within the child protection system only if they participate in training and become licensed in the same manner as foster parents. In other states, preferences for kin have been written in legal statutes. In most cases legal custody remains with the state even if a close relative is the caregiver—that is, the status remains that of a foster care relationship and is not that of a permanent legal guardianship.

Although policies toward kinship care differ across states, the increased reliance on relatives as a resource for abused and neglected children implies significant changes in the child welfare practice. Kinship foster care providers tend to be older, more often single, disproportionately African American, poorer, and less educated than non-kin foster parents. The majority of kinship caregivers are grandmothers and aunts. However, despite a kin's relatively disadvantaged status in terms of age and income, kin caregivers typically offer children a safe and nurturing environment. Their close ties to the child and to the child's birth family inherently support family bonds. Yet these ties also make many kin caregivers reluctant to consider adoption. Although kin are encouraged to obtain legal guardianship or adopt the child, another reason kinship caregivers may not pursue this is the presence of administrative and financial hurdles. The Adoption and Safe Families Act attempts to remedy this by increasing special funding and financial support for kinship care and by providing advisory services for kinship foster caregivers. The act also reserves the right for kinship caregivers to be heard in any adoption or guardianship proceedings affecting the child in their care, and they are priority candidates for adoption and legal guardianship.

Adoption 2002—The President's Initiative on Adoption and Foster Care: All attempts to improve the child welfare system in the United States have centered on the concept of legal permanency. Because of growing awareness that very often children cannot return to their birth parents and therefore remain unacceptably long in various foster care placements, the focus has shifted somewhat from family reunion to adoption.

Adoptions 2002, a set of "Guidelines"[46] to reform the U.S. adoptions system, is a response to an initiative by former President Clinton to double by the year 2002 the number of children adopted or placed in other permanent homes each year. Building on the Adoption and Safe Families Act provisions, the Guidelines make specific recommendations for strategies to implement the provisions, in order to move children more quickly from foster care to permanent homes. Recognizing that the child protection and foster care system is governed by state legislation, the Guidelines offer states a checklist on child welfare reform measures and help translating ASFA provisions into consistent state legislation. In particular, they aim to reform the court procedures, improve legal representation, and to speed up the handling of cases at the child welfare agency.

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[46] "Guidelines for Public Policy and State Legislation Governing Permanence for Children," available at *http //www.acf dhhs gov/programs/cb/publications/adopt02/02final htm.*

In underlining the overarching goal of permanence, the Guidelines reflect the fundamentals of the U.S. child welfare philosophy as expressed in ASFA regulations. It recommends that state law reflect a preference for adoption, but also suggests the introduction of other forms of permanence (for example legal guardianship or, in very specific circumstances, planned permanent living arrangements with relatives or family friends).

Speeding up the adoption process is the core aim of the Guidelines. They provide a vast range of detailed recommendations on how to streamline court proceedings, including the following examples: The authors advocate the introduction of legally protected agreements to allow post-adoption contact between birth parents (or siblings, grandparents, or other relatives) and the adopted child. This reflects the expectation that, if future contact were possible, the number of parents voluntarily relinquishing their parental rights might increase, thereby shortening the court process. Furthermore, the Guidelines offer detailed recommendations on how to enable parents to execute voluntary relinquishment at all stages of the court process, according to a specific set of easily understood rules and based on comprehensive advice. The authors also advocate the introduction of strict time limits for all stages of termination of parental rights proceedings, while ensuring that courts and agencies have the resources and capacities to meet deadlines. They suggest that those cases be tried without a jury, since jury trials tend to proceed more slowly than trials by judge.

The Guidelines also identify deficiencies in the structure and functioning of child welfare agencies. They include recommendations on how to make the agencies' services more efficient and accessible, mainly based on increased funding for extra staff and special training.

(e) Funding and financial support

There are a number of federal adoption incentive payment schemes for states that aim to increase the number of adoptions over a base year. These federal grant programs are administered by the Children's Bureau[47] and are part of the federal funds channeled to states through the Administration for Children and Families. They aim to improve and support a range of services and cover foster care maintenance payments, financial and medical assistance for adopted children, support for current and former foster care children and youth to achieve self-sufficiency, programs of family support, counseling and prevention services, improvements in state child protection services, child abuse investigation services, and training of staff and administration costs. States have to submit detailed policy programs to the Children's Bureau to qualify for the grants. The system of benefits and financial support for children and the amounts available vary from state to state; however, regardless of those differences, foster care children and their caregivers can expect to receive sufficient funding to cover living expenses as well as medical care. Since many foster care children are without medical insurance, many states operate special insurance programs. Some states also provide extra funds and incentives for foster families to take on hard-to-place children.

4.2. Children with special needs

(a) Legal background

The treatment of children with special needs both with regard to medical support or rehabilitation and to education is governed by the Individuals with Disabilities Education Act (IDEA),[48] which includes

[47] Details of those programs can be viewed at *http://www.acf.dhhs.gov/programs/cb/programs/state.htm*.
[48] Available at *http://frwebgate.access.gpo.gov/cgi-bin/getdoc cgi?dbname=105_cong_public_laws&docid=f:publ17.105 pdf*.

a special program for children younger than two years: the Early Intervention Services for infants and toddlers.

(b) The Individuals with Disabilities Education Act (IDEA)

IDEA requires that all states and territories provide public school education to children with disabilities from ages 3 to 21, regardless of the severity of disability. Basic rights include the right to a free appropriate public education at the public's expense; the right to an educational placement based on an evaluation of each child's individual needs; the right of children with disability to receive teaching or instruction designed to meet their needs, to be set out in the Individualized Education Program (IEP); the right to a full range of services (counseling, transportation, speech/language pathology, occupational/physical therapy); and the right of parents and guardians to be involved in decision making and to appeal against decisions affecting their child. Furthermore, IDEA requires that children with disabilities be educated in the Least Restrictive Environment (LRE), implying that inclusion is to be sought wherever possible.

(c) Actors and their authorities

Each state will decide which of its agencies will be the lead agency in charge of early intervention services. Parents of children with special needs can get in touch with the Child Find office—a service directed by each state's Department of Education or lead agency for identifying and diagnosing children with disabilities who are not served—or with an early interventionist (an early childhood specialist working with infants and toddlers).

Depending on each state's rules and regulations, the evaluation and assessment are usually conducted by a team of professionals, which may include a psychologist, an early interventionist, and a physical therapist. Early intervention services are mostly offered by private agencies specializing in the relevant field required. Each child is assigned a service coordinator who is mostly employed by the early intervention agency and who coordinates the child's education and medical services in partnership with the family and providers of special programs. The education programs for children with special needs above the age of three are usually administered by the state's Department of Education, through the Local Education Authorities (LEA).

(d) Child disability care in practice

Assessment and evaluation: The Early Intervention Services for infants and toddlers with disabilities focuses on children aged up to two years in need of early intervention services (physical, cognitive, communication, social/emotional, and adaptive development). Under its terms a disability assessment and medical support are offered through a public or private agency in the child's home, clinic, neighborhood daycare center hospital, or local health department. The assessment and evaluation are free of charge to the families affected. Furthermore, an Individualized Family Service Plan (IFSP) is prepared, which describes the child's developmental levels, family information, major outcomes expected, services the child will be receiving, and provision details. The IFSP also assigns a service coordinator.

Programs for preschoolers: Under the IEP the states provide special education programs for preschoolers—that is, programs, services, or specially designed instruction for children aged three to five with special needs who are found eligible as well as the provision of special learning methods or materials. These services come at no cost to the family.

School education: According to IDEA, the school placement for the child must be in the Least Restrictive Environment (LRE) appropriate to the child's needs. He or she will be placed in the regular

classroom to receive services unless the IEP team determines that, even with special additional aids and services, the child cannot be successful there. The IEP must relate clearly to the general curriculum that children in regular classrooms receive. However, it also has to ensure that children are educated in the way they individually require. To achieve this outcome, regular teachers are part of the team that develops each child's IEP. In any case, the parents are involved in any group making decisions on what services the child will receive and where.

Typically there are a number of options for educating children with special needs, depending on their individual abilities. In the most desirable outcome children can attend regular class, while receiving indirect support through the teacher. Teacher support services could include consultation or adaptation of materials. Alternatively, the child receives instruction in the regular class part- or full-time, and the regular teacher jointly with a special educator develops special programs to educate the child in the class. In another model, the child receives instruction in the regular classroom as well as specially designed instruction from a special education teacher in a resource room during part of the school day. Alternatively, the child can be instructed in a special classroom for the majority of the school day, while participating with the other students' regular program whenever appropriate (for example, in art classes). If it is inappropriate for the child to attend regular classroom teaching, he or she may be instructed in a separate school for exceptional children or at home or in the hospital by a special teacher (requiring medical statements indicating that the child cannot attend school). Independent of what type of education is chosen under the IEP, a child with special needs can be provided with special services such as transportation, speech therapy, physical therapy, adaptive physical education, or counseling,

(e) Funding

Children in the United States have the right to a free appropriate public education, and this applies to children with special needs as well. Furthermore, there are ample programs of special medical and educational assistance to children with special needs, which can be funded through federal grants, through medical insurance or Medicaid, or from the state budget.

4.3. Juvenile delinquency

(a) What is juvenile delinquency?

Juvenile delinquency includes criminal behavior of children and young people under 21. However, there are very different rules governing the judicial treatment of young people across states. Although people in this age bracket are generally treated differently from adults, some states allow children and young people to be prosecuted as adults from an age as young as 7 years for specific offenses.

(b) Juvenile delinquency and its remedies

Although the practice of dealing with young offenders in the United States appears to rely mostly on harsh sentencing, the U.S. Department of Justice officially promotes a more balanced approach. The philosophy of the U.S. approach to juvenile delinquency is laid out in the "Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders" by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The general guideline is to maintain a balanced approach to juvenile delinquency, depending on the severity of the crime. The OJJDP sets out five different steps in emerging juvenile delinquency: problem behavior, non-criminal misbehavior, delinquency, serious violent behavior, and chronic offending. Responses to juvenile criminal behavior range from prevention (which targets at-risk youth) to graduated sanctions (which target delinquent youth). The OJJDP lists the following individual responses:

- strengthen families in their role of providing guidance and provision of values as the first instance of teaching children;
- support core social institutions such as schools, churches, and community organizations and their effort to contain risk factors and help children develop their potential;
- promote prevention strategies that enhance protective factors and reduce the impact of risk factors affecting at-risk youth;
- intervene immediately and constructively when delinquent behavior first occurs; apply a broad spectrum of sanctions that ensure accountability and a continuum of services;
- identify and control violent offenders and transfer the most serious ones for criminal prosecution; and
- establish a system of graduated sanctions, holding juvenile offenders accountable and providing programs and services that meet identified treatment needs.

The National Juvenile Justice Action Plan of 1996, an agenda produced by the Coordinating Council on Juvenile Justice and Delinquency Prevention upon the request of the U.S. Attorney General, lays out several objectives in combating juvenile crime: providing immediate intervention and appropriate sanctions and treatment for delinquent juveniles; prosecuting certain serious, violent, and chronic juvenile offenders in criminal court; reducing youth involvement with guns, drugs, and gangs; providing opportunities for children and youth; breaking the cycle of violence by addressing youth victimization, abuse, and neglect; strengthening and mobilizing communities; supporting the development of innovative approaches to research and evaluation; and implementing an aggressive public outreach campaign on effective strategies to combat juvenile violence.

5. Country statistics

This section presents statistical data on foster care and adoption in Germany, England, and the United States and gives some indication as to the structure of child welfare provision in the three countries. The data include the number of children placed in foster care and the type of foster home, their length of stay in foster care, and the number of adoptions.

A word of caution: These data have severe limitations. The U.S. data provide only estimates as statistics are not available from every state (and different states use different definitions for care arrangements). Furthermore, there are no recent time series available, and the data are limited to 1998 and sometimes 1994. They therefore can only serve as a rough guide as to the relative importance of the different care arrangements and their specifications. Comparisons across countries and years should only be made with caution. German child welfare data are very limited and only cover general foster care and adoption statistics and provide information as to the relative importance of various youth office services. No country-wide data or estimates are available on length of stay in foster care and reasons for entering and exiting foster care. The data from England are the most detailed. They stem from a Department of Health survey conducted in 1999.

The data can also be viewed on the Web at the following addresses:
Germany:
http://www.akj-stat.fb12.uni-dortmund.de/StandardTabelle.htm
England:
http://www.doh.gov.uk/adoption/links.htm
United States:
http://www.acf.dhhs.gov/programs/cb/publications/afcars/ar0400.pdf
http://www.acf.dhhs.gov/programs/cb/dis/vcis/maintoc.htm

5.1 Germany

Memo items: *Total number of children under 18 in 1999: 15.687 million*
Total population: 82.178 million

Table 1: *Children in Foster Care*

Placement	1990	1991	1992	1993	1994	1995	1996	1997	1998
All Children	115,010	117,072	125,842	132,553	137,658	119,414	128,088	132,649	138,849
Family-Based Care	43,947	48,017	52,124	54,481	56,076	48,021	50,696	52,134	54,020
Group Care Institutions	64,332	68,190	72,685	76,824	80,077	69,969	75,543	78,212	82,051

Table 2: *Adoptions*

Placement	1990	1991	1992	1993	1994	1995	1996	1997	1998
All Children		7,142	8,403	8,687	8,449	7,969	7,420	7,173	7,119
Kinship/Step-Parent		4,082	4,291	4,480	4,600	4,332	4,198	3,911	3,670
Outside Family		2,329	3,140	3,393	3,161	2,923	2,580	2,562	2,672
International		731	972	814	688	714	642	700	777

Table 3: *Removals of Children from Birth Families over the year*

Taken in youth office care	1991	1992	1993	1994	1995	1996	1997	1998
All Children					23,271	27,822	31,564	31,277
At child's own request[1]					7,882	9,630	11,448	11,029
For Danger Reasons[2]					15,389	18,192	20,116	20,248
Removal[3]					161	230	243	138

Notes: [1] According to § 42 Child and Youth Support Act: child under youth office supervision. [2] According to § 42 Child and Youth Support Act: child under youth office supervision. [3] According to § 43 Child and Youth Support Act.

Table 4: *Youth Office Services*

Service types	1991	1992	1993	1994	1995	1996	1997	1998
Total[1]	29,161	33,281	35,235	36,726	38,340	41,998	47,189	51,139
Parent Advisory[2]	8,426	9,137	8,802	9,374	9,086	8,948	9,643	9,859
Child Advisory[3]	2,118	3,269	3,275	2,887	3,691	3,599	3,668	3,807
Social Group Work[4]	1,778	1,792	2,471	2,919	3,454	3,651	4,791	5,076
Family Support[5]	9,089	9,968	10,547	9,951	11,246	12,484	13,876	15,268
Day Care[6]	7,747	9,115	10,140	11,595	10,863	13,316	15,211	17,129

Notes: [1]Total number of youth office intervention stopping short of child removal. [2] Parental care support to help children overcome developmental difficulties while keeping living arrangement intact. [3] Individual help and advice for children to overcome developmental difficulties. [4] Social Group Work: for older children and youth to help overcome developmental and behavioral difficulties. [5] Intensive family support to help overcome everyday-problems and solve conflicts and crisis, long-term program. [6]After-school daycare: social learning opportunities for children outside the family, while continuing to live at home.

5.2 England

Memo items: *Total number of children under 16 in 2000: 10.074 million*
Total population: 49.997 million

Table 1: *Children in care/looked after on 31 March by age and sex, 1989–99*

Age on 31 March	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
All Children [1]	62,148	60,532	59,834	55,500	51,600	49,100	49,500	50,500	51,000	53,300	55,300
Rates per 10,000	57	56	55	51	47	45	45	45	45	47	49
Boys	33,730	32,506	31,955	29,300	27,300	26,200	26,500	27,300	27,900	29,200	30,200
Under 1	884	889	884	770	680	790	830	890	900	940	1,100
1–4	4,660	4,791	4,864	4,300	3,700	3,300	3,600	3,900	4,300	4,600	4,900
5–9	6,275	6,428	6,776	6,400	5,900	5,600	5,600	5,800	6,000	6,500	6,700
10–15	13,375	12,885	12,552	11,700	11,500	11,500	11,700	11,900	12,000	12,400	12,700
16 and over	8,536	7,513	6,879	6,220	5,580	4,900	4,800	4,800	4,700	4,800	4,800
Girls	28,418	28,026	27,879	26,100	24,300	23,000	23,000	23,200	23,100	24,200	25,200
Under 1	827	763	770	650	630	660	770	760	830	870	1,060
1–4	4,057	4,197	4,289	3,800	3,100	3,100	3,200	3,400	3,800	4,200	4,400
5–9	5,534	5,726	5,907	5,500	5,000	4,600	4,500	4,700	4,900	5,300	5,900
10–15	10,958	10,763	10,599	10,200	9,900	9,700	9,900	9,700	9,400	9,600	9,700
16 and over	7,042	6,577	6,314	6,020	5,590	4,900	4,600	4,500	4,300	4,200	4,200

Note: Children under 18 years of age.

Table 2: *Children in care/looked after on 31 March by legal status, 1989–99*

Legal status	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
All Children[1]	62,148	60,532	59,834	55,500	51,600	49,100	49,500	50,500	51,100	53,300	55,300
Care orders	37,357	37,112	37,015	37,500	31,800	28,900	28,500	28,900	30,000	32,100	34,100
Received into care under Section 2 of the Child Care Act 1980	23,707	22,435	21,715	.	.	.	.	.	.	.	.
S20 CA 1989 (voluntary arrangements)[2]	.	.	.	17,100	18,500	18,800	19,500	19,900	19,200	19,100	18,900
On remand or committed for trial or detained	615	572	581	390	430	410	420	470	480	540	530
Other legal status[3]	469	413	523	490	930	1,000	1,100	1,200	1,400	1,600	1,800

Notes: [1] Figures for children looked after in this table exclude agreed series of short-term placements. [2] Parents giving their consent to the child being taken into out-of-home care [3] Includes emergency orders and those freed for adoption. See Table 11 for a breakdown of the figure for 1999.

Table 3: *Children* in care/looked after on 31 March by age and sex, 1989–99; percentages*

Age at 31 March	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
All children[1]											
Under 1	2.8	2.7	2.8	2.6	2.5	2.9	3.2	3.3	3.4	3.4	3.9
1-4	14	14.8	15.3	14.6	13.2	13.1	13.6	14.5	15.9	16.4	16.7
5-9	19	20.1	21.2	21.5	21.1	20.8	20.4	20.9	21.2	22.1	22.7
10-15	39.2	39.1	38.7	39.4	41.5	43.3	43.7	42.8	41.8	41.2	40.5
16 and over	25.1	23.3	22	21.9	21.6	19.8	18.9	18.4	17.5	16.3	15.7
Boys	54.3	53.7	53.4	52.9	52.9	53.3	53.5	54.1	54.7	54.7	54.5
Girls	45.7	46.3	46.6	47.1	47.1	46.7	46.5	45.9	45.3	45.3	45.5

Notes: 1 Figures for children looked after in these tables exclude agreed series of short-term placements. Agreed series of short term placements are mainly short-term support for families, for example when parents need to go to the hospital. They have the following characteristics: all placements occur within a period that does not exceed one year, no single placement is for a duration of more than four weeks, and the total duration of the placements does not exceed 90 days. *Children under 18 years of age.

Table 4: *Children in care/looked after on 31 March by placement, 1989–99*

Placement	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
All Children[1]	62,148	60,532	59,834	55,500	51,600	49,100	49,500	50,500	51,100	53,300	55,300
Foster placements	34,160	34,548	34,766	32,400	31,400	31,300	32,000	33,000	33,400	35,000	36,200
In lodgings or residential employment	2,003	1,733	1,719	2,100	2,000	1,500	1,400	1,400	1,200	1,100	1,100
In community homes	11,014	10,507	9,710	7,700	6,800	6,000	5,700	5,300	5,100	4,900	4,800
Voluntary homes and hostels	980	943	854	760	700	600	570	480	480	460	480
Schools and hostels for children with special educational needs	1,231	1,174	1,050	870	850	790	910	960	980	1,000	1,000
Placed for adoption	1,561	1,583	1,885	2,800	2,500	2,200	2,200	2,200	2,400	2,400	2,900
Under charge and control	8,797	7,740	7,297	.	.	.	.	.	.	.	.
Placement with parents	.	.	.	6,400	5,100	4,400	4,300	4,700	5,100	5,700	6,200
Other accommodation	2,402	2,304	2,553	2,420	2,320	2,300	2,400	2,500	2,400	2,700	2,600

[1] Figures for children looked after in this table exclude agreed series of short-term placements

Table 5: *Children who started being looked after during 1995–99 (grouped by legal status on starting)[1] (numbers and percentages)*

	numbers					percentages				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
All Children [2]	32,500	32,300	29,900	29,700	28,400	100	100	100	100	100
Full Care order	740	700	590	910	940	2	2	2	3	3
Interim care order	2,100	2,400	2,600	3,300	3,400	7	7	9	11	12
On remand, committed for trial or detained	1,400	1,400	1,400	1,500	1,400	4	4	5	5	5
Emergency protection order or Police protection	2,700	2,700	2,900	3,100	3,300	8	8	10	11	12
Voluntary agreement under S20 CA 1989 (single placement)	25,300	25,000	22,200	20,500	19,000	78	77	74	69	67
Other legal status	200	190	170	280	350	1	1	1	1	1

[1] Only the first occasion on which a child started being looked after in the year has been counted. [2] Figures for children looked after in this table exclude agreed series of short-term placements.

Table 6: *Children who started being looked after during 1995–99 (grouped by reason for being looked after)[1] (numbers and percentages)*

	numbers					percentages				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
All Children [2]	32,500	32,300	29,900	29,700	28,400	100	100	100	100	100
No parents	330	440	300	430	570	1	1	1	1	2
Abandoned or lost	830	960	920	910	1,000	3	3	3	3	4
Family or child homeless	470	410	340	310	380	1	1	1	1	1
Parent(s) in prison	380	400	410	350	380	1	1	1	1	1
Breakdown of adoptive family	50	70	60	50	50	0	0	0	0	0
Preliminary to adoption	480	430	400	460	430	1	1	1	2	2
Parent's health	4,300	4,400	3,700	3,600	3,100	14	13	14	12	11
Parents/families need relief										
- child with disabilities	720	520	420	390	460	2	2	1	1	2
- other	8,500	8,600	7,800	7,300	6,000	26	27	26	25	21
Abuse or neglect	6,100	6,500	6,800	7,700	8,300	19	20	23	26	29
Concern for child's welfare	3,100	2,700	2,600	2,400	2,400	10	8	9	9	9
Own behavior	1,800	1,800	1,500	1,300	1,300	4	6	5	5	5
Accused or guilty of an offense	1,500	1,600	1,600	1,800	1,700	5	5	5	6	5
At the request of the child	1,100	1,100	900	770	650	3	3	3	3	2
Other	2,600	2,500	2,300	1,900	1,600	8	8	8	6	6

[1]Only the first occasion on which a child started being looked after in the year has been counted. [2] Figures for children looked after in this table exclude agreed series of short-term placements.

Table 7: *Children aged 16 and over who stopped being looked after during 1995–99[1] (numbers and percentages)*

	Numbers					Percentages				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
All Children [2]	8,700	8,700	8,300	7,700	7,100	100	100	100	100	100
Sex										
Boys	4,500	4,500	4,400	4,200	4,000	51	53	53	55	56
Girls	4,200	4,100	3,900	3,500	3,100	49	48	47	45	44
Age on ceasing										
16	3,400	3,600	3,400	3,500	3,400	38	41	41	45	47
17	1,400	1,500	1,500	1,400	1,400	16	17	18	17	20
18th birthday	3,800	3,500	3,300	2,800	2,200	43	41	40	36	31
Older than 18th birthday	150	90	100	140	80	2	1	1	2	1
Final placement										
Foster placement	3,600	3,600	3,700	3,600	3,300	41	42	45	46	47
Children's homes [3]	2,100	2,100	1,800	1,800	1,500	24	24	22	23	21
Living independently [4]	1,900	1,700	1,600	1,300	1,300	21	20	19	16	18
Placed with parents	480	470	440	490	420	5	5	5	6	6
Other	740	760	700	600	650	8	9	8	8	9
Duration of final period of care [5]										
Under 6 months	2,300	2,300	2,100	2,000	1,800	26	27	26	26	26
6 months to under 1 year	910	950	860	750	640	10	11	10	10	9
1 year to under 2 years	1,400	1,400	1,300	1,100	1,000	16	16	16	14	14
2 years and over	4,200	4,000	3,900	3,900	3,700	48	46	48	50	51

[1] Only the latest occasion on which a child stopped being looked after in the year has been counted. [2] Figures for children looked after in this table exclude agreed series of short-term placements. [3] Includes community homes, voluntary homes and hostels, and private registered children's homes. [4] Includes living in lodgings, living independently, and in residential employment. [5] "Period of care" refers to a continuous period of being looked after, which may include more than one episode.

Table 8: *Looked-after children adopted[1] during 1995–99 numbers and percentages*

	Numbers					Percentages				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
All Children [2]	2,000	1,900	1,900	2,100	2,200	100	100	100	100	100
Sex										
Boys	1,000	980	920	1,100	1,100	50	51	50	51	48
Girls	1,000	930	940	1,000	1,100	50	49	50	49	52
Age at adoption										
Under 1	200	150	140	140	200	10	8	8	7	9
1 to 4	810	860	890	1,110	1,300	40	45	48	53	57
5 to 9	690	610	580	660	580	34	32	31	31	26
10 to 15	290	260	220	170	150	14	14	12	8	7
16 and over	30	30	30	20	10	2	1	2	1	-
Average age (years : months)	5:9	5:6	5:5	4:11	4:4					
Final placement										
Placed for adoption	1,300	1,300	1,200	1,500	1,600	63	66	65	72	75
Foster placement	690	610	600	570	510	34	32	32	27	23
Other	50	40	50	20	50	3	2	3	1	2
Final legal status										
Freed for adoption	520	560	590	690	720	26	30	31	33	33
Care order	1,000	960	940	1,100	1,000	52	50	51	51	47
Voluntary agreement (S20)	460	380	330	330	430	23	20	18	16	20
Other legal status	*	*	*	*	*	-	-	-	-	-
Duration of final period of care [3]										
Under 1 year	230	190	180	170	250	11	10	10	9	11
1 year to under 2 years	360	400	390	450	560	18	21	21	21	26
2 year to under 3 years	380	410	490	600	600	19	21	26	28	27
3 years and over	1,100	900	810	890	780	52	47	44	42	36

[1] Children who stopped being looked after, where "adopted" was given as the final outcome. [2] Figures for children looked after in this table exclude agreed series of short-term placements. [3] "Period of care" refers to a continuous period of being looked after, which may include more than one placement or legal status.

Table 9: *Children looked after on 31 March 1999 by age and duration of latest period of care*[1]

Duration	Age on 31 March 1999					
	All ages	Under 1	1–4	5–9	10–15	16 and over
All Children[2]	55,300	2,200	9,200	12,500	22,400	9,000
Under 2 weeks	1,000	150	210	160	430	70
From 2 weeks to under 8 weeks	2,300	310	400	470	940	200
From 8 weeks to under 6 months	5,900	930	1,100	1,200	2,300	440
From 6 months to under 1 year	6,900	770	1,600	1,500	2,400	660
From 1 year to under 2 years	10,400	-	3,100	2,600	3,300	1,300
From 2 year to under 3 years	7,500	-	1,800	2,100	2,500	1,100
From 3 year to under 5 years	9,300	-	990	3,000	3,900	1,500
From 5 year to under 10 years	9,100	-	-	1,600	5,300	2,300
10 years and over	2,800	-	-	-	1,300	1,500

[1] "Period of care" refers to a continuous period of being looked after, which may include more than one placement or legal status. [2] Figures for children looked after in this table exclude agreed series of short-term placements.

Table 10: *Children looked after during the year under at least one agreed series of short-term placements, 1995–99 (numbers and percentages)*

	Numbers					percentages				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
All Children[1]	10,400	10,600	11,000	11,400	11,700	100	100	100	100	100
Sex										
Boys	6,100	6,300	6,600	6,900	7,100	59	59	60	60	60
Girls	4,300	4,300	4,400	4,500	4,600	41	41	40	40	40
Age[2]										
Under 1	190	150	160	140	130	2	1	1	1	1
1 to 4	1,500	1,500	1,300	1,100	900	15	14	12	10	8
5 to 9	3,200	3,300	3,300	3,400	3,100	31	31	30	30	26
10 to 15	4,300	4,400	4,800	5,100	5,600	41	42	44	45	48
16 and over	1,200	1,300	1,500	1,700	1,900	11	12	14	15	17
Average age (years : months)	10:5	10:7	10:8	10:10	11:1					
Placement[3]										
Foster placement	5,800	5,900	6,200	6,300	6,200	63	66	65	72	75
Children's homes[4]	3,700	3,800	4,000	4,500	4,900	34	32	32	27	23
Other	910	880	900	630	620	3	2	3	1	2
Reason for being looked after[3]										
Parents/families need relief										
- child with disabilities	5,000	5,400	5,700	6,200	6,700	48	51	51	54	57
- other	3,300	3,200	3,300	3,200	3,100	31	30	30	28	27
Parent's health	730	750	680	610	560	7	7	6	5	5
Child's welfare	420	320	350	350	320	4	3	3	3	3
Other	950	930	1,030	1,090	1,000	9	9	9	10	8

[1]All children looked after under one or more agreed series of short-term placements at any time during the year ending 31 March. Some will also have been looked after under other legal statuses during the year, and will therefore be included in other tables in this publication. [2] Age at the end of the latest episode of care, or on 31 March if the child is still covered by an agreement. [3] Placement and reason for being looked after relate to the child's latest episode of care during the year. [4] Includes community homes, voluntary homes and hostels, and private registered children's homes.

Table 11: *Number of days looked after by legal status and placement during 1995–99 (in thousands)*

	Year ending 31 March				
	1995	1996	1997	1998	1999
All Children[1]	17,830	18,210	18,430	18,920	19,960
Legal Status					
Care Orders	10,400	10,470	10,690	11,490	12,350
On remand, committed for trial or detained[2]	150	160	170	160	160
On remand or committed for trial	140	150	160	160	150
Detained[3]	8	7	7	5	10
Emergency protection order or Police protection	19	18	19	21	21
Child freed for adoption	300	350	390	420	470
Voluntary agreements under S20 CA 1989 (single placements)[4]	6,890	7,150	7,100	6,770	6,900
Other Legal Status	60	64	62	50	66
Placement					
Foster care	11,400	11,780	12,020	12,480	13,170
Children Homes	2,610	2,500	2,370	2,230	2,260
Placed for Adoption	790	810	840	860	950
Placed with Parents	1,580	1,660	1,780	2,030	2,230
Other Placements	1,450	1,460	1,420	1,320	1,360

[1] Figures for children looked after in this table exclude agreed series of short-term placements. [2] Includes children who are subject to a compulsory care order under Section 53 of 1933 CYPA. [3] Children detained in local authority accommodation under section 38(6) of the Police and Criminal Evidence Act of 1984. [4] Parents giving their consent to the child being taken into out-of-home care.

Table 12: *Children looked after on 31 March 1999 by legal status and age*

Legal Status	Age on 31 March 1999					
	All Children	Under 1	1–4	5–9	10–15	16 and over
All Children [1]	55,300	2,200	9,200	12,500	22,400	9,000
Care Orders	34,100	1,300	6,700	9,100	12,900	4,100
On remand, committed for trial or detained	530	-	-	-	270	270
On remand or committed for trial	500	-	-	-	260	250
Detained	30	-	-	-	10	20
Emergency orders or Police protection	280	70	90	90	40	-
Police protection	50	20	20	20	-	-
Emergency Protection Orders	230	50	70	70	40	-
Child freed for adoption	1,300	40	550	450	160	50
Voluntary agreements under S20 CA 1989 (single placements)	18,900	700	2,000	2,900	9,300	4,000
Others	220	10	20	10	120	50

[1] Figures for children looked after in this table exclude agreed series of short-term placements.

Table 13: *Children looked after on 31 March 1999 by placement and age*

Placement	All Children	Under 1	1–4	5–9	10–15	16 and over
All Children [1]	55,300	2,200	9,200	12,500	22,400	9,000
Foster Placements	36,200	1,600	6,200	9,100	14,700	4,600
With a relative or friend						
within LA (local area)	4,400	120	830	1,200	1,800	520
outside LA	1,200	30	220	350	500	150
Already in a relative's house						
within LA	650	20	130	170	260	70
outside LA	150	-	40	50	30	30
Others						
within LA	24,200	1,200	4,100	6,100	9,800	3,000
outside LA	5,600	230	860	1,300	2,400	840
Other community placements	10,200	330	3,000	2,700	2,400	1,700
In lodgings, living independently, or residential employment	1,100	-	-	-	60	1,100
Placement with parents	6,000	170	1,400	1,800	2,100	550
Other placement	140	10	30	20	50	30
Placed for adoption	2,900	160	1,600	920	170	30
Community Homes	4,800	-	20	310	3,300	1,200
With educational facilities						
Maintained or controlled	570	-	-	30	420	120
Assisted	120	-	-	10	80	30
Other maintained or controlled homes						
With observation and assessment facilities	530	-	-	40	350	140
For children with disabilities	320	-	-	40	180	90
Providing hostel facilities	120	-	-	-	30	90
Others						
- accommodating 12 or fewer children	2,300	-	10	130	1,700	480
- accommodating more than 12 children	390	-	-	10	310	70
Other assisted homes						
With observation and assessment facilities	40	-	-	-	30	10
For children with disabilities	60	-	-	-	30	30
Providing hostel facilities	30	-	-	-	-	30
Others						
- accommodating 12 or fewer children	200	-	10	20	140	30
- accommodating more than 12 children	120	-	-	30	60	20
Voluntary homes and hostels	480	-	-	40	190	240
Private registered children's homes	950	-	10	90	660	190
Schools and associated homes and hostels	1,000	-	-	90	700	230
Schools for children with special educational needs						
- maintained special schools	150	-	-	20	100	20
- independent special schools	550	-	-	60	370	120
Other independent schools						
- registered under Education Act of 1944	130	-	-	-	90	40
- dual registered under Education Act of 1944 and CA 1989	90	-	-	-	80	10
Residential care homes (Residential Homes Act of 1984)	100	-	-	10	50	40

Other accommodation	1,700	140	180	190	690	450
Youth treatment centers	40	-	-	-	30	10
Family centers	110	30	20	10	40	10
Mother and baby homes	130	60	30	10	10	20
Medical or nursing care	100	20	10	10	40	20
Young offender institution or prison	170	-	-	-	60	110
Absent from agreed placement	180	-	10	10	70	90
Other accommodation	920	30	110	150	440	190

[1] Figures for children looked after in this table exclude agreed series of short-term placements.

5.3 United States

Memo items: *Number of children: 80.297 million*
Total population: 281.55 million

Table 1: *Children in Substitute Care by Placement FY1998*[1]

Placement	Estimation	Percentages
All Children	560,000	100
Kinship Foster Care	161,179	29
Non-Kinship Foster Care	268,225	48
Pre-adoptive Home	15,489	3
Group Home[2]	42,412	8
Institution[3]	46,532	8
Supervised Independent Living	3,731	1
Runaway	5,202	1
Trial Home Visit	17,231	3

[1] Fiscal Year 1998: 1 October 1997 to 30 September 1998. [2] For less than six children per home. [3] Mainly care facilities for children with behavioral or mental health difficulties, as well as young offenders. Institutions vary in size (up to several hundred) and status (operated by the State or a private agency).

Table 2: *Children in Substitute Care by Length of Care FY1998*

Length of Care	Estimates	Percentages
Total	560,000	100
Less than a Month	20,806	4
1 to 5 Months	85,328	15
6 to 11 Months	84,690	15
12 to 17 Months	62,568	11
18 to 23 Months	48,056	9
24 to 29 Months	40,514	7
30 to 35 Months	30,496	5
3 to 4 Years	88,183	16
5+ Years	99,359	18

Table 3: *Children Entering Substitute Care by Reasons for Entering 1994*

Reason	Estimates	Percentages
Total	262,937	100
Protection	157,134	60
Status Offenses	12,464	5
Delinquent behavior	25,425	10
Handicap	9,874	4
Parental Absence	43,789	17
Relinquished parent rights	1,688	1
Other	11,429	4
Unknown	1,135	0

Table 4: *Case Goals of Children in Foster Care FY1998*

Status	Estimates	Percentages
Total	560,000	100
Reunified	221,839	40
Live with Other Relatives	19,561	3
Adopted	109,638	20
Guardianship	37,161	7
Long-Term Foster Care	30,246	5
Emancipation	14,657	3
Case Plan Not Yet Established	126,899	23

Table 5: *Children Entering Substitute Care by Age FY1998*

Age	Estimates	Percentages
Total	214,488	100
Less than 1 year old	37,574	13
1 to 5 years old	72,740	25
6 to 10 years old	61,981	22
11 to 15 years old	82,440	29
16 to 18 years old	31,013	11
19 years and older	252	0

Table 6: *Children Leaving Substitute Care by Age FY1998*

Age	Estimates	Percentages
Total	186,779	100
Less than 1 year old	9,942	4
1 to 5 years old	64,610	26
6 to 10 years old	56,352	23
11 to 15 years old	60,503	24
16 to 18 years old	50,442	20
19 years and older	6,151	2

Table 7: *Number of Children in Substitute Care by Parental Rights Status 1994*

Parental Rights Status	Estimates	Percentages
Total	465,820	100
Parental Rights Terminated	38,168	8
Parental Rights Relinquished	22,359	5
Neither	398,397	86
Other Status	6,377	1
Unknown/Unreported	520	0

Table 8: *Children In Substitute Care by Number of Placements 1994*

No. of Placements	Estimations	Percentages
Total	465,820	100
1 Placement	228,232	49
2 Placements	113,113	24
3 to 5 Placements	98,594	21
6 or more Placements	25,698	6
Unknown/Unreported	182	0

Table 9: *Age of Children Awaiting Adoption[1] when Entering Foster Care FY1998*

Age	Estimates	Percentages
Total	122,000	100
Less than 1 year	37,050	30
1 to 5 years	50,778	42
6 to 10 years	27,137	22
11 to 15 years	6,780	6
16 to 18 years	255	0

[1] Waiting children are identified as children who have a goal of adoption and/or whose parental rights have been terminated. Children 16 years and older with a goal of emancipation are excluded from the estimate.

Table 10: *Age of Children Awaiting Adoption on 30 September 1998*

Age	Estimates	Percentages
Total	122,000	100
Less than 1 year	3,489	3
1 to 5 years	42,565	35
6 to 10 years	44,747	37
11 to 15 years	27,380	22
16 to 18 years	3,818	3

Table 11: *Children Awaiting Adoption on 30 September 1998 by Time Spent Waiting in Foster Care*

Time Spent Waiting in Foster Care	Estimates	Percentages
Total	122,000	100
Less than 1 Month	790	1
1 to 5 Months	4,920	4
6 to 11 Months	8,074	7
12 to 17 Months	9,996	8
18 to 23 Months	11,141	9
24 to 29 Months	11,714	10
30 to 35 Months	9,651	8
36 to 59 Months	32,548	27
60 or More Months	33,165	27

Table 12: *Type of Placement of Children Awaiting Adoption on 31 March 1998*

Placement	Estimates	Percentages
Total	120,879	100
Kinship Foster Care	28,925	24
Non-Kinship Foster Care	70,054	57
Preadoptive Home	13,539	11
Group Home	3,546	3
Institution	3,647	4
Supervised Independent Living	73	0
Runaway	366	0
Trial Home Visit	729	1

Table 13: *Time Passed Between TPR[1] and Adoption for Children Adopted in FY1998*

Time passed	Estimates	Percentages
Total	36,000	100
Less than 1 Month	956	3
1 to 5 Months	5,636	16
6 to 11 Months	10,629	30
12 to 17 Months	7,125	20
18 to 23 Months	4,248	12
24 to 29 Months	2,526	7
30 to 35 Months	1,510	4
3 to 4 Years	2,474	7
5 plus Years	896	2

[1] Termination of Parental Rights.

Table 14: *Age of Children Adopted from Foster Care in FY1998*

Age	Estimates	Percentages
Total	36,000	100
under 1 year	577	2
1 to 5 years	16,387	46
6 to 10 years	13,177	37
11 to 15 years	5,145	14
16 to 18 years	714	2

ANNEX 8

Standard Rules on the Equalization of Opportunities for Persons with Disabilities

UN General Assembly Resolution 48/96 of 20 December 1993

Persons with disabilities have the right to the same opportunities as other citizens and to an equal share in the improvements in living conditions resulting from economic and social development. *Equalization of opportunities* means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, particularly to persons with disabilities.

The purpose of the Rules is to ensure that girls, boys, women and men with disabilities, as members of their societies, may exercise the same rights and obligations as others.

Persons with disabilities are members of society and have the right to remain within their local communities. **They should receive the support they need within the ordinary structures of education, health, employment and social services.**

States should take action to **raise awareness** in society about persons with disabilities, their rights, their needs, their potential and their contribution.

States should ensure the provision of **effective medical care** to persons with disabilities. They should work towards the provision of programs run by multidisciplinary teams of professionals for early detection, assessment and treatment of impairment.

States should ensure the provision of **rehabilitation services** to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning. They should include a wide range of activities, such as basic skills training to improve or compensate for an affected function, counseling of persons with disabilities and their families, developing self-reliance, and occasional services such as assessment and guidance. All rehabilitation services should be available in the local community where the person with disabilities lives. However, in some instances, in order to attain a certain training objective, special time-limited rehabilitation courses may be organized, where appropriate, in residential form.

States should ensure the development and supply of **support services**, including assisting devices for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights.

States should recognize the principle of equal primary, secondary and tertiary **educational opportunities** for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system.

To accommodate educational provisions for persons with disabilities in the mainstream, States should: (i) have a clearly stated policy, understood and accepted at the school level and by the wider community; (ii) allow for curriculum flexibility, addition and adaptation; (c) provide for quality materials, ongoing teacher training and support teachers.

Integrated education and **community-based programs** should be seen as complementary approaches in providing cost-effective education and training for persons with disabilities. National community-based programs should encourage communities to use and develop their resources to provide local education to persons with disabilities. In situations where the general school system does not yet adequately meet the needs of all persons with disabilities, special education may be considered. It should be aimed at preparing students for education in the general school system. The quality of such education should reflect the same standards and ambitions as general education and should be closely linked to it. At a minimum, students with disabilities should be afforded the same portion of educational resources as students without disabilities. States should aim for the gradual integration of special education services into mainstream education. It is acknowledged that in some instances special education may currently be considered to be the most appropriate form of education for some students with disabilities.

States should recognize the principle that persons with disabilities must be empowered to exercise their human rights, particularly in the field of **employment**. In both rural and urban areas they must have equal opportunities for productive and gainful employment in the labor market.

States are responsible for the provision of **social security and income maintenance** for persons with disabilities. States should ensure the provision of adequate income support to persons with disabilities who, owing to disability or disability-related factors, have temporarily lost or received a reduction in their income or have been denied employment opportunities. States should ensure that the provision of support takes into account the costs frequently incurred by persons with disabilities and their families as a result of the disability.

States should promote the full participation of persons with disabilities in family life. Respite-care and attendant-care services should be made available to families which include a person with disabilities. States should remove all unnecessary obstacles to persons who want to foster or adopt a child or adult with disabilities.

IMAGING

Report No.: 24450 RU
Type: SR