PROFESSIONAL COMMUNITY FOR THE CHILDREN AND FAMILIES OF RUSSIA

LOSS OF PARENTAL CARE INDEX V.1

REPORT FOR 2012

RESULTS FROM PILOTING VERSIONS 0 & 1

of the index in August–December 2012 and May–August 2013

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ПАРТНЕРСТВО
КАЖДОМУ РЕБЕНКУ

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

This report presents data for 2012 for 3 quantitative and 3 qualitative indicators that measure the effectiveness of any given administrative territory in preventing unnecessary loss of parental care.

Quantitative indicators

The data for the three quantitative indicators at the regional level was sourced from official child protection system monitoring data collected by the Ministry of Education and Science through the RIK-103 data form which is completed by municipal child protection authorities and aggregated to the district, regional and national level.

Indicator 1. Rate of children without parental care

The rate of children without parental care in the Russian Federation continues to be quite high with 2.5% of the child population officially registered as being without parental care. The rate is as high as 4% in some regions and as low as 1.3% in others. The quantitative indicators show little change in the situation compared to 2011 for Russia as whole, but in some regions there are significant reductions compared to 2011 and in others increases. Variations at the district level within regions also gives a rough overall measurement of how the child protection and family support system is doing in preventing loss of parental care in any given administrative territory.

Indicator 2. The level of coverage by support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities

The level of coverage in 2012 is 1% higher than in 2011, but is overall quite low with only 19% of signals about children most at risk of losing parental care received by the child protection organs coming from social services organizations. There are systemic differences across regions with 52% in Tyumen oblast and 8% in Moscow, and at the district level within a given region it can be

similarly observed that some districts have stronger links between the child protection authorities and the social services providers than in others. Referrals from police are slightly more prevalent across the country compared to referrals from social, education or health services. Referrals from police can probably be considered to be too late for prevention services as the child is probably already experiencing violence, neglect or abuse that is a threat to life and health and is therefore in need of immediate alternative care.

Indicator 3. The level of use by child protection authorities of family support services

Overall across the Russian Federation, education institutions are the most-used first placement for children identified by the child protection authorities as being without parental care when compared to referrals to health and social services institutions. Referrals to social services organisations, the only organisations with a mandate to work on family support and reintegration of the child to their own family, are the least-used service across the country as a whole. There are some regional variations, notably in Sverdlovsk and Tver oblasts and Permskii krai where the proportion of referrals to social services organisations is higher than in other regions. In effect, once a child has been registered as being without parental care by the child protection authorities, the chances of returning to the family are very low and the chances of ending up in long-term formal care are very high.

Qualitative indicators

3084 respondents took part in testing the qualitative indicators – 1216 parents and 1868 children from 14 regions of Russia as well as from Chisinau and Delhi. Overall the indicators have proven themselves to be an informative and useful way for children and parents to provide feedback on the underlying problems that lead to loss of parental care and the services that they need to address these problems.

Indicator 4. The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her family

Data from X children living in a range of different formal care settings shows that 58% of children know who both their parents are, but the level of their knowledge is quite low and they are not very well-informed on the whole. Children in foster care are generally less likely than their peers in residential care settings to know both parents (44% of respondents in foster care), but those who do tend to be better informed and know more details than their peers in residential care. There are variations across the different types of care and the regions with, for example, 75% of children in foster care in Leningrad oblast standing out as knowing their parents and having a high level of knowledge about them.

69% of children who responded across all regions and types of formal care have an understanding of the reasons for their being in care. There are variations across regions and types of care with, for example, 95% of children in foster care in Leningrad oblast again standing out as knowing the reasons for being in care. Of 33 children with disabilities in residential care who took part in the survey, 20 (61%) did not know why they are living in formal care and 13 (39%) knew the reasons, but children in all other types of care are more likely to know than not know the reasons for being care.

The death of at least one parent appears to be a key factor in determining whether a child might enter formal care in the long term, although in many cases it was not clear whether the death of the parent occurred after or before the entry of the child into formal care and further analysis is required to confirm. One or both parents being in prison is also a notable factor affecting children in formal care.

Children who said they know the reasons for being in care mentioned alcohol misuse by parents, but there were many fewer mentions by children of the neglect, violence or abuse that might represent

the 'threat to life and health' that is designated in Federal legislation as being a reason to remove children into the care of the state. This could be because children did not want to talk about their experiences in too much depth, or it could be that they have learned to name alcohol as the main reason for being in care because this is what they have been told by their carers and guardians.

Most children mentioned previous episodes in formal care, notably in temporary residential care or guardianship, but did not mention many preventative support services that they knew about before they entered care. Those who do mention such interventions, mention positive and practical support, for example with parents finding employment or treatment for alcohol dependency.

Some children mentioned that they still have informal contact with their parents or siblings. Some mentioned that they want to return to the care of their parents. Others are satisfied in the care of their grandparent guardians, but the number of mentions of grandparent death or relinquishment into care as a reason for entry into formal care should guard against seeing grandparent guardianship as a satisfactory long-term care arrangement without additional support.

Indicator 5. Effectiveness of support services for children at risk of losing parental care and their families

The main group of problems identified by parents that should be addressed to help prevent loss of parental care is a lack of parenting skills and knowledge, behaviour of the child and relationships within the family. Another important group of problems relate to the situation of parents themselves – emotional stress, conflict between parents and single parenthood are all identified as factors that increase the risk of losing the care of a child. Poverty and low income, housing problems and unemployment are also important factors, behind parenting issues followed by alcohol as a factor that can impede adequate parenting.

The services offered by state social services centres address some of these issues to some extent, but are largely reliant on residential forms of service provision and material support which have limited effectiveness. Services most offered and most used are residential services, material and financial support and consultations with psychologists. Treatment for alcohol dependency, moral support and building parenting skills are reported by parents and children as being offered and used much less.

The most effective types of services in the view of parents and children are conversations with specialists, family and individual counselling, psychologist consultations, parents' groups and moral support, day care and practical support in claiming benefits or services. Treatment for alcohol dependency was also viewed as most useful by 12 parents or 60% of those who said they had received this service. Residential care was viewed as most useful by 30 parents, about 13% of the number of parents who said that residential care was offered to them. Around 4% of all child respondents said that being able to live in the residential unit was most useful, especially where it offers them a safe refuge.

Responses to the question of which services are still needed have limited value, but some of the regional differences are useful to examine in more detail and it is worth noting that 11 children want to have more contact with their families, return to their families or enter alternative family care.

Indicator 6. Effectiveness of support services for children with disabilities and their families

Parents and children identify a range of problems and challenges across all aspects of the life of the child and family which need to be addressed by a range of services in order to ensure that children can be adequately cared for by their families. Parents identify the difficulties of providing everyday care as the biggest single problem for which support is needed and behavioural, relationship, parenting and psychological problems as the main group of

related problems which need addressing by services. Children identify every care issues but also financial and material support as among the greatest needs.

The packages of services offered to children and parents address, or partially address these needs in just over half of the cases where parents indicated both a problem and a set of services that were offered. There are significant variations in the packages of services offered to children and parents depending on the region and district where they live. Services offered tend to be those available, rather than those needed to address the specific problem named by children and parents.

Residential services are offered frequently, but accepted relatively rarely – summer camps were named as used a lot in this group of services. Day care services and other kinds of temporary care services are rarely offered, but when they are offered, they are largely seen as most useful by parents. Services are on the whole not sufficiently responsive to everyday care problems and in particular to the exhaustion of parents caring for children who require constant attention and care.

Specialist services and developmental classes of various kinds are the most frequently offered and are largely valued by both parents and children. The type and quality of the classes matter more to children than to parents as parents want their children to be busy and cared for and have less concern about what they are busy with. Many children particularly mention that they lack access to sport activities. Parents are more concerned about the quality of medical and specialist services.

Psychologist services are particularly valued and are clearly responding to the needs identified by parents, and to a large extent by children, relating to behaviour, relationships and psychological problems. More attention needs to be given by centres to working with parents and children together on issues of communication, behaviour and relationships.

Participants in the testing of the indicator put forward clear, articulate service standards in many of their responses, especially parents, but also children – **accessible, coordinated, easy to reach services are of critical importance for children with disabilities and their parents.** The more flexible the services are in meeting individual needs, the more effective they are at addressing those needs and ensuring that children are cared for and that parents are able to cope.

Children see a lack of services that can help them to lead a 'normal' life including a social life involving friends and family, and activities that they are interested in and which will help them eventually into further education or employment. Parents see a need for more services that can help with everyday care, education and full as possible physical and intellectual development of their children.

Conclusions

The indicators have been shown by the pilot exercises to be relevant, useful and effective in monitoring the system of preventative family support and child protection services at national, regional and district levels. They provide a multi-faceted perspective and facilitate the involvement of children and parents in assessing effectiveness. There is much more data available than has been used for the analysis in this report. Further regional reports will be prepared for participating regions which will draw in more depth on the data gathered, particularly for the qualitative indicator testing. The data collection instruments for the quantitative indicators are based on official government data sources and will only need to change if the RIK-103 format changes. The questionnaires for Indicators 5 and 6 are too long and need streamlining. The questionnaire for Indicator 4 can be adjusted to incorporate data about frequency of family contact for children in formal care.

The 2012 data reveals a child protection and family support system in Russia that offers

short stays in residential care as a first option for many children in need of family support measures. Programmes of psychological support focused on addressing behaviour problems and family relationship problems exist, but they need to be strengthened to focus more on working with children together with their parents or carers to address their mutual problems in communication, behaviour and relationships. Programmes that have a proven track record in building parenting skills, such as 'Unbelievable Years' and 'Mellow Parenting' could become an important part of the programme offered to families at risk of losing parental care. This is true for both children with and without disabilities and their families.

Alcohol as a factor in hampering parental capacity is mentioned by respondents to Indicator 4 and 5 questionnaires and there is a need to strengthen the response of service providers to this issue both by strengthening links with health services and by maintaining a focus on parenting abilities as the main and most important issue.

Residential care in social services organisations is widely available, especially in some regions, to children and families experiencing difficulties. It is not, however, being used by children identified by the child protection authorities as being without parental care except in one or two regions that took part in the survey. These children are largely being referred into more long-term formal care.

CHAPTER 1. INTRODUCTION TO THE LOSS OF PARENTAL CARE INDEX

The Loss of Parental Care Index is designed to give an objective, multi-faceted assessment of how well a given administrative territory is doing in terms of preventing unnecessary loss of parental care and includes feedback from children who have lost or are at risk of losing parental care and their parents. The indicators in the 'Loss of Parental Care Index' are aimed at monitoring the effectiveness of the child care system as a whole, state and non-state combined, in prevention of unnecessary loss of parent care. The index is made up of three quantitative and three qualitative indicators, see Box 1 and Figure 1:

Box 1: The Loss of Parental Care Index

Quantitative indicators

1. Rate of children without parental care
2. The level of coverage by support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities
3. The level of use by child protection authorities of preventative family support services

Qualitative indicators

4. The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her family
5. Effectiveness of support services for children at risk of losing parental care and their families
6. Effectiveness of support services for children with disabilities and their families

These six indicators help to examine the prevention of loss of parental care from several angles as shown in figure 1). The index highlights areas where child care systems could do more to prevent unnecessary loss of parental care and also offers a way of monitoring progress in child welfare reforms at national, sub-national and municipal levels. The instrument used for data gathering facilitates the participation of children without parental care or who are at risk of losing it, as well as involving their parents in this process of monitoring and public oversight. The index of indicators is focused on the child protection and family support system and tries to give an objective assessment of how the child-care system in the country, region or municipality in question is fulfilling its functions to support and protect children. A more detailed description of how the indicators were developed can be found in the report from the first pilot v.0 for 2011 (Rogers, 2013) This report deepens and extends the initial data

analysis for 2011 presented in the first pilot report from April 2013 (Rogers, 2013) which was based on data gathered in August-December 2012, but also provides detailed analysis for new data gathered in May-August 2013. Overall the report presents an analysis of the results from the testing of the six indicators in 14 regions of the Russian Federation as well as two small pilots in Moldova and India and discusses adjustments that can help to refine the data collection instrument in further testing in 2014.

LOSS OF PARENTAL CARE INDEX V.1

The data gathering instruments for v.0 and v.1 of the index which were tested in August-December 2011 and May-August 2012 can be found on www.p4ec.ru and the main elements of the data gathered for each indicator are summarized in Box 2 with a brief description of the sample size.

Figure 1 The six aspects of preventing unnecessary loss of parental care that are measured by the Loss of Parental Care Index

Source: Partnership for Every Child, Taking Action for Children project

Box 2: Summary of data gathered for each indicator

1. Rate of children without parental care

The proportion of children without parental care in the region / city / municipality per 100 000 child population at the end of the reporting period).

2. The level of coverage by preventative support services for children at risk of losing parental care and their families before they come to the attention of the child protection authorities

The percentage of children on the risk registers of the child protection organs considered to be at risk of loss of parental care who were known to social services **before** being referred to the child protection organs and therefore who could have had access to preventative support services.

3. The level of use by child protection authorities of preventative family support services

The proportion of children who are referred by the child protection authorities to social services that have a mandate to work with families to restore parental care and return children to their own families compared to referrals by the child protection authorities to long-term alternative care services where family support and reintegration is less likely.

4. The degree to which the child is aware of his or her family history and reasons for being outside of the care of his or her family

Children have information about their birth family and the circumstances under which they were placed into formal care. This indicator is collected once a year for all 10 year olds in formal care. A representative sample for data collection is 100% of 10 year old children in residential care or family-type formal care (with the consent of official representatives of the children).

5. Effectiveness of support services for children at risk of losing parental care and their families

Parents and children are aware of the possible range of services and receive necessary and effective services to prevent the separation of a child from the family. This indicator is collected during one month once a year for 20% of children in the territory aged 14 and older who are at risk of losing parental care and receiving services in a state / municipal or non-government organisations at the time of the survey, and 10% of parents who receive support services due to the risk of separation.

6. Effectiveness of support services for children with disabilities and their families

Children with disabilities and their parents are aware of the possible range of services and receive necessary and effective services to prevent the separation of a child from the family. This indicator is collected during one month once a year for 20% of children with disabilities in the territory aged 14 and older who are receiving services in a state / municipal or non-government organisations at the time of the survey, and 10% of parents who receive support services.

METHODOLOGY

Data for the three quantitative indicators 1, 2 and 3 was taken from official government sources, and draws mainly on child protection data gathered by the Ministry of Education through the form RIK-103 and accessed through the MORFEUS online database[1]. Child population figures used to calculate Indicator 1 are drawn from reports prepared for the Ministry of Education (Semya et al, 2012; Semya et al, 2013). St Petersburg and Leningrad oblast governments provided full RIK-103 data sets for 2012 for all municipal or district child protection authorities. Child population figures for municipal or district child protection authorities used for indicator 1 were sourced directly from child protection organs during the first pilot in August-December 2012.

[1]   http://www.miccedu.ru/morfeus.php

Data for the three qualitative indicators 4, 5 and 6 was gathered on a voluntary basis by organizations and individual professionals from the network Professional Community for the Children and Families of Russia. Participants were provided with data gathering instruments for all six indicators. Not all participants tested all indicators and the total number of respondents to date for each indicator and for each region, are summarized in Table 1. All participants used the data gathering instruments provided, only Yugorsk carried out focus group interviews with children rather than individual interviews. Some participants received training from the project team before carrying out the data gathering exercise, others did not.

All data gathered was entered into an excel data matrix and coded to permit analysis of both qualitative and quantitative aspects. The quantity of data gathered across both pilot rounds has been larger than planned and the processes for data-entry and analysis have had to be refined in order to manage a large volume of data. This large quantity of qualitative data has, however, permitted interesting content analysis and the drawing of conclusions that can have a wide application across a range of regions and socio-economic settings.

Table 1 Data returned during the pilot of v.0 August-December 2012 and of v.1 May-August 2013 for qualitative indicators 4, 5 and 6

Region / District	Indicator 4 Children without parental care	Indicator 5 Children at risk of losing parental care and their parents		Indicator 6 Children with disabilities and their parents		All indicators		Total number of respondents – parents and children
	Children	Parents	Children	Parents	Children	Parents	Children	
St Petersburg	31	43	25	488	314	531	370	901
Leningrad oblast	235	81	67	65	64	146	366	512
Republic of Karelia	73	24	16	49	33	73	122	195
Yugorsk	12	11	10			11	22	33
Tverskaya oblast	154	75	58			75	212	287
Moscow	9		87	11	31	11	127	138
Ekaterinburg, Sverdlovskaya oblast	12	17	17	15	11	32	40	72
Cherepovets, Vologda oblast	12	27	16			27	28	55
Saratov oblast	79	50	47	18	27	68	153	221
Altaiskii krai	27					0	27	27
Novgorod oblast	126	182	122	38	36	220	284	504
Permskii krai	86					0	86	86
Total Russian Federation	856	510	465	684	516	1194	1837	3031
Chisinau, Moldova	4	3	4	4	4	7	12	19
Delhi, India		15	19			15	19	34
Total number of respondents – parents and children	860	528	488	688	520	1216	1868	3084

Source: Partnership for Every Child, Taking Action for Children project

CHAPTER 2 FINDINGS FROM TESTING THE QUANTITATIVE INDICATORS V.1 MAY-AUGUST 2013

This section is based on official child protection data gathered through RIK-103 in the regions of Russia or in the case of other countries in the Eastern Europe region, which is gathered by the UNICEF TransMonee database (TransMonee, 2013).

INDICATOR 1 – PREVALENCE OF LOSS OF PARENTAL CARE – REGIONAL AND NATIONAL DATA

Figure 2 shows that the rate of loss of parental care, as well as one or two other regions, in the regions of Russia that have taken part in the testing of the 'loss of parental care indicators' has changed little between 2011 and 2012. The total number of children in the Russian Federation recorded by the

official child protection statistics as being without parental care has fallen by about 10,000 children each year from 2010 to 2012, but as a proportion of the child population rose slightly to 2.5% of the child population (2478 children without parental care per 100,000 child population) in 2012.

The proportion of children without parental care in Novosibirsk and Tver oblasts fell notably from 2011 to 2012 compared to other regions, and Murmansk and Tyumen oblasts show a steady, but slight decrease year on year with the rate in Tyumen decreasing to the level of the national average rate in 2012. Overall, however, the picture is of a static, or even slightly increasing proportion of the child
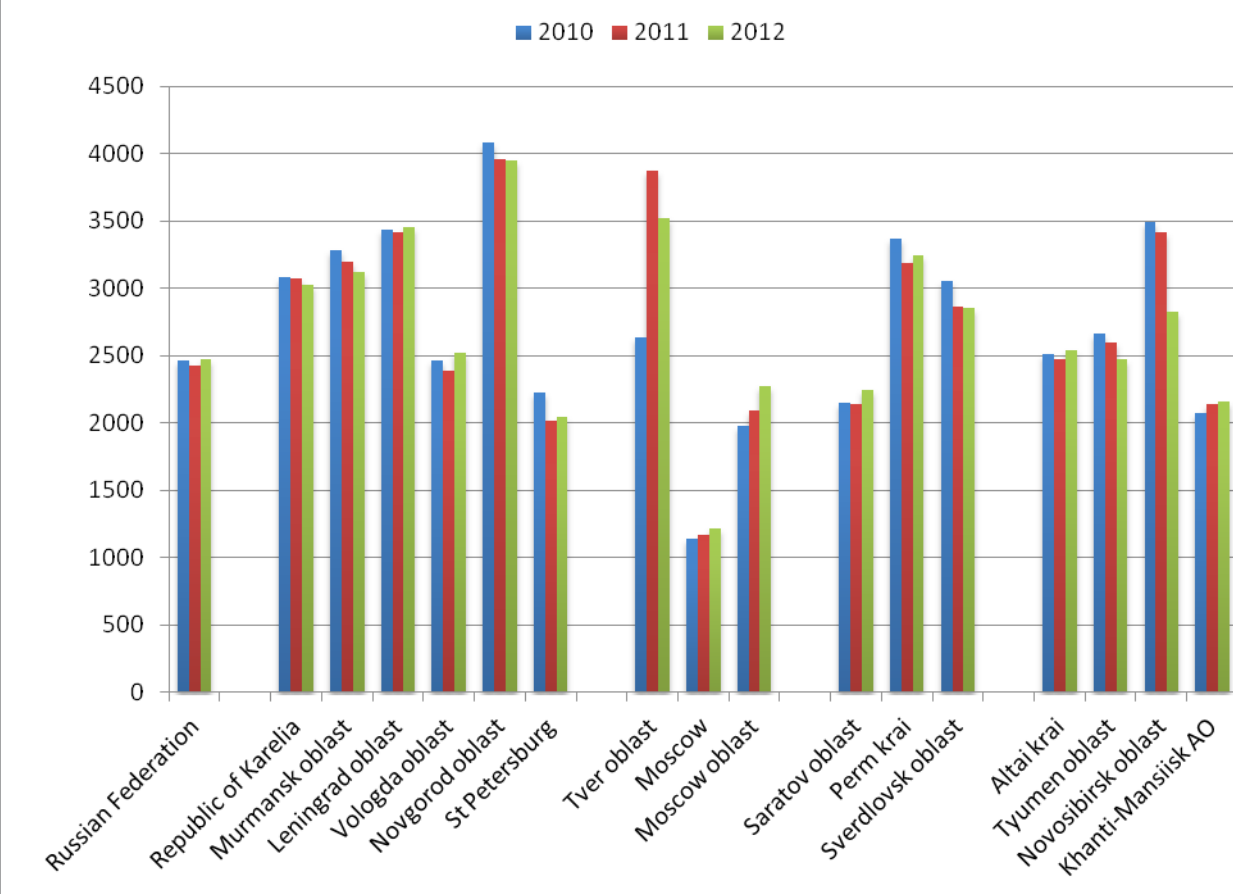
population without parental care. It should be noted that these figures include children who are legally without parental care and are being cared for in all types of formal care2 as well as children who have lost parental care and have been adopted. This makes it difficult to compare this indicator with other countries where adopted children are removed from the data for children without parental care. The number of children in adoption is however a smaller proportion of most children 'without parental care' across the country so this indicator can be considered to offer a broad, proxy indicator for the success or failure of the system to prevent loss of parental care in the first instance. The international comparisons that can be made show that the rate of loss of parental care in Russia is generally higher than most other countries in the CEE/CIS

Region (see Figure 3), although Russia has a higher proportion of children than, for example Kazakhstan, being cared for in family type formal care.

The UNICEF TransMonee data for Russia differs from the official Ministry of Education data as it includes children whose parents still have legal parental rights, but who are living in residential care on a medium to long-term basis in boarding schools and they are de facto without parental care in accordance with the definition of 'without parental care' given in the UN Alternative Care Guidelines.

Indicator 1 Municipal or District data

Monitoring this indicator at the municipal or district level can help to identify particular areas which stand out from the average for a given region and therefore help in understanding where and how preventative services can be strengthened. Detailed reports will be provided to St Petersburg city,

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2   Includes children in all types of family-based care and most types of residential care. Does not include children living in residential settings (boarding schools or temporary shelters for example) who are legally still in the care of their parents.

Figure 2 Children without parental care at the end of 2010, 2011 and 2012 in a selection of regions of Russia per 100,000 child population

Source: Data from RIK-103 at the end of 2010 and 2011 per 100,000 child population aged 0-17 from 2010 and at the end of 2012 per 100,000 child population aged 0-17 from 2012 (child population data from Ministry of Education report, Semya, 2013)

Figure 3 Children in formal care at the end of 2009, 2010 and 2011 per 100,000 child population in Bulgaria, Moldova, Russia and Ukraine
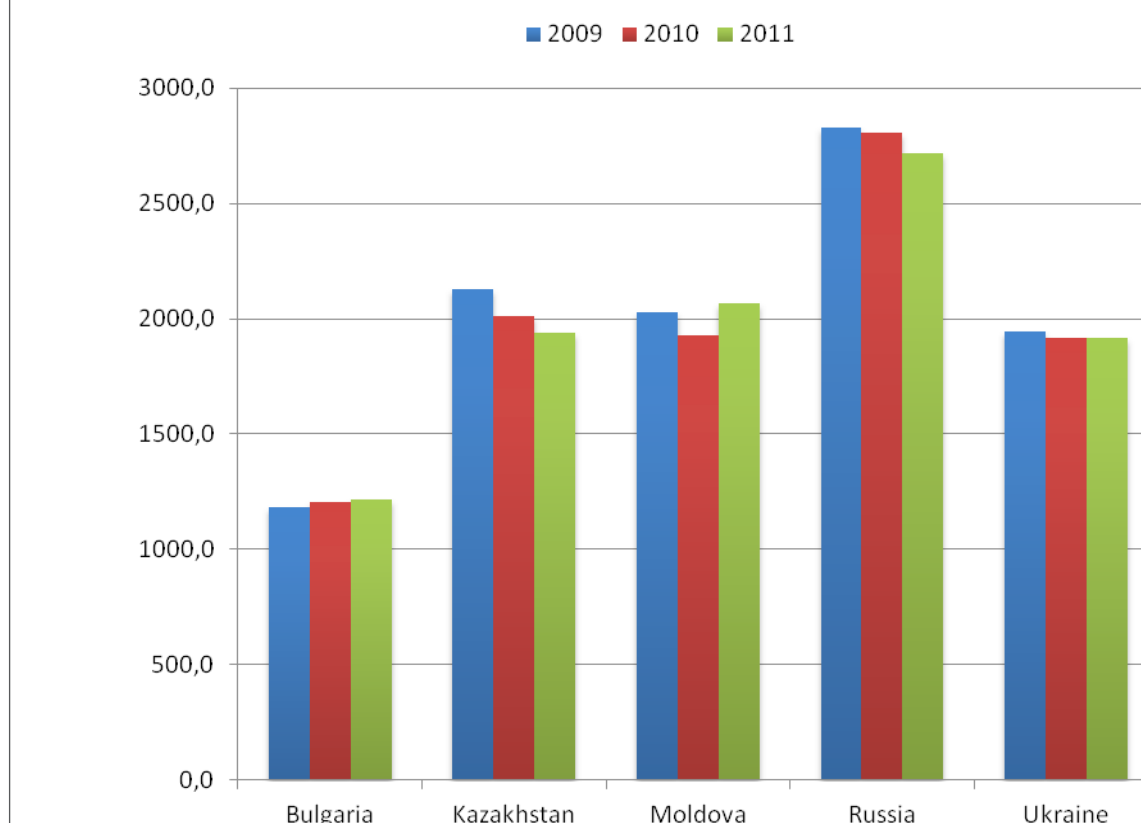
Source: UNICEF TransMonee, 2013

Karelia, Saratov and Leningrad oblasts based on their municipal data for 2012. Otherwise, Figure 4 illustrates how useful comparisons across this indicator can be for monitoring the effectiveness of the prevention and family support system at sub-regional levels within any given administration area.

Municipal and district data has to be examined with an understanding of how the presence of a children's home or an infant home in a given municipality can skew the data. When data is adjusted to take into account child care systems that are servicing a whole region across several municipal or district borders, it can help to identify municipalities where rate of loss of parental care are particularly high – perhaps as a result of lack of access to some types of services or the presence in the municipality of a particularly vulnerable socio-economic population group, or where rates are particularly low – perhaps as a result of particularly effective best practice in

that municipality or district or because of cultural specifics of the community in the municipality.

INDICATOR 2 INTERVENTIONS BEFORE LOSS OF PARENTAL CARE HAPPENS
Regional data
The challenge with this indicator is to find a way of measuring whether a child who is at risk of losing parental care has received preventative family support interventions before being to referred to the child protection authorities who are responsible for taking action in cases of threat to life and health of the child and who can take decisions about removal of a child into care. Essentially, this indicator seeks to explore whether preventative action has been taken by the system before the extreme measure is resorted to a removing a child into formal care. While many regions in Russia monitor the numbers of children classified as being in 'difficult life circumstances' or 'difficult life situations' and monitor
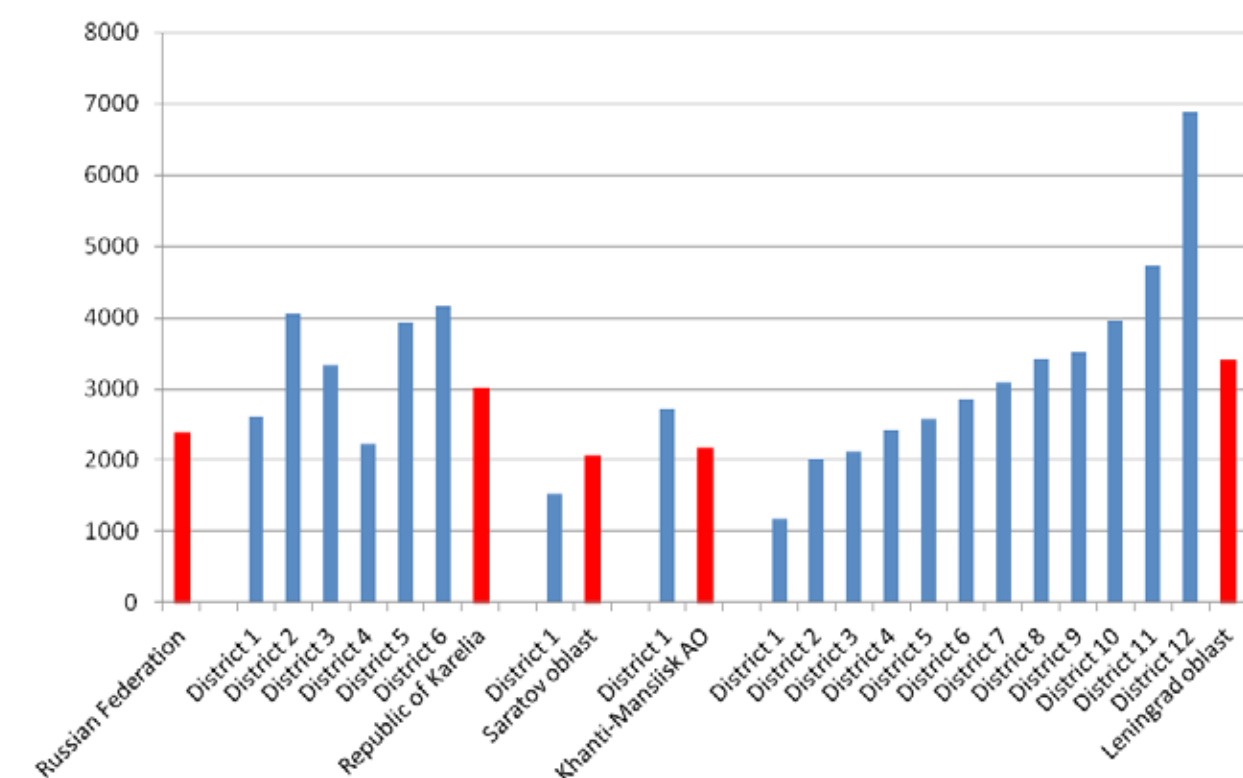
the volume of social services delivered to the children and families classified in this way, but there are no common definitions of these two categories of children across the regions and no unified definition in the Federal legal framework. The level of delivery of social services doesn't necessarily mean, therefore, that these services are being provided to children who are at risk of losing parental care.

This pilot has tested one way of measuring in Russia the level of intervention before loss of parental care happens for children who are at risk of losing parental which is based on the child protection data gathered through RIK-103 and aggregated by the Ministry of Education and Science at the national level. The analysis of data for this indicator examines the data on referrals to the child protection organs by type of referral and source of referral.

In section 5 of RIK-103 the referrals on all rights violations reported on line 21 are

broken into two sub-groups of children with which they are concerned:

- "children who have been left without the care of parents" (line 22) and;
- "children who have been found in a situation representing a threat to their life, health or compromising their care" (line 23)

It is reasonable to assume that the children referred to the child protection organs, who are designated as being in these sub-categories, are those most at risk of losing parental care from the total referrals 'on rights violations' to the child protection organs (recorded in line 21). It can also be assumed that the referrals which have come from 'social protection institutions' in section 5, line 26, mean that these children who are most at risk were previously known to the social services and therefore likely to have received some form of supportive, preventative intervention. The number of referrals from social protection organizations taken as a percentage of the

Figure 4 Rate of loss of parental care at municipal or district level for 4 subjects of the Russian Federation.

Source: Partnership for Every Child, Taking Action for Children project based on data from RIK-103 provided by network participants from Saratov, Karelia, Leningrad oblast and Khanti-Mansiisk AO

Figure 5 Percentage of signals from social protection institutions of signals about children left without parental care or about children in situations that are a threat to life, health of compromising their care in 2012
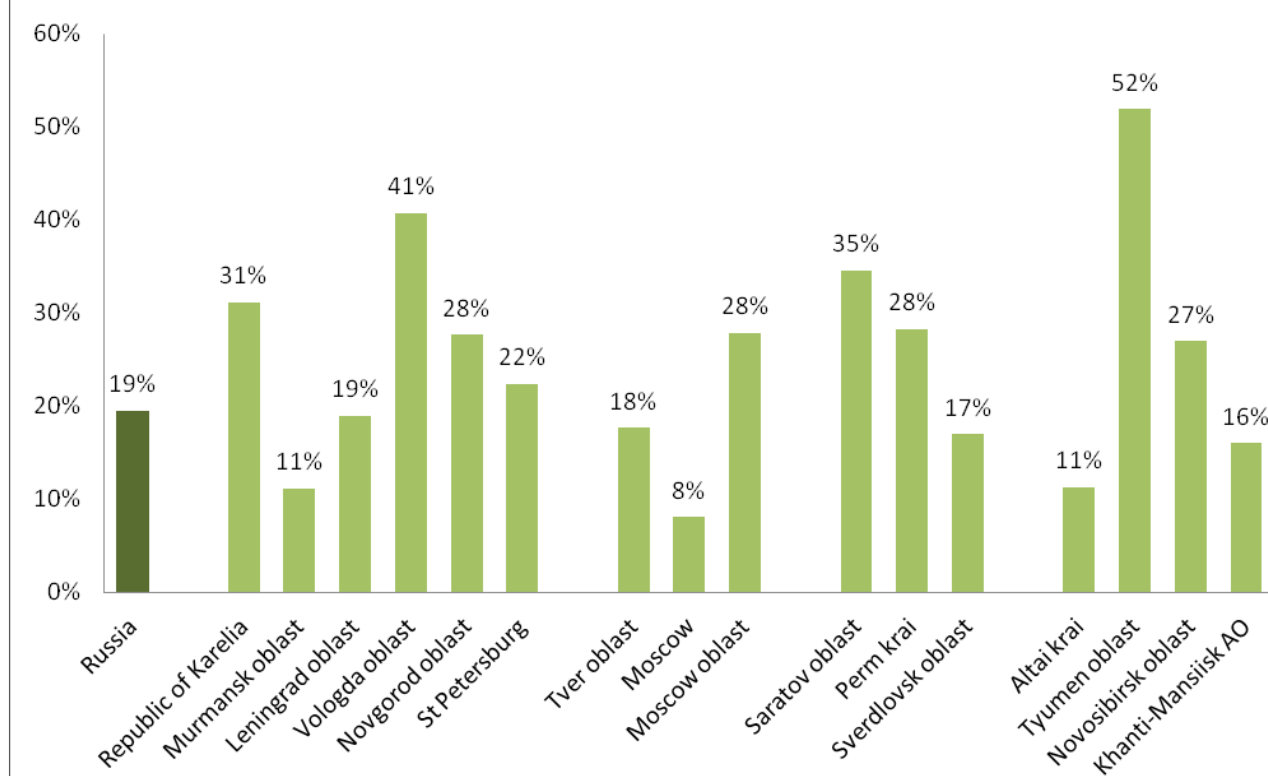
Source: Ministry of Education, Morfeus database, RIK-103 section 5, author's calculations

total number of referrals relating to the two categories above gives an approximation of the measurement that is being sought – namely the overlap between those children being served by social services and those children most at risk of losing parental care. Data for 2012 is given in figure 5 and it can be seen that in around 19% of cases relating to children who are most at risk of losing parental come from social protection organizations. In some regions such as Tyumen, Vologda and Saratov oblasts and in Karelia, the percentages are much higher with around 30% to 50% of referrals coming from social protection organizations. It is likely that these children have had a chance of receiving at least some kind of prevention and support services before the child protection authorities have been notified.

Although many of the social protection institutions have residential units and it is possible that the children who are the subjects of these referrals are already separated from their parents at the time when they are referred to the child protection organs,

these social services centres are nevertheless the only institutions in the system of family support and child care that are mandated to work with families to prevent long-term separation and to work towards reintegrating children back to their families. This measure shows how the connection between the child protection and social services systems operates before the child has ended up in long-term care, when parents still have parental rights and at the point when the child has come to the attention of the child protection organs. It offers an interesting insight into the extent that signals received by the child protection organs come from social services rather than other sources and therefore the extent to which children at high risk of separation, or who have only just become separated, are known to the social services which provide family support interventions before they are known to the child protection organs with responsibility for removing children into care. Examining this indicator on an annual basis can give us some idea of the overall trends in the child protection and family support

Figure 7 Percentage of signals from social protection institutions of signals about children left without parental care or about children in situations that are a threat to life, health of compromising their care in 2012 for a selection of districts of St Petersburg city and Leningrad region

Figure 6 Percentage of signals from social protection institutions of signals about children left without parental care or about children in situations that are a threat to life, health of compromising their care in 2011 and 2012

Source: Ministry of Education, Morfeus database, RIK-103 section 5, author's calculations
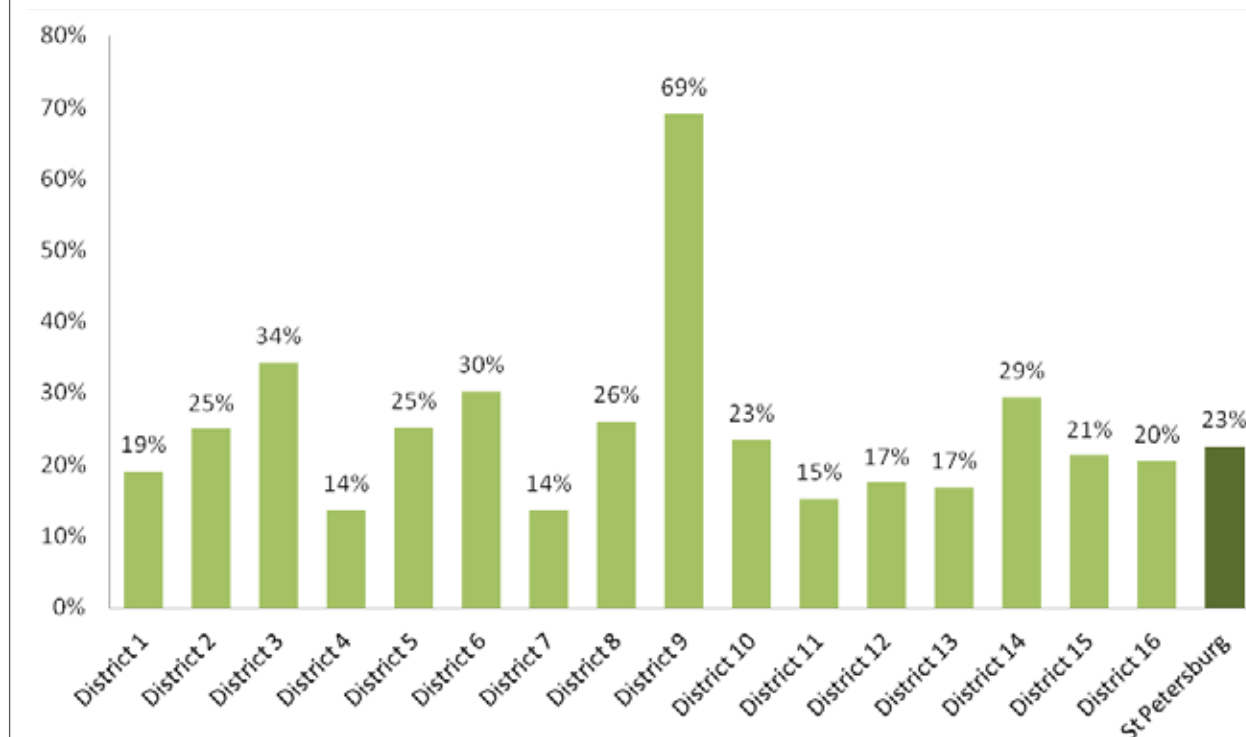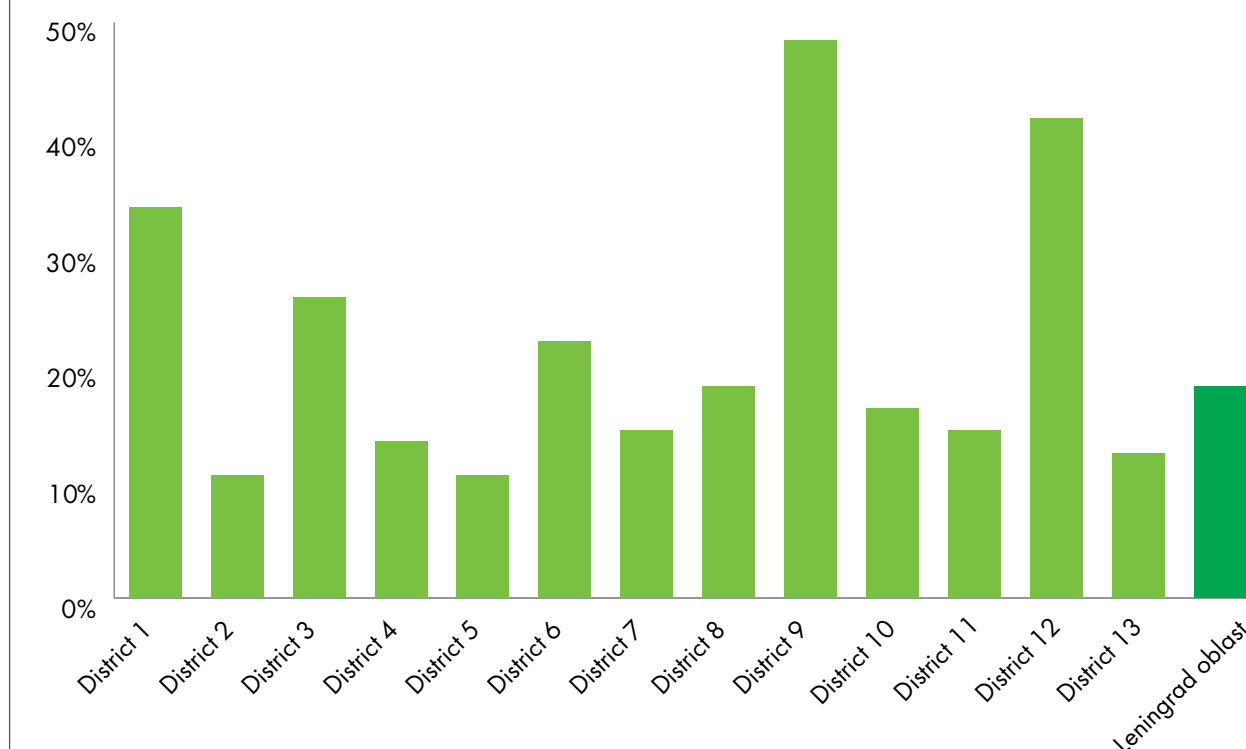
Source: Leningrad oblast Committee of Education, St Petersburg Committee of Social Protection, Morfeus database, RIK-103 section 5, author's calculations

system in each region, or the country as a whole. Data for 2011 and 2012 in Figure 6 shows that in the Russian Federation as a whole there has been a slight increase in the percentage of referrals to the child protection organs from social service organisations, with greater than average increases in some regions and reductions in others such as Murmansk oblast, Khanti-Mansiisk AO and St Petersburg.

Sub-regional data at municipal or district levels

The variations that can be observed across the subjects of the Russian Federation can also be seen at the sub-regional level, again helping to identify districts that are performing in distinctive ways, see Figure 7 for Indicator 2 data for St Petersburg and Leningrad oblast.

The sub-regional data shows that some districts are more likely to have a strong link between social institutions and the child protection authorities than others with district 9 in St Petersburg and

districts 9 and 12 in Leningrad oblast all receiving referrals from social services at twice or three times the level of other districts. This could be related to the way that these districts are recording their referrals data in RIK-103, or it could be linked to distinctive features of the child protection and family support systems in these districts with children at risk being more likely to be referred to social services, and probably having their needs assessed and services provided, than in other districts.

Referrals from the police are too late – other referral data related to indicator 2

Data is also available from RIK-103 for the numbers of referrals from health and education services or the police and the patterns of referrals also provide useful and interesting information about the system as a whole. Referral data in particular can help to examine the extent to which the child protection system is preventative and proactive in nature with referrals coming from education and social services or more re-active with referrals coming mainly
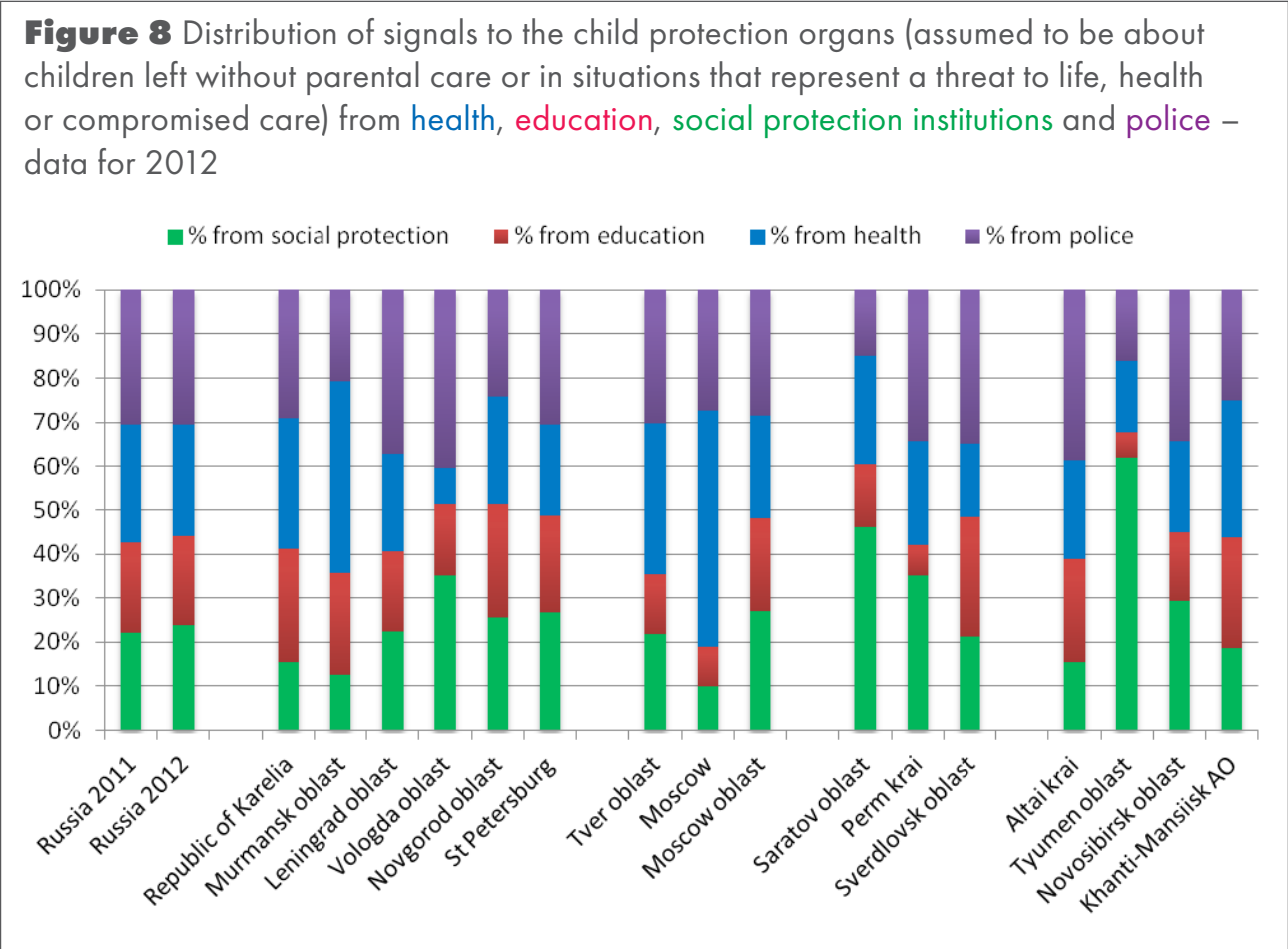
from the police responding to situations where children are already experiencing abuse, neglect or violence. This wider referral data reveals less than the information in figures 5 and 6 above about whether the most vulnerable children are receiving supportive services or not before they are outside of parental care. It nevertheless can shed light on the way in which the child protection referrals or gate-keeping system is working as a whole, see Figure 8.

Overall, referrals from the police are slightly more prevalent across the country, compared to referrals from health, education and social services organisations, although there are variances, for example in Moscow where referrals from the health system predominate and referrals from the police are slightly below the national average. Other patterns can also be observed in Murmansk, Saratov and Tyumen oblasts where referrals from police are low compared to the national average and to other sources of referrals. Where referrals are coming from health services it is not clear whether they are from the system of primary health care (polyclinics) in which case they can be classified as 'preventative' in nature or from the system of emergency medical aid (hospitals) in which case they could be classified, like police referrals, as 'too late' if children have

been hospitalized as a result of abuse, violence or neglect. Generally, the more referrals that are coming from health, education and especially social welfare services, for example in Tyumen and Saratov, the more likely it is that children have had contact with some kind of supportive prevention.

INDICATOR 3 USE OF PREVENTATIVE FAMILY SUPPORT SERVICES BY THE CHILD PROTECTION ORGANS

The data recorded in RIK-103 reveals how the child protection organs react to children who have been identified as being outside of the care of their parents. The child protection organs records in section 1 of RIK-103 where they send each child registered by them, following at least one assessment visit, as being without parental care. The main types of referrals are to health or education institutions, to institutions providing social services or into preliminary or full guardianship, usually in the care of a relative. Of all these options, only the 'institutions providing social services' are mandated to work with the child and family to try and prevent the removal of parental rights and the entry of the child into formal care in the long-term. See table 2 for a description of the functions of each type of setting to which a child can be referred by the child protection organs:

Figure 8 Distribution of signals to the child protection organs (assumed to be about children left without parental care or in situations that represent a threat to life, health or compromised care) from health, education, social protection institutions and police – data for 2012

Legend: % from social protection, % from education, % from health, % from police

Categories: Russia 2011, Russia 2012, Republic of Karelia, Murmansk oblast, Leningrad oblast, Vologda oblast, Novgorod oblast, St Petersburg, Tver oblast, Moscow, Moscow oblast, Saratov oblast, Perm krai, Sverdlovsk oblast, Altai krai, Tyumen oblast, Novosibirsk oblast, Khanti-Mansiisk AO

Source: Ministry of Education, Morfeus database, RIK-103 section 5, author's calculations

Table 2 Functions of the services to which children identified as being without parental care are referred by child protection bodies

Types of placement	Main functions	Comments
RIK-103 category 'Health institutions'		
Infant home	Provides care and medical services to children aged 0-3 years of age	Infant homes can also provide residential care and medical services to children who have parents for periods of up to 6 months at a time. A small number of infant homes in some regions also provide non-residential nursery services.
Sanatoria	Provides medical services to children of all ages in a residential setting, sometimes for long periods	Sanatoria have a range of specializations including for tuberculosis.

Hospital	Provides short-term medical treatment, emergency medical services and medical assessments in a residential setting for children entering care	In some cities or towns, all children are referred to a clearing hospital for assessment for periods of up to one month before being moved on to an alternative care setting
RIK-103 category 'Education institutions'		
Children's home	Provides residential care to children aged 4-7 years or 7-18 years of age.	Some children's homes also provide care for children at the request of parents for long periods.
Boarding school	Provides residential care and education services for children aged 7-18 years of age	There are a range of different types of boarding schools including for children with special educational needs. Children legally in the care of their parents can also attend boarding schools.
RIK-103 category 'Institutions providing social services'		
Child and Family Support Centre or other Social Services Organisation	Provides residential and community based social services for families and children	The only organizations mandated to work with families to provide support, prevent abuse and neglect and address care issues in the family. Many centres have a residential provision for stays of up to one year at a time. Some centres provide alternative 'Family Care Groups' as a temporary care option instead of, or as well as, residential units.
Psycho-neu-rological In-stitution	Provides long-term residential care for children with intellectual disabilities	Referrals to these institutions form only a small part of the overall referrals from the child protection authorities to 'institutions providing social services'. Children with parents are also cared for in these institutions.
Alternative family placements		
Preliminary guardianship	Provides temporary family-based care for up to 6 months for children without parental care	The law provides for this kind of care to be provided by both relatives and non-relatives. There is no payment to the carer of any kind. Outcomes from preliminary guardianship are usually for the child to enter a long-term formal care placement or to enter an adoptive placement.
Guardianship	Provides long-term family-based care for children without parental care	The law provides for this kind of care to be provided by both relatives and non-relatives, although it is usually provided by kin, most often grandparents. A subsistence payment for the child's costs is provided, but no payment to the carer.

Foster care	Provides long-term family-based care for children without parental care	The law provides for this kind of care to be provided by both relatives and non-relatives and for it to be either long or short-term, but it is usually intended to be a long-term placement. A salary is paid to the carer as well as a subsistence payment for the child's costs.

Source: Partnership for Every Child, Taking Action for Children project

In this round of piloting, data was gathered for referrals from the child protection organs to the three main types of institutions or services: health, education and social services. The patterns of referrals reveal how many regions are heavily dependent on one or other type of service as an immediate response to a child being identified as being without parental care. The data for 2012 in Figure 9 does not differ significantly from 2011 with most regions continuing to be heavily reliant on health and education institutions compared to use of social services organizations. It could be that in some regions where the level of referrals to social services institutions is particularly low – Vologda, Murmansk, Novosibirsk oblasts and St Petersburg for example – the child protection authorities are only recording the placements of children with disabilities into long-term residential care in Ministry of Social Protection institutions. It could equally be, however, that the children who are in residential care units of the social services organisations in those regions are not known to the child protection organs and are not recorded in this data.

Figure 9 Patterns of use of health, education and social institutions in 2012 for children identified and registered as being without parental care by municipal and district child protection organs
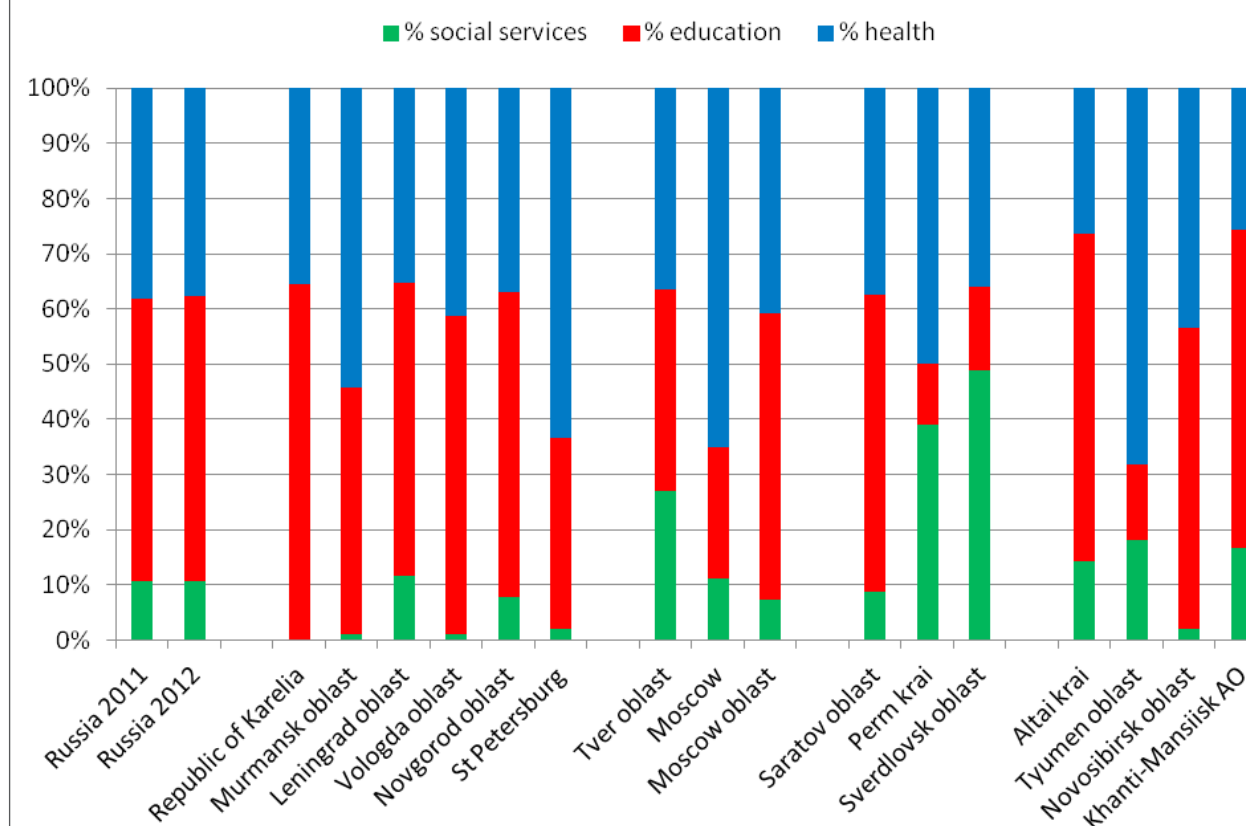
Source: Ministry of Education, Morfeus database, RIK-103 section 1, author's calculations

Overall education facilities are the main, first placement for children who have been identified as without parental care, followed by medical institutions when compared to referrals to social services institutions. Only in Sverdlovsk oblast can a tendency be seen to rely more on health and social services, with the use of social services organizations almost five times the national average. The idea that placement into 'social institutions' is equivalent to positive family support interventions has to be treated with caution as many of these referrals are to residential units and may end up with permanent loss of parental care. Social institutions, however, of all the possible options available immediately to children identified without parental care, are the only services with a mandate to work with families and try to change the situation in the family so that children can return to their parents and receive support in the family. During the pilot of version 1 of the 'loss of parental care indicators' some participants questioned the value of this way of measuring indicator 3 as the children who are identified and registered as being without parental care by the child protection organs are already at the latest possible stage of receiving preventative services and are most likely to be in need of long-term formal care. Given, however, that the children recorded in RIK-103 as being identified and registered as being without parental care have only just come to the attention of the child protection authorities as being in need of alternative care, they often still have parents who are legally responsible for them and who may be able to respond to proactive preventative interventions. The social services institutions are the only services able to provide these interventions and monitoring the level of their use by child protection organs is therefore the most useful measure of whether a child is receiving preventative or supportive services before losing parental care in the long term.

Placement into preliminary guardianship is also a strong response in nearly all regions as Figure 10 illustrates.

Given, however, that placement into preliminary guardianship almost inevitably turns into a long-term guardianship or foster care placement with little further work usually being done to ensure the child can return to his or her parents, it cannot be regarded as an effective measure in terms of preventing loss of parental care.

The more we begin to see green and the less we begin to see the other colours in the graphs in figures 8, 9 and 10 above, at municipal and regional level, the more we are likely to see children remaining in or returning to the care of their parents and receiving necessary support.

Return to Parental Care – other data for measuring Indicator 3

One other measure of indicator 3 was tested in this round of piloting, namely the proportion of children identified as being without parental care who were returned to their parents. This is a significant measure of the outcomes from the preventative interventions of the children protection and family support system as a whole. As can be seen in figure 11, the percentages for the whole country have reduced slightly from 2011 to 2012 and are generally low with children being returned to parents in an average of less than 10% of cases.

It could be that the 'returned to parents' category, combined with the green 'referred to social services institutions' are the main growth areas that we can hope to see increasing over time as preventative family support services become more effective and the use of formal care services is reduced. Children who are 'returned to parents' however, can represent both a successful intervention and a child who should never have been removed from parental care in the first place. The cleanest systemic measure for indicator 3, therefore, is that given under figure 9 and 10 which shows the proportionate use of social services where there is a mandate to provide preventative services focused on reintegration compared to other types of services that have no family support mandate or function.

Figure 10 Patterns of referrals in 2012 to health, education, social institutions and preliminary guardianship for children identified as being without parental care
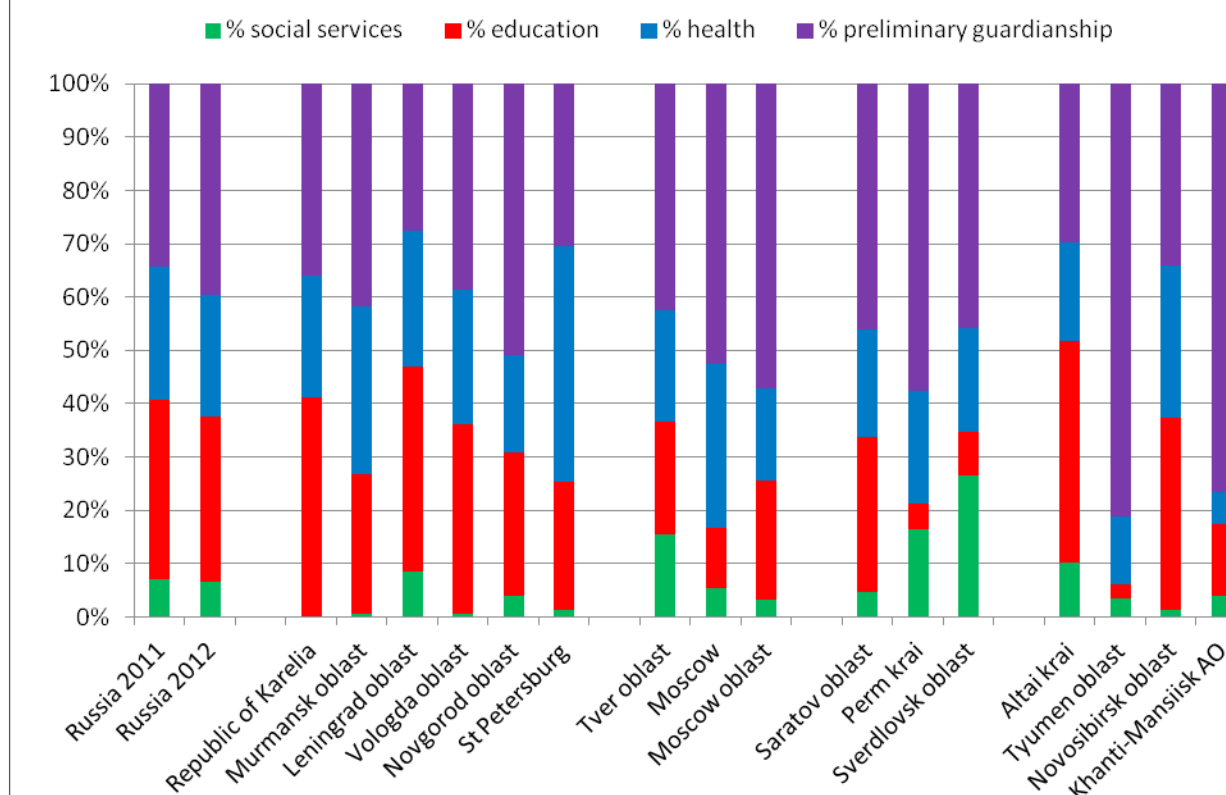
Source: Ministry of Education, Morfeus database, RIK-103 section 1, author's calculations

Figure 11 Percentage of children returned to parental care for children identified as being without parental care in 2012
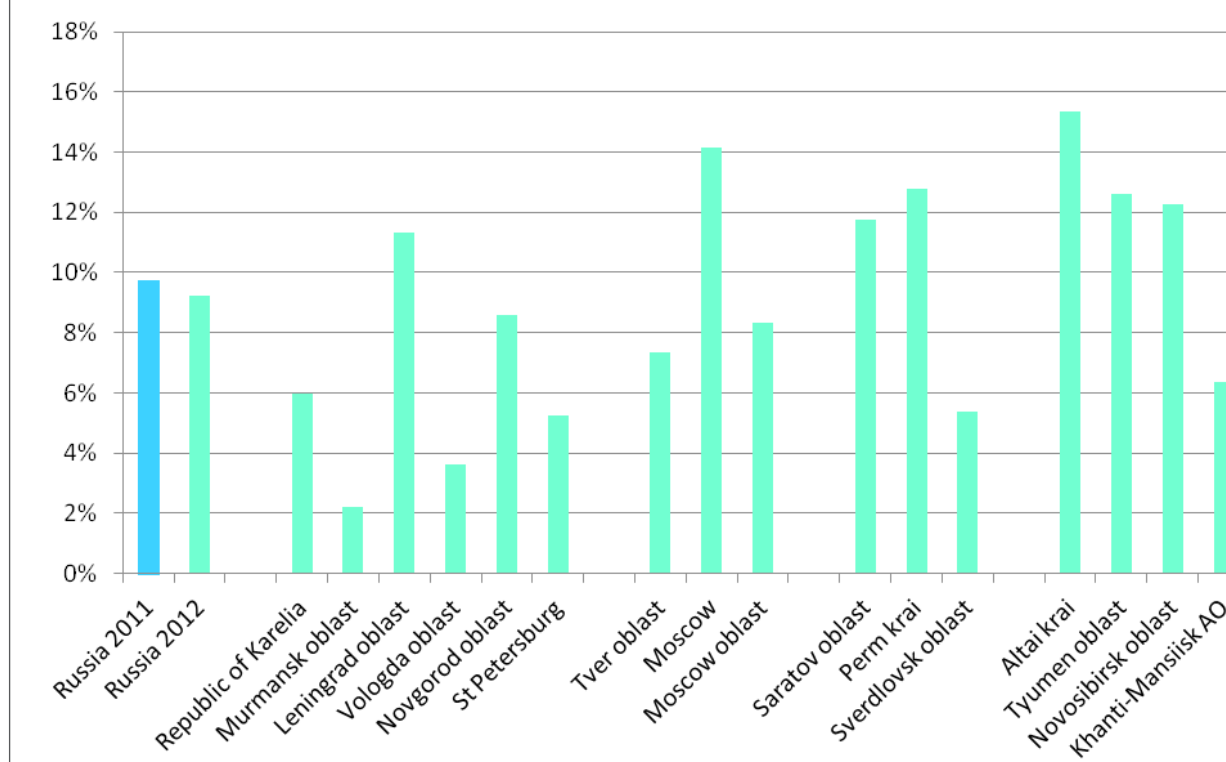
Source: Ministry of Education, Morfeus database, RIK-103 section 1, author's calculations

Overall conclusions – quantitative indicators 2012

The three indicators have been confirmed as useful and informative about the way in which the child protection and family support system is working. The wording of the three indicators is now such that it can be used at all levels of the system and across differing national settings.

The data for Russia for 2012 for all three indicators shows that across the whole country the situation is relatively static compared to 2011, with a slight increase in referrals from social services organizations to the child protection organs in 2012 compared to 2011 under indicator 2. Overall the quantitative indicators characterize the system as largely reactive in nature, identifying and intervening once the child has come to the notice of the police. There are significant regional variations across all three indicators which in some cases illustrate

significant systemic differences which are probably having a positive impact on the level of support and prevention services that children and families can expect to receive in particular regions. There is no single region which stands out as having proactive prevention in place where child protection authorities are receiving higher levels of referrals from social services organizations and referring higher proportions of children at risk of losing parental care or who are already separated from their parents to social services organizations. It is clear from the data that the social services organizations are working with only a small proportion of the children who are registered with the child protection organs as most at risk of losing parental care. Re-focusing attention of the social services organizations on the children who known to the child protection organs would help to ensure this significant resource is being directed at those children who are at most immediate risk of entering long-term formal care.

RESULTS FROM TESTING QUALITATIVE INDICATORS

CHAPTER 3. INDICATOR 4

THE DEGREE TO WHICH THE CHILD IS AWARE OF HIS OR HER FAMILY HISTORY AND REASONS FOR BEING OUTSIDE OF THE CARE OF HIS OR HER FAMILY

The data gathering for indicator 4 took place in two phases in 2012 and 2013. Altogether 850 children aged 9-17 years were surveyed from 12 regions of Russia and the Republic of Moldova – 408 girls and 438 boys and in four cases the child's gender was not shown in the questionnaire.

The survey was carried out in the form of an interview with the child and responses were written into the survey questionnaire with direct speech clearly marked. Among all children who responded to indicator 4 questions:

- 42% — were children living in guardianship families
- 35% — were children living in institutions
- 13% —were children living in foster families
- 4% — were children with disabilities living in institutions
- 6% — were children living in institutions at the request of parents

Detailed information by region and type of care of all children who took part in piloting indicator 4 can be found in Annex 1

3.1. WHAT CHILDREN KNOW ABOUT THEIR PARENTS

An important aspect of the data analysis was the information that children have about their parents, how they talk about them and mention them.

Children who know their parents

Of all the children who took part in the survey, 496 children or 58% of all respondents said that they know both parents.

Children living in institutions or in guardianship families know both parents to a greater extent than children in foster families. If responses of children who know both parents are examined by category of formal care in which the child is living then: 58% of children who know both parents are living in the care of guardians; 44% are living in foster families; 61% are living in institutions; 52% are children with disabilities living in institutions; and 67% are children living in residential care at the request of parents (see Table 3).

Children talk in different ways about their parents. Children living in institutional care tend not to give detailed information about their parents:

'Mama is called L., papa – S. They live in M-e' (Girl, 12 years old, children's home Tver oblast)

'I live in the village G-no. Mama is T.I. I don't know where she lives. Papa is Yu. M. and he lives in K-t'. (Boy, 9 years old, guardianship family, Novgorod oblast)

'I live with my aunt, I remember my parents. Papa died, mama's parental rights were removed. Papa was called M., Mama is M.' (Girl, 10 years old, foster family, Saratov oblast)

The most detailed answers about their parents are given by children living in residential care at the request of parents which is probably because parents continue to have contact with children or they were separated relatively recently. It is notable that children living in foster families in Leningrad oblast are much more likely to know their parents and have information about them than other

children – 14 children or 74% of all foster children who took part. Leningrad oblast has trained its foster carers using a foster carer training package that emphasizes the importance of maintaining family contact wherever possible and ensuring that children have a full understanding of their personal history:

'I used to live in 'V-e', and before that with my mother L. I don't remember it very well. Papa is S. We see each other. He drinks, but he is nice. I live with my foster parents. I know my father and we meet each other. I have a younger sister A., she is 10 years old, I. is in another foster family, K. is grown up. I meet with them.' (Girl, foster family, Leningrad oblast)

A detailed description of how children from different categories talk about their parents can be found in the piloting report for 2011 (Rogers, 2013).

Table 3. Children who know both parents

	Region/district	Children in guardian families	Children in foster families	Children in institutions	Children with disabilities in institutions	Children in institutions at the request of parents	All children/% from total number
1	Altai krai/Barnaul	0	0	17	0	0	17
	% of the total number of child respondents from this category			68%			63%
2	Vologda oblast			3			3
	%			25%			25%
3	Republic of Karelia	30	4	4	1	1	40
	%	51%	50%	100%	100%	100%	55%
4	Leningrad oblast	73	14	46	1	10	144
	%	59%	74%	62%	25%	67%	61%
5	Novgorod oblast	39	14	1	3	0	57
	%	59%	30%	20%	38%		45%
6	Perm krai		1	54		1	56
	%		100%	65%		100%	65%
7	Moscow	5	2				7
	%	63%	100%				70%
8	St Petersburg	0	1	7	5	2	15
	%	0%	100%	44%	71%	100%	50%
9	Saratov oblast	41	3	5	1	1	51
	%	69%	75%	56%	25%	33%	65%
10	Sverdlovsk oblast	1	0	3	0	0	4
	%	33%	0%	43%			33%
11	Tver oblast	19	10	43	6	16	94
	%	56%	40%	67%	86%	67%	61%
12	Khanti-Mansiisk Autonomous Okrug	1	0	0	0	0	1
	%	100%	0%				50%
13	Moldova	0	0	1	0	0	1
	%			50%			25%
	Total:	209	49	184	17	31	490
	%	58%	44%	61%	52%	67%	58%

Source: Partnership for Every Child, Taking Action for Children project

Children who don't know their parents

96 children or 11% of all children who took part responded that they don't know their parents. Among those who responded that they 'don't know either of their parents', the majority are children living in foster and guardianship families. Children living in institutional care or living in institutions by parental request responded more rarely in this way. In many cases children living in foster families or with guardians simply couldn't answer questions about their own story:

'I live in the village S-vo with my foster parents. I don't know where my parents are or what their names are.' (Girl, 9.5 years old, Novgorod oblast)

'I haven't been told' (Boy, 9 years old, foster family, Novgorod oblast)

Similarly, it is quite common to come across children calling their guardians mama and papa:

'I live with my mother, father, sister and grandmother. My older sister has gone away. Mama is V-, papa is V-, my sister is called V, my other sister is A-, babushka is mama' (Boy, 10 years old, guardianship family, Saratov oblast) – the interviewer has noted that the information is not true and the boy is describing his guardianship family.

Children living in institutions often could not explain why they were there, probably because the adults who care for them have not talked to them about this and so it is common for a child who does not know his or her history to invent it with such answers including:

'I don't have parents, they said they will come, but they haven't come' (Boy, 10 years old, Novgorod oblast) – the interviewer has noted that the boy has lived in the children's home since birth.

'Yes, I don't remember exactly about Mama and Papa, but they will collect me together with uncle A. ' (Girl, 10 years old, children's home, Altai krai) — the interviewer has noted that this is a made up story.

Children who know one of their parents

According to the data gathered 28% of all children who took part know only one of their parents, mainly children mentioned their mothers, only 3% of the children who responded mentioned that they only know their father:

'I live in the rehabilitation centre. Mama is dead, my father lives in Moldova, his parental rights have been removed. Mama is called N.P., and I don't even remember my father, they were divorced when I was 8 years old.' (Boy, 15 years old, rehabilitation centre, Tver oblast)

It is possible that in cases where there is one parent whom the child knows, it might be possible to assess the potential for return of the child to the birth family, if the resources of this family and the available support services permit:

'I live at the children's home, my parents live in Ch-ovo. Mama is called N., papa is L.' (Boy, 10 years old, children's home Altai krai)

'I live with my grandmother, Mama lives and works in another town, I don't know Papa ' (Boy, 9.5 years old, foster family, Novgorod oblast)

Several children mention that they have contact with their parents, which also gives grounds for exploring the possibility of working with the family and creating a programme of support with the aim that the reintegration the child into the family can become possible:

'Mama is called N. A., Papa A. He visits me, gives me presents, but Mama hasn't come even once' (Boy, 10 years old, children's home, Novgorod oblast)

3.2. WHAT CHILDREN KNOW ABOUT THE REASONS WHY THEY ARE IN FORMAL CARE

Of 850 children for whom individual questionnaires were completed, 590 said that they know the reasons for their being in formal care which represents 69% of all children and 260 children or 31% of those who responded, said that they don't know. Table 4 summarises the children from each region and each category of formal care who know or don't know the reasons for being in care.

Children from Leningrad, Novgorod and Saratov oblasts are less informed about the reasons for being in formal care 35%, 36% and 39% respectively of all children who responded from each region. Compared to other regions, the children from Altai krai, Karelia and Tver oblast are more likely to know about the reasons for being in formal care, 89%, 75% and 75% respectively. It is worth noting, however, that the sample in Altai krai was relatively small with only 27 children for whom individual questionnaires were completed. All 9 children who took part from

Moscow said that they know the reasons for entering formal care, but the sample is too small to be reliable.

It is important to note that 61% of children with disabilities living in residential care who took part do not know why they are there which is significantly more than for other categories of children. Children living in foster families, in guardianship and in institutions have similar levels of knowledge about the reasons for being in formal care: 70% of children know and 30% don't know. It is worth noting the high levels of knowledge among 20 children (95% of those for whom questionnaires were completed) living in foster families in Leningrad oblast.

74% of children living in residential care at the request of parents who took part in the survey know why they are there and only 26% of children don't know. It is interesting that 100% of children living in residential care at the request of parents in Saratov oblast and Karelia do not know why they are living there although again, the sample is too small to be conclusive.

Table 4. Children who know or don't know the reasons for their being in formal care

Region Know/Don't know	Children in guardianship	Children in foster care	Children in residential care	Children with disabilities in residential care	Children in residential care at request of parents	Total Children know/don't know
Altai krai			23/2	1/1		24/3
% know/ % don't know			92%/8%	50%/50%		89%/11%
Vologda oblast			8/4			8/4
% know/ % don't know			67%/33%			67%/33%
Republic of Karelia	46/13	6/2	3/1	0/1	0/1	55/18
% know/ % don't know	78%/22%	75%/25%	75%/25%	0/100%	0/100%	75%/25%
Leningrad oblast	75/48	18/1	46/28	0/4	13/2	152/83
% know/ % don't know	61%/39%	95%/5%	62%/38%	0/100%	87%/13%	65%/35%
Novgorod oblast	50/16	24/22	3/3	4/4		81/45
% know/ % don't know	76%/24%	52%/48%	50%/50%	50%/50%		64%/36%
Permskii krai	1/0	1/0	57/26		1/0	60/26
% know/ % don't know	100%/0	100%/0	67%/31%		100%/0	70%/30%
Moscow	8/0	2/0				10/0
% know/ % don't know	80%	20%				100%/0

Region Know/Don't know	Children in guardianship	Children in foster care	Children in residential care	Children with disabilities in residential care	Children in residential care at request of parents	Total Children know/don't know
St Petersburg	3/1	1/0	14/2	2/5	2/0	22/8
% know/ % don't know	75%/25%	100%/0	87%/13%	29%/71%	100%/0	73%/27%
Saratov oblast	36/23	4/0	8/1	0/4	0/3	48/31
% know/ % don't know	61%/39%	100%/0	89%/11%	0/100%	0/100%	61%/39%
Sverdlovsk oblast	3/0	0/2	6/1			9/3
% know/ % don't know	100%/0	0/100%	86%/14%			75%/25%
Tver oblast	29/5	20/5	42/22	6/1	18/6	115/39
% know/ % don't know	85%/15%	80%/20%	66%/34%	86%/14%	75%/25%	75%/25%
Khanti-Mansiisk AO	1/0	1/0				2/0
% know/ % don't know	100%/0	100%/0				100%
Moldova		2/0	2/0			4/0
% know/ % don't know		100%	100%			100%
Total:	252/106	79/32	212/89	13/20	34/12	590/260
% know/ % don't know	70%/30%	71%/29%	70%/30%	39%/61%	74%/26%	69%/31%

Source: Partnership for Every Child, Taking Action for Children project

Children who do not know why they are in formal care

Children who do not know why they are in formal care typically respond in the following ways:

'I have always lived here. There are lots of children here. I don't know why I am here.' (Boy, 10 years old, children's home, Novgorod oblast)

'I have always lived with my grandmother, why I live with her, I don't know ' (Boy, 10 years old, living with guardian grandmother, Novgorod oblast)

'I arrived here not long ago, before that I lived in a different children's home, and before that in the infant home. I can't understand why I live here' (Boy, 10 years old, children's home, Vologda oblast)

Some children name the reasons why, although the interviewer has noted in the questionnaire that the information is not correct:

'I have been living in Centre 'S' for 3 months. Before that I lived at my grandmother's. Mama and I had a big fight and I was offended by her. Specialists brought me here.' (Boy, 10 years old, children's home, Saratov oblast)

Children who don't know why they are in formal care can be divided roughly into three groups:

1. Those who think they know but the information they have is not correct – 97 children who responded:

'I have always lived with my grandmother (Boy, 10 years old, guardianship family, Novgorod oblast)

2. Children who say that they don't know the reason for being in formal care – 32 respondents:

'I don't know how long I have been living in the children's home, where I lived before, I don't know how I ended up in the children's home, I don't know ' (Boy, 15 years old, children's home, Tver oblast)

3. Children who don't answer at all – 6 children

Children who know why they are in formal care

Children who know the reasons for their entry into formal care talked about them in different ways, but it is possible to identify the main groups of reasons that they named amongst their answers

Figure 12 shows the groups of reasons and the number of times each reason was mentioned by 680 children who mentioned reasons (including in 90 cases where their stories were noted by interviewers as not being necessarily true). Sometimes children name only one reason and in other instances a combination of factors and reasons are mentioned.

In 204 instances children mention that parental rights were removed – often this is given as the only 'reason', but in fact this is the result of other factors such as alcohol abuse, violence and neglect.

Otherwise, the main reasons that children mention for their entry into formal care are the death of one or both parents and/or alcohol abuse. In some cases the death of the parent may have occurred after the child entered formal care, but is mentioned as a reason for the child continuing to be in formal care.

Figure 13 shows the main groups of reasons or factors (with 'removal of parental rights' taken out as it is not a reason in itself) as percentages of all reasons mentioned and it can be seen that over 50% of reasons relate to the death of a parent and/or alcohol dependency. One or both parents being in prison represents 8% of all factors mentioned and placement into care that was initiated by a parent or guardian represents 14% of all reasons mentioned. Children mention neglect, being left alone at home and other instances of lack of parental care in 5% of cases. Financial or housing issues represent 5% of
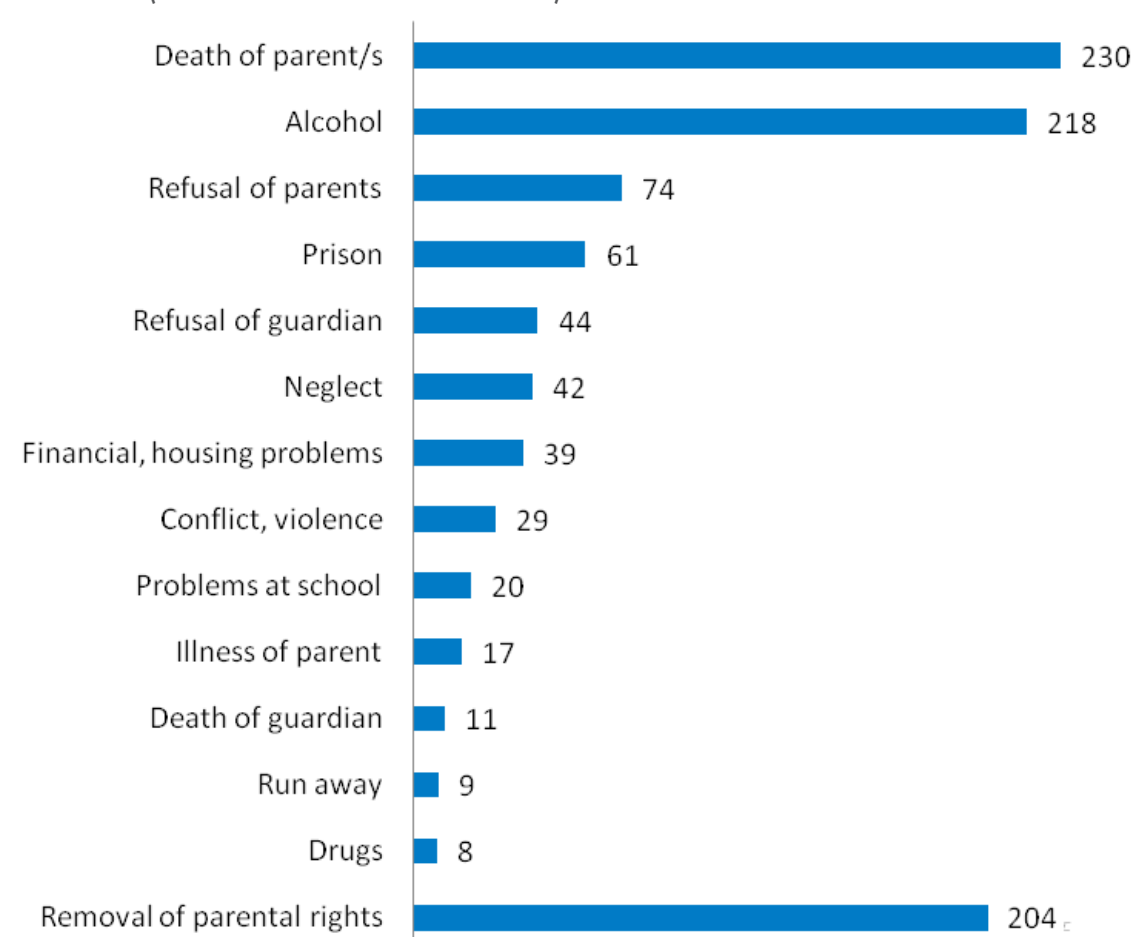
reasons mentioned, sometimes including references to unemployment, and violence or conflict in the family was mentioned 4% of the time. Many children mention that their entry into care was 'caused' by problems at school, often they perceive this to be their own fault for playing truant. It is likely however that school problems, running away from home and conflict/violence in the family are all inter-connected and could well be linked to alcohol misuse or the death of a parent in the first instance. It is difficult to assess from the answers given by children the extent to which poverty and unemployment are compounding the other problems mentioned.

As might have been expected, one of the main reasons mentioned by children for entry into formal care was problem drinking by parents. It is possible that this is partly because the adults and carers around them often talk about problem drinking to children as the main reason for entry into formal care. It is common to find children talking about alcohol in ways that are uncharacteristic for their age:

'... there was no result, mama continued to use spirits' (Boy, 10 years old, guardianship family, Saratov oblast)

Children often blame themselves: 'I didn't do as I was told, and they did warn me after all' — and think that their behaviour is the reason for entering formal care. It is possible that this is because the child has not been told the real reason and he or she has invented a reason.

'I have been living here for a month, before that I lived at home. I ended up here because my aunt refused to look after me because the warned me that if I come home late from school all the time, then she will write a complaint to the police and she did, she wrote to them. The police picked me up and then I was brought here by the Guardianship specialist.' (Boy, 14 years old, rehabilitation centre, Sverdlovsk oblast)

Figure 12 Number of times each reason or factor for entering care was mentioned by 680 children (N=1006 reasons mentioned)

Source: Partnership for Every Child, Taking Action for Children project

Figure 13 Reasons for entering care that children mentioned as a percentage of all reasons mentioned (N=802 mentions of reasons)
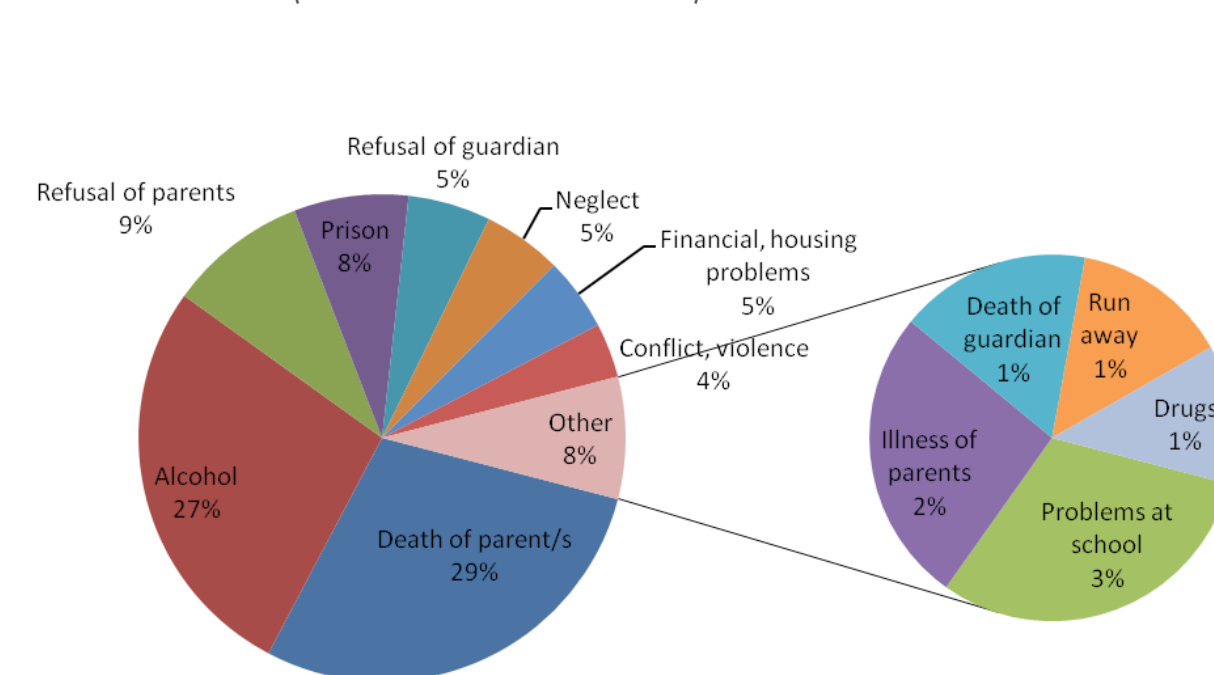
Source: Partnership for Every Child, Taking Action for Children project

3.3. WHAT CHILDREN SAY ABOUT PREVENTION AND FAMILY SUPPORT

What support have families received?

Children named services that families had received before the child entered formal care. They named Child and Family Support Centres, Commission for Minor's Affairs, school, telephone help lines, employment services, health services, psychologists, and also specialists from the Guardianship and Trusteeship organ.

'Doctors and medicines don't help mama, she has been ill for a long time. Papa didn't want to stop drinking. I live at home' (Girl, 17 years old, guardianship family, Tver oblast)

'The director of the Centre helped mama to get a different job, she comes to the Centre for sessions with the staff here ' (Girl, 11 years old, living in residential care at the request of parents, Tver oblast)

Most children mention close relatives who were involved in the life of the family.

'Granny always helped and grandpa too' (Boy, 10 years old, guardianship family, Saratov oblast)

Some children mentioned at least one episode of previous care in a residential setting, others mentioned two, three or more episodes and named shelters, social hostels and children's homes.

How could families have been supported in order to keep the child with parents and who could have provided this support?

In responding to the question, children mainly said that the parents themselves should change, or they mentioned relatives who could have helped to change the situation in the family. Many children mentioned that parents need treatment for alcohol dependency, need to sort out legal paperwork and find employment:

'They should help themselves. Sort out legal papers, stop drinking. My parents should have sent me to school' (Boy, 15 years old, children's home, Tver oblast)

In naming organizations that could offer support children to return to their families, most often children mentioned the Guardianship and Trusteeship organs and mentioned school and the police less.

'The guardianship organs could have helped my mama and papa to find me, could have help them to sort out this situation, calm mama down, and the staff of the centre could also help to find me parents, a family so that the child lives in a family, at least in a foster family, mama and papa need to work and not to drink ever, to look after me, in order that I can live with them.' (girl, 10 years old, children's home, Altai krai)

Some children said that they don't want to return to their parents, and others noted that it was already too late to do anything.

'Nobody. Nothing. It is already too late to change anything' (boy, 12 years old, Tverl oblast)

An exploration of the discourse of children in relation to alcohol and violence can be found in the first pilot report for 2011 (Rogers, 2013) and further detail will be explored in the regional reports that will follow this summary report.

3.4 SUMMARY CONCLUSIONS – INDICATOR 4

The reported level of knowledge of their families and the reasons for entering care among 850 children in nearly all types of formal care was relatively high with 58% of children stating that they know both parents although the level of their knowledge was quite low. Children in foster families largely know both parents more rarely than their peers in residential institutions (44% of children in foster families who responded), but those who do know, tend to be better informed and to know more details about their parents. There are regional differences on this issue with, for example, 75% of children in foster care in Leningrad oblast not only knowing both parents, but also demonstrating a high level of knowledge about their lives compared to other children. 69% of children who took part in the survey in all regions and in all types of formal care state they know the reasons for their entry into formal care and this statement was confirmed by their interviewer. There are differences between regions and different types of formal care, for example 95% of foster children in Leningrad oblast stand out as knowing the reasons why they have ended up in foster care. Of 33 children with disabilities living in residential institutions who took part in the survey, 20 children (61%) don't know why they live in the institution and only 13 children (39%) know the reasons, but children surveyed in all other categories of formal care are more likely to know than not know the reasons for their placement into formal care.

The death of at least one parent appears to be a key factor in determining whether a child might enter formal care in the long term, although in many cases it was not clear whether the death of the parent occurred after or before the entry of the child into formal care and further analysis is required to confirm. One or both parents being in prison is also a notable factor affecting children in formal care.

Children who said they know the reasons for being in care mentioned alcohol misuse by parents, but there were many fewer mentions by children of the neglect, violence or abuse that might represent the 'threat to life and health' that is designated in Federal legislation as being a reason to remove children into the care of the state. This could be because children did not want to talk about their experiences in too much depth, or it could be that they have learned to name alcohol as the main reason for being in care because this is what they have been told by their carers and guardians.

Most children mentioned previous episodes in formal care, notably in temporary residential care or guardianship, but did not mention many preventative support services that they knew about before they entered care. Those who do mention such interventions, mention positive and practical support, for example with parents finding employment or treatment for alcohol dependency.

Some children mentioned that they still have informal contact with their parents or siblings. Some mentioned that they want to return to the care of their parents. Others are satisfied in the care of their grandparent guardians, but the number of mentions of grandparent death or relinquishment into care as a reason for entry into formal care should guard against seeing grandparent guardianship as a satisfactory long-term care arrangement without additional support.

CHAPTER 4. INDICATOR 5

EFFECTIVENESS OF SERVICES FOR CHILDREN AT RISK OF LOSING PARENTAL CARE AND THEIR PARENTS

Questionnaires for the 5th indicator were returned by 533 parents and 488 children from 10 regions of Russia and from the city of Chisinau in Moldova. Nearly all respondents were clients of state services – Children and Family Support Centres or Social Rehabilitation Centres. There were 15 parents and 1 child who were clients of the Partnership for Every Child 'Crisis Intervention Service' among respondents from St Petersburg. Full information on the respondents with a breakdown by region can be found in Annex1.

4.1 PARENT AND CHILD PERCEPTIONS OF PROBLEMS IN CARING FOR CHILDREN AND ATTITUDES TO RISK OF SEPARATION

As Figure 14 demonstrates, parents on the whole either didn't respond to the question about risk of losing parental care or made it very clear that they feel negative or anxious about it and fear it. Those who responded 'don't know' or didn't answer this question (43% of all parents who responded) could be at a stage when they find it too painful to admit that there really is a risk of loss of parental care.

Figure 14 Parents find the question about their attitude to problems in caring for their children or risk of separation difficult to answer (N=507 parents)
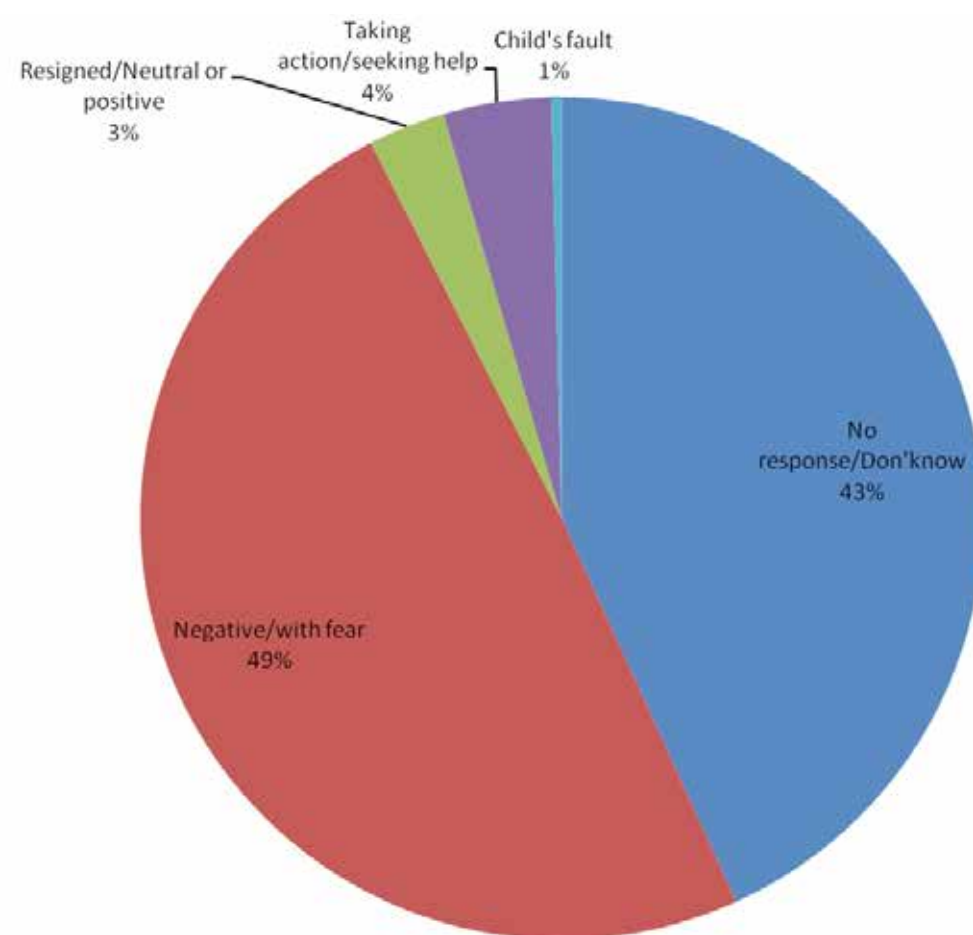
Source: Partnership for Every Child, Taking Action for Children project

They may literally want to avoid the question. Almost 2/3rds of parents who responded from the Russian regions or 310 parents stated that they have problems in bringing up and caring for their children and 234 parents state that there is a risk of losing the care of their child (47% of all parents who responded). When asked 'how do you feel about this?' parents responded in terms of both preceding questions – the risk of separation from their child and the problems they say they are having with the care of their child. Only very few parents (3%) think that separation from their child might be a positive development for their family 'We came to this decision with difficulty, but is it the right decision' or are resigned to this option as the only way forward 'This is the only way out of the situation that has arisen '. A few others are neutral:

> "My daughter will study at the boarding school for children with special educational needs, I agree to this." (Mother, state centre, Tver oblast)

Almost half of respondents stated they feel negative about separation from their child or fear it: 'I am afraid of this' '[I feel] extremely negative [about

this]' 'I am very worried' 'I am anxious, afraid'. Some parents (4% of all respondents) who are negative about the possibility of separation elaborate further by indicating that they feel a sense of responsibility for taking action to address the situation 'I am worried and will do everything I can for the children to remain with me':

> '[I feel] negative about this, I will try to do everything possible for it not to happen.' (Mother, state centre, Novorod oblast)

A very few parents (1%) responded by placing the responsibility with the child:

> 'Yes, there is [a risk of separation]. I am not sure I can manage to care for my child as my child has started to lie, to steal. I don't know what will happen next.' (Mother, state centre, Karelia)

One parent from Moldova responded eloquently about her own childhood in residential care in response to this question:

Figure15 Regional variations in perceptions of risk of separation among children and parents (% of child and parents respondents in each region who perceive a risk of separation N=170/455 children and 234/499 parents across all regions)
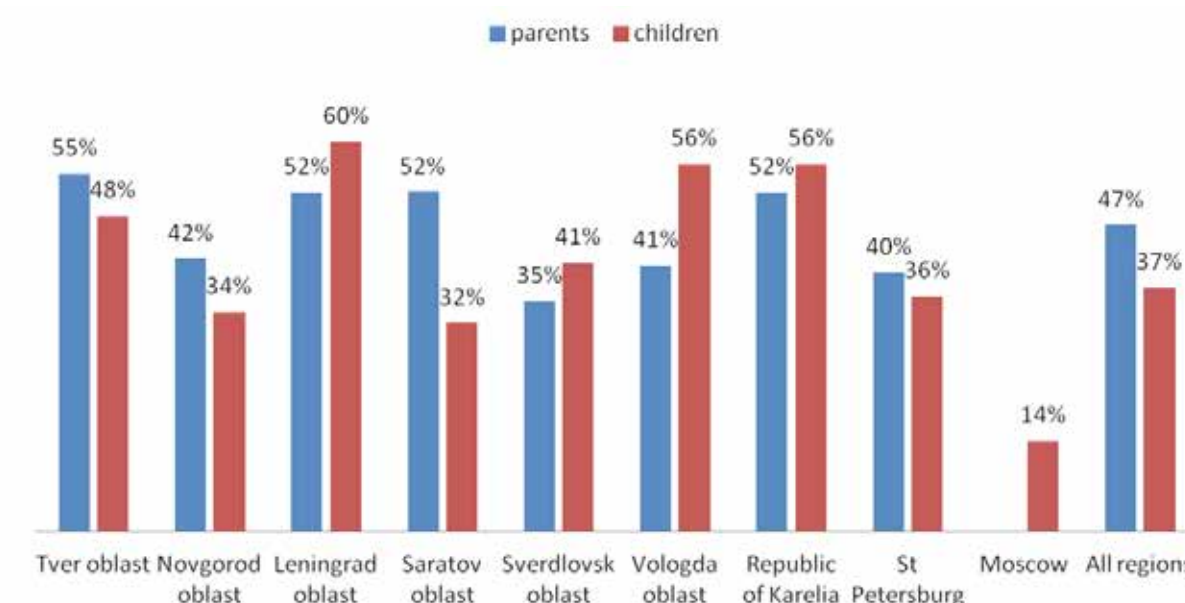
Source: Partnership for Every Child, Taking Action for Children project

'It's not good, children need parents. Money is never enough, but children need parental affection and care. I grew up in a residential school, my mother died, and I don't wish this to other people.' (Mother, NGO service, Chisinau)

Over half of the parents asked around 53% state that they do not want to be separated from their child in spite of serious difficulties. This could indicate that the social services providers are largely working with quite motivated parents who could represent a strong resource for their children and who can be helped to overcome barriers and obstacles. It could be, however, that parents may be sure that they do not want to be separated from their children, but may still not be able to find the necessary inner or external resources to change the difficult situation in which the family finds itself. Either way, the level of motivation of parents to bring about change, is important to successful social work with children and families.

Children appear to have a slightly different attitude to the risk of separation (they were not asked a question about problems their parents have in looking after them) as overall they see risk slightly less than parents – 171 children(about 37%), but also responded less to this question than parents with 63% answering 'don't know' or giving no answer. There are, however, interesting regional variations in perceptions of risk among children and parents as Diagram 15 illustrates:

These differences could relate to a number of factors that affect the responses of children and parents and which relate as much to the centres where they are receiving services as to the real or perceived risk of separation:

1. Parents and social services providers do not appear to consider placements into temporary residential units as 'separation' whereas children are more likely to

Figure 16 Children also find the question about their attitude to risk of separation difficult to answer (N=459 children)
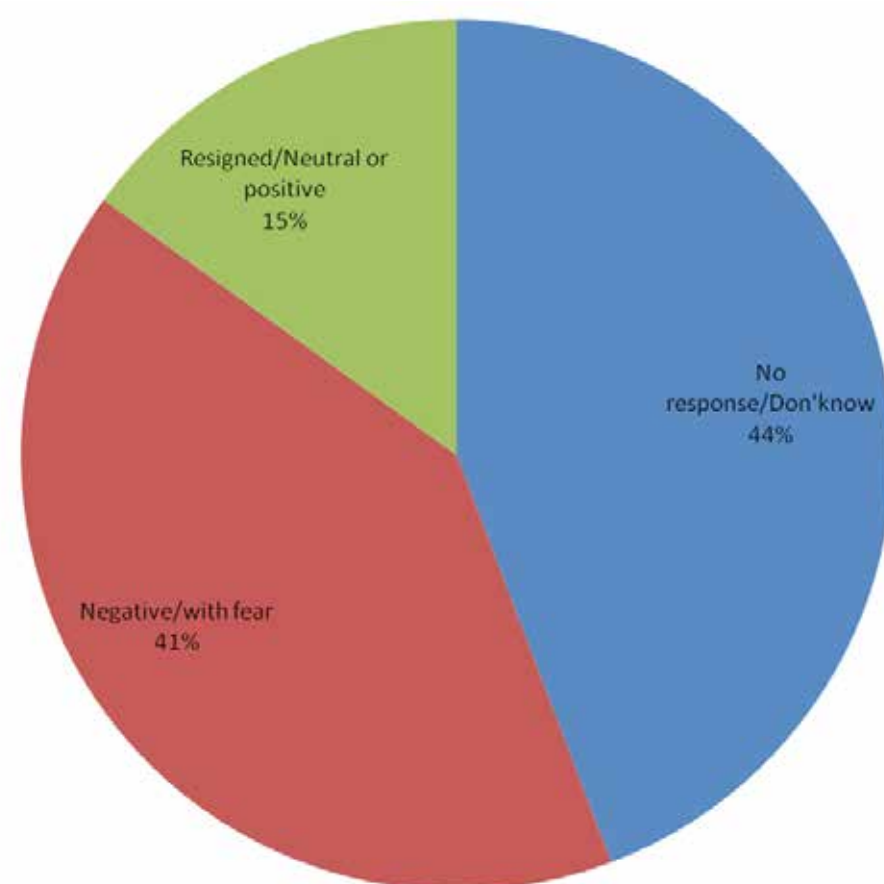
Source: Partnership for Every Child, Taking Action for Children project

acknowledge that they are separated from their family because they are actually living separately even if their legal status is still that of a child in the care of parents. Many children refer to several episodes in residential care in their responses to the two questions about risk of separation and attitude to this:

'I don't live at home right now, but in the Centre'. 'It's only temporary'. (Children living in a state centre, Leningrad oblast)

'Now no. Before I often used to stay without my parents'. (Boy, 15 years old, state centre, Tver oblast)

'There used to be such times before, when I didn't live with my mother...I was afraid, that mama would not collect me' (Мальчик, 15 years old, state centre, Tver oblast)

'There is a very big risk, because I have already been in the shelter twice'. 'I hope that not any more, although anything can happen'. (Children from a state centre, Novgorod oblast)

2. In some regions, particularly in Leningrad oblast, Karelia and Moscow, it is clear from their responses that some of the children who responded were already in temporary residential care: 'Right now I don't live at home, but in the Centre' and it is likely that the parents who responded did not necessarily have a child currently in residential care at the time of responding. Therefore in some regions the perception of risk among children is higher than among parents as separation has already taken place. The average across regions is lower for children, but this is in large part due to the exceptionally low percentage of children interviewed in Moscow who perceive a risk of separation (even though many of them were already living apart from their parents when the questionnaire was administered).

3. Moscow children have a significantly lower perception of risk of separation than children from other regions. The main reason for this, according to

the management team of the centre which interviewed the children for this pilot, is that they work from the outset to encourage a positive mindset among children for working towards reintegration and return to the family, so they see this response as an endorsement of this approach.

4. It could be, however, that the overall low percentages of children and parents who perceive a risk of separation that are being served by the centres also relate to the fact that the centres are working with clients where there is little or no immediate risk of separation. While early intervention and referral is important to prevent emerging problems for children and families, it is important that these service providers are also targeting those who are most at risk of separation. If the centres were to work with the children and families who are already known to the child protection services, as well as those who are at less risk of ending up in long-term formal care, the percentages of children and parents who perceive a risk in this survey might be higher. When asked about their attitudes to the risk of separation children, like parents, found it difficult to answer with 44% answering 'don't know' or giving no answer.

Children are, however, much more likely to be neutral, resigned or positive than parents about being separated. In some cases this is because it has already happened and is not an unknown quantity:

'It [the risk of separation] has already happened. Now [I feel] ok [about it] ' (Boy, 14 years old, state centre, Moscow)

'I want it more than I don't want it'. (Boy, 12 years old, state centre, Sverdlovsk oblast)

'I don't care, I don't want to live at home '. (Girl, 15 years old, state centre Vologda oblast)

'I don't know, problems with mama, there is no contact '. (Girl, 16 years old, state centre, Tver oblast)

In other cases, the child indicates that their experiences at home were so negative that they do not want to return and their experience in the shelter or social rehabilitation centre is positive by comparison:

'I feel positive. I don't want to live with mama'. (Girl, 15 years old, state centre, Novgorod oblast)

'I didn't want to go home' (Boy, 15 years old, state centre, Novgorod oblast)

'I live at the Centre. It is calmer for me here at the moment'. (Girl, 14 years old, state centre, Leningrad oblast)

'I feel good about it. I don't want to live with my parents' (Girl, 16 years old, state centre, Karelia)

Overall, however, children like parents are overwhelmingly negative about separation with 41% wanting to return home or expressing concern, anxiety and fear about being separated or the idea of possible separation:

'I'm sad, I miss home'... 'I like it here, but I want to go home ' ...'I don't like it at all' (Children from one of the state centres, Leningrad oblast)

'I feel bad about this. I don't want to go to a Children's Home' ... 'I want to go home! Negatively, I feel bad about this!' (Children from a state centre, Vologda oblast)

'I am very upset'... 'I want o live with my family' (Children from different state centres, Sverdlovsk oblast)

'I have a feeling of fear' (Girl, 14 years old, state centre, Tver oblast)

4.2 TYPES OF PROBLEMS WITH BRINGING UP CHILDREN AND/OR REASONS FOR RISK OF SEPARATION – PARENT PERCEPTIONS

36% of parents give no response to the question about 'what has caused the risk of separation' and in most cases they are parents who have indicated that there is no risk of separation. Over a third of parents name a single main reason that is causing risk of separation or problems in providing care and around a quarter give multiple reasons.

Reasons named by parents can be categorized into six groups of reasons which, in their view, are at the heart of their problems with bringing up their children and the immediate or potential risk of separation from their child and these are summarized in Table 5.

As can be seen from Table 5, the problems and reasons named by parents inevitably overlap across categories and are inter-linked with each other. Parenting problems, for example, can be caused by parental relationship problems and conflicts or employment can relieve material poverty, but can cause problems in the provision of adequate attention to the child from the parent. Parents themselves, in their answers, often name multiple reasons for risk of separation.

Table 5 Typology of reasons given by 502 parents who responded to the question 'what has caused the risk of separation?'

Problem group	Types of problems named or examples given by parents	Researcher comments
Parenting problems, family relationships, child's behaviour	'problems with bringing up my child'; parents express an inability to manage child's behaviour; lack of attention from parent to child because of alcohol or other reasons; poor communication between child and parents; 'difficult' behaviour of child; conflicts between the child and step-parents; unspecified 'family' relationship problems with the implication of the child also being included in the problems.	Some parents take responsibility for their own behaviour and see this as the root of their family problems, but many parents name their child's behaviour as the problem. Given that behaviour of children is linked so closely to the way that parents manage and respond to that behaviour, this group of problems/reasons can largely be linked to parenting capacity and parenting skills, or lack of them. Parents indicate that their capacity can be hindered by alcohol use, lack of child care, single parenthood and many other factors or they can just name 'behaviour' 'upbringing' 'peer pressure' as individual reasons.
Material poverty, low income, employment issues and housing	Parents point to low income, lack of employment or just material poverty as a main problem or one factor among the reasons causing problems in caring for their children. Housing is a separate issue that comes up as affecting the child's immediate family environment.	Interestingly, several parents point to lack of child care while they are at work as a cause of concern and name their physical absence at work as a reason for not paying enough attention to their child's needs. Poor housing is often used as a reason to take a child away by the child protection authorities and parents wanting to restore their parental rights are often expected to undertake 'remont' in order to create what is perceived to be a suitable environment for the child. Several parents mention 'remont' as being a main reason for risk of separation, probably because they are trying to return their child to their care.
Parental relationship problems, single parents, emotional distress	Parents point to divorce and conflict between spouses as a key factor in their child care problems; single parents finding it difficult to cope for many reasons including logistical, emotional, psychological and material; emotional distress as a result of the death of spouse.	It is often not clear whether parental problems are being caused by other factors such as alcohol or poverty. This group of problems includes 'conflict' and probably violence. Three parents mention the death of their spouse including a husband's suicide.

Problem group	Types of problems named or examples given by parents	Researcher comments
Alcohol	Problem drinking of one or both parents. Often mentioned as a cause of parental relationship problems or parenting problems and as having a direct impact on the child and child care.	Parents sometimes name themselves as the individual in the household with the drinking problem, sometimes mention their spouse, sometimes mention that both parents have this problem. Sometime they use official language to indicate this problem 'abuse of spirits', 'leading a non-sober lifestyle', and in other cases speak in a more natural way 'I often drink', 'my wife drinks', 'my husband drank', 'we drink'.
General adversity	Parents use official language to say they are experiencing 'difficult life circumstances', 'disadvantage', or are in 'socially dangerous situations'. It could also be that an interviewer has paraphrased a parent's words.	This language is used by social centres and child protection authorities to classify clients. It is not always clear what is meant by each term although based on discussions with professionals from the social services centres, 'disadvantage' is generally linked to material poverty, 'socially dangerous situation' is linked to alcohol abuse and violence, and 'difficult life circumstances' can mean any range of challenges including disability, health problems, unemployment, housing issues as well as poverty.
Education	Truancy or problems with school work	School problems can relate to the quality of teaching, to peer relationships or to other issues in the school setting itself. School problems, however, can often also be a manifestation of family problems.
Health including mental health	Includes references to health problems of the parent or child and references to mental health issues.	A serious health problem can create major pressures in the family. Mental health issues such as depression are rarely mentioned by parents, but these problems can create significant pressures. Poor health care or lack of access to health services can also compound pressures on families.
Other specific related issues: social, criminal convictions, migration	Parents being in conflict with the law; problems relating to extended family care, foster care; recent migration	This group of problems impact on the child and on parenting capacity, but are not necessarily only concerned with the immediate family environment in the way other groups of problems are and can also be linked to the mezzo-level in society at large and fall into the areas of responsibility of other service providers and therefore require an inter-sectoral response. The same applies to education and health above.

Source: Partnership for Every Child, Taking Action for Children project

Figure 17 shows how many times each problem type was mentioned by parents with the majority of problems falling into the groups related to parenting capacity (43% of mentions in total) which are often compounded by the two other main groups 'alcohol' and 'material poverty'. Alcohol or material poverty in themselves do not necessarily mean that a parent will not be able to care for their child and many of the parent responses confirm this. Other factors, when compounded by problem drinking or deep poverty, could lead to the violence and neglect that can represent a threat to life and health of the child and therefore require intensive rehabilitation interventions and support in order to prevent harm coming to the child or the eventual separation of the child from the family.

In only one case was use of narcotics mentioned by respondents, in 3 cases parental imprisonment and in only 3 cases were death of one or both parents mentioned, although the previous pilot of Indicator 4 for 2011 (Rogers, 2013) tended to indicate that death or imprisonment of one of both parents and the use of drugs as well as alcohol featured strongly in the narratives of children who are in care and therefore these factors would be expected to have a greater presence among the clients of social services centres focused on preventing loss of parental care.

What parents say about parenting capacity, behaviour and family relationships

Some parents can be very precise and clear about how their problem drinking is affecting their parenting skills:

'Lack of well-being in the family because I don't pay enough attention to my child, as I use alcohol' (Mother, state centre, Novgorod oblast)

'Weakened control of my child. Use of alcohol.'. (Mother, state centre, Leningrad oblast)

Figure 17 Parent perceptions of the reasons for risk of separation or problems in bringing up children (N=422 mentions of problems/reasons by 304 parents)

Parenting problems, family relationships, child's behaviour	32%
Material poverty, low income, employment issues	22%
Housing problems	5%
Alcohol	18%
Parental relationship problems, single parents, emotional distress	11%
General adversity	3%
Problems with school, education	3%
Health problems including mental health	3%
Parents' conflict with the law, child removed into care	1%
Other	2%

Source: Partnership for Every Child, Taking Action for Children project

Others place responsibility with their own parenting abilities in general:

> 'I don't manage to control my child' (Mother, 12 year old girl, Novgorod oblast)

> 'I don't give enough attention to my son and daughter' (Father of two children, 12 and 13 years old, state centre, Tver oblast)

> 'We live with grandmother, our differences in views about how to bring up a child have brought us to a situation where the child has not authority figure, this is the root of problems with the behaviour of my older daughter.' (Mother of two children aged 9 years and 1 year, state centre, Vologda oblast)

Others place responsibility with their child's behaviour:

> 'My son's bad behaviour', 'Problems with my daughter's behaviour' (parents, state centre, Tver oblast)

> 'My daugher's difficult character' (Mother, of a 7 year old child, state centre, Vologda oblast)

> 'My child doesn't pay attention to me.' (Mother, 13 year old child, state centre, Saratov oblast)

Some parents say that they lack knowledge and skills:

> "I am not confident that I am managing to bring up my child well as he has started to lie, steal. I don't know what will happen next... Lack of mutual understanding with the child. (Mother, state centre, Karelia)

> "Not enough knowledge about bringing up children'. (Mother of three children aged 15, 13 and 7 years, state centre, Novgorod oblast)

What parents say about parental relationships and single parenthood

As a rule family conflict or conflict between parents was often mentioned together with other stress factors such as problem drinking, lack of work or one of the parents failing to fulfill his or her parental responsibilities:

> 'Avoidance by the child's 'papa' from taking part in bringing her up, long-standing problems which have resulted in conflict and crisis in the family' (Mother of a 14 year old child, state centre, Sverdlovsk oblast)

> 'My husband doesn't work, abuses alcohol, is violent at home' (Mother, state centre, Tver oblast)

> 'Dysfunction in the relationship between mother and child' (Father, 10 month old child, state centre, Vologda oblast)

Single parents, both mothers and fathers, experience similar challenges in being parents:

> 'I am bringing up the children on my own, I try to give them everything they need. I moved here and I have problems with work' (Mother, state centre, Leningrad oblast)

> 'I am very worried – I am bringing up two children on my own, absence of their mother, lack of the possibility of getting full-time work [has resulted in the risk of separation]'. (Father of two children , 8 and 11 years old, state centre, Novgorod oblast)

Regional variations in parent perceptions of problems/reasons

Some regional variations can be noted among the regions where larger numbers of parents participated in the pilot, but they are not significant enough to draw meaningful conclusions, mainly because the sample sizes are not large enough. It can be seen, for example, that parents in Saratov oblast are more likely to mention material poverty, low income or employment issues as the main or only cause of

problems or risk of separation than in any other region and significant less likely to mention parental relationship problems. Given, however that the whole sample from Saratov oblast was only 50 parents from two districts and of these, 16 gave no response or answered, 'don't know' or 'no problems', then these variances could be chance. Apart from the Saratov responses, it is noticeable that the patterns for parent responses are similar for the other regions and largely consistent with the average percentage of responses across all regions. This tends to indicate that this typology may be applicable across a range of regions and socio-economic settings.

4.3. HOW SERVICES RESPOND TO PROBLEMS THAT PARENTS ARE ENCOUNTERING

Residential placements for short periods

From the point of view of parents and children, the offer of residential services appears to be a common response to problems in the family in many regions although there are significant regional variations. It would appear that placements into short-term residential units is a first response by many service providers. Given that many of the problems parents have identified are linked to parenting skills, capacities, family relationships including the child's own behaviour in the family setting, it is not clear how removing the child from the family setting will address these problems. Work done with the child in the centre may not necessarily translate back to the family when the child returns as the parent behaviours and problems that may have caused the problematic behaviour of the child in the first place have not necessarily been addressed.

If stays at residential summer camps and sanatoria are also 'residential' services that are offered to the child away from his or her parents, then 56% of parents indicated that they had been offered services that involved their child being cared for outside of the home in shelters, family support centre residential

Figure 18 Reasons given by parents for risk of separation are relatively consistent across all regions, with some variations (% of parent responses in each region which mention each of the four main problem groups)
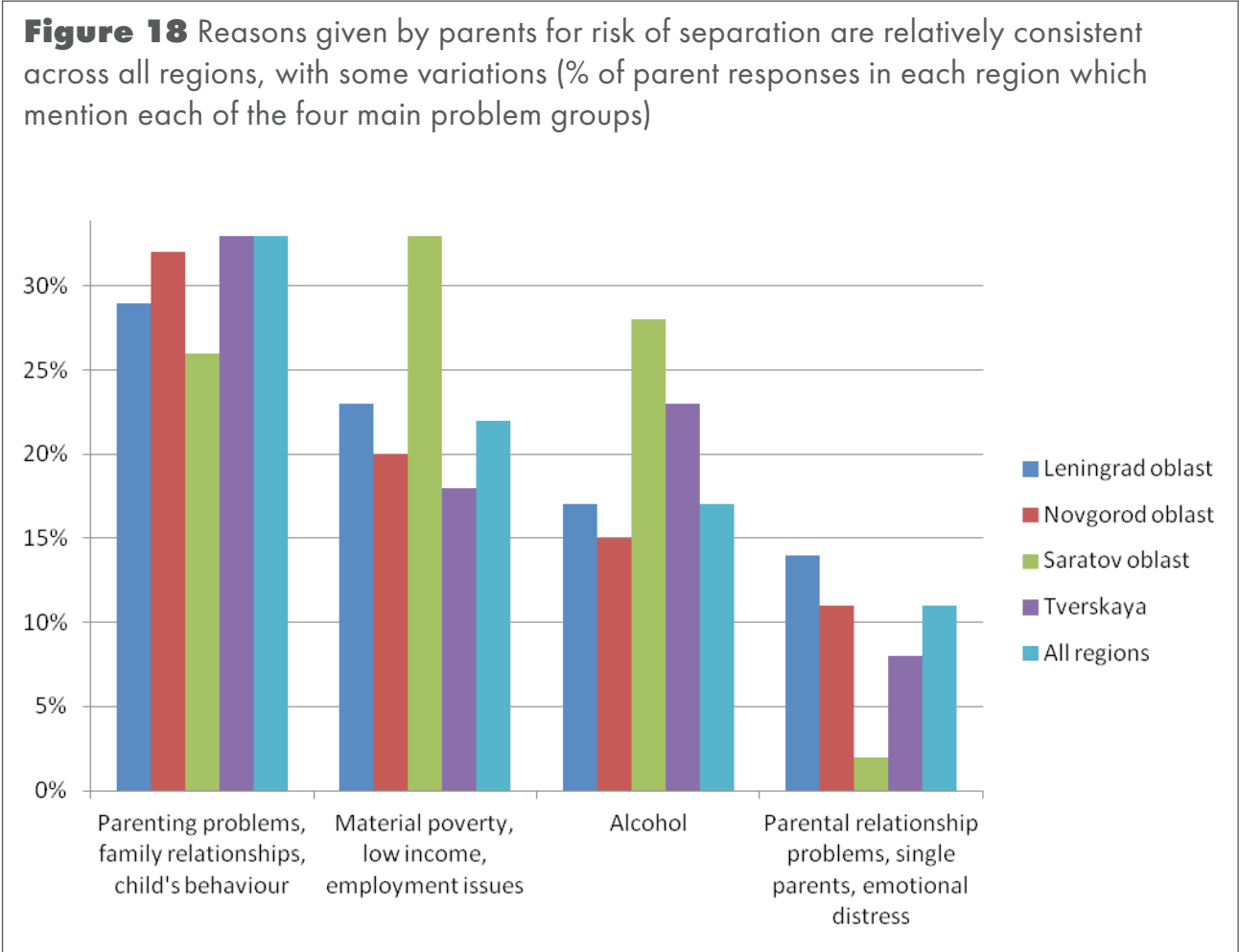
Source: Partnership for Every Child, Taking Action for Children project

units, rehabilitation centres, social hostels, summer camps or sanatoria. There are significant variations across regions with as many as 88% of parents in Tver region indicating that they were offered residential placements of some kind including summer camps and sanatorium placements (see Figure 20). Within regions there are also significant variations with particular districts standing out as offering residential placements in almost 100% of cases and others in 0%. Where a district does not have its own residential units it would appear that this type of service is not offered to parents, even if needed, and other types of services are offered instead.

Children have a slightly different perception of whether residential services have been offered with more children stating that they have not been offered and slightly fewer stating that they

have been offered (see Figure 21). It could be that children sometimes do not know whether a residential placement has been offered: 'I don't know, maybe my parents do.' 'No, I don't know, I don't remember' and therefore say 'no' in response to this question. If the answers indicating that residential summer camp and /or sanatorium services were offered are added to the 'yes' answers, then a similar proportion of children, 54%, as parents are stating that they have been offered residential services of some kind.

Children's responses in particular districts follow similar patterns to parents with wide variations between some districts of a given region.

Children and parents both report not necessarily taking up all the services that are offered so the

prevalence of services offered does not necessarily equate to the same prevalence of service take up. Many children and parents did not answer the question in the questionnaire about which services they did take up compared to those offered, but the responses of those that did answer this question are revealing about the nature of services that children and parents are receiving and will be discussed further in section 4 below.

Non-residential services are often offered in combination with residential services

While residential services are widely offered and are one of the single main types services offered to parents and children, they are seldom the only type of service mentioned by parents and children as having been offered as Figure 22 below shows.

81% of parents responded that they had been offered non-residential services of various kinds, either as well as residential services or without any offer of residential services, and only 9% of parents said they were offered residential services alone. Children responded more frequently than parents that they don't know what services were offered (or don't need services or weren't offered any services) and children perceive that residential services alone were offered in 12% of responses (including summer camp and/or sanatorium placements).

The types of non-residential services mentioned by parents as being offered can be grouped into five main types:
1. Material assistance, financial help for specific purposes

Figure 19 Parents perceive residential services as being offered more than other types of services by family support centres (N=502 responses from parents to the question 'was it suggested that your child live away from the family?')

Source: Partnership for Every Child, Taking Action for Children project

Figure 20 Percentage of parents in each region who say that they were offered residential care services for their child (blue columns). The red columns include those who say they were offered summer camp and/or sanatorium places. (Some parents may have been offered only summer camp, some may have been offered residential care services, summer camp and sanatoria. The red columns represent total mentions of residential care places, summer camp and sanatoria.)
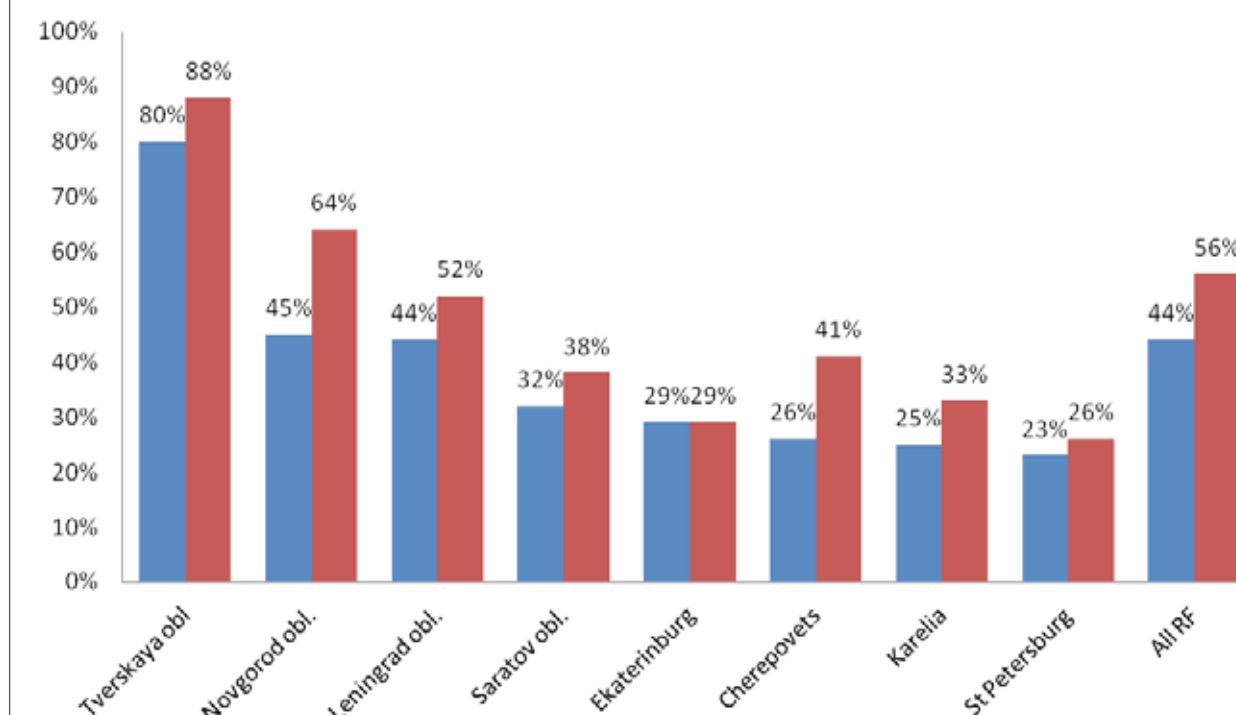
Source: Partnership for Every Child, Taking Action for Children project

Figure 21 Children perceive residential services as being offered slightly less than other types of services by family support centres (N=459 responses from children to the question 'was it suggested that you live away from your family?')
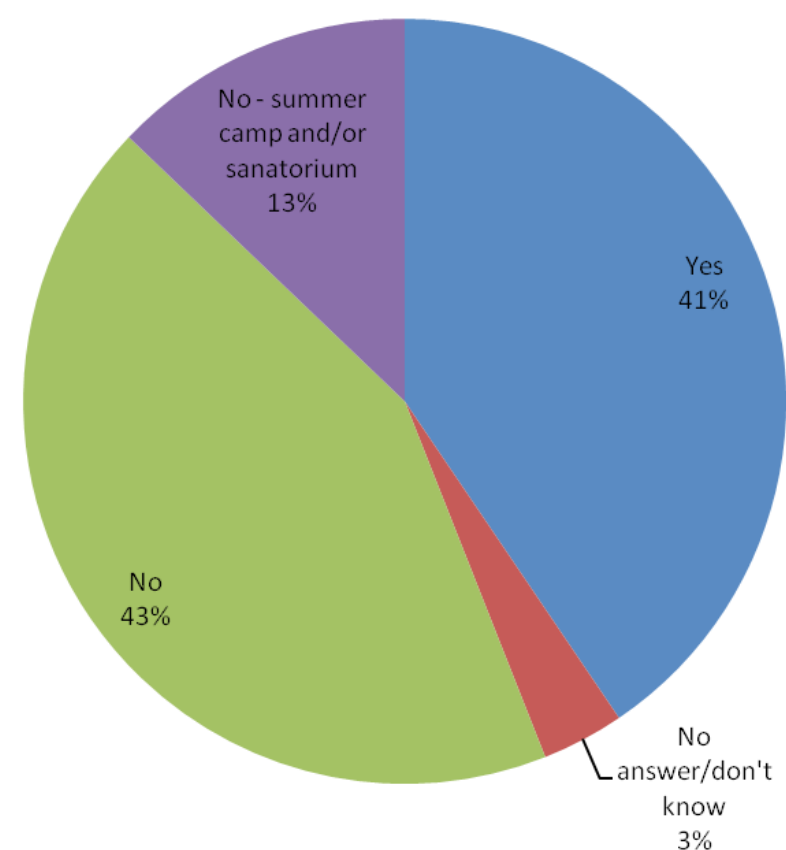
Source: Partnership for Every Child, Taking Action for Children project

Figure 22 Overall, parents and children say they were offered mainly non-residential types of services by service providers (N=502 parents and 459 children)
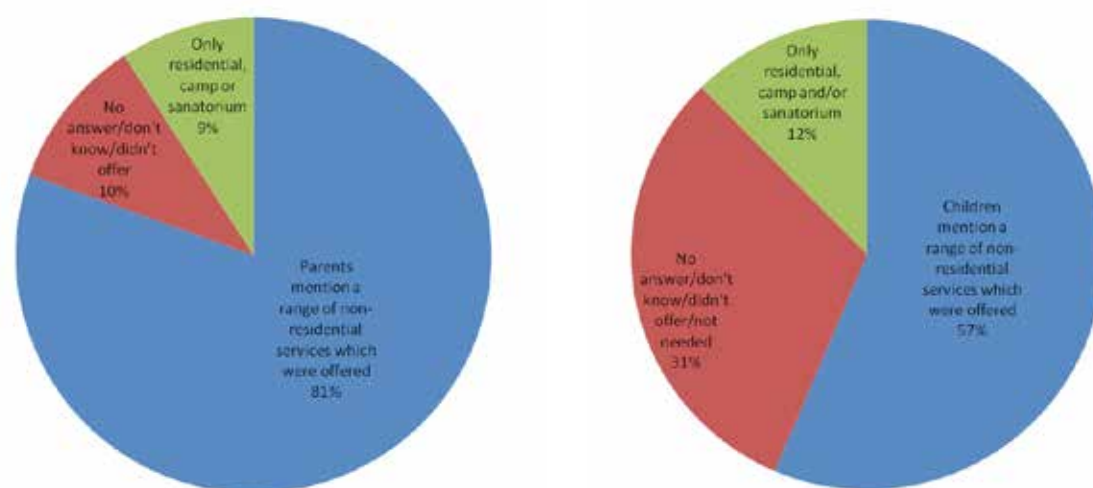
Source: Partnership for Every Child, Taking Action for Children project

2. Provision of advice, help for parents to get access to services, help with employment – including legal consultations, support in applying for benefits or other administrative tasks or support in finding and securing employment

3. Support with Education or Health issues of child or parents –including provision of educational support such as homework clubs; support for medical treatment or support in accessing treatment for alcohol dependency

4. Support with family, parenting and relationship issues – psychologist consultations, parent groups or 'moral support', counselling or consultations

5. Support with day-care or after school clubs and leisure activities
The services that children mentioned they were offered are similar to those of parents, but children perceive them in a slightly different way with education support apparently being offered not only in homework clubs in the social services centre, but also being offered to address issues at school:

'Sort out my relationships with my classmates, help with my studies, to stop swearing.' (15 year old boy, state centre, Novgorod oblast)

'They helped me with doing homework that I was having problems with, helped me to sort out conflicts with other kids.' (12 year old boy, state centre, Sverdlovsk oblast)

Children talk about support with family, parenting or relationship issues in terms of support in

addressing specific problems rather than in terms of types of services or types of specialists: 'Help to sort out relations with my mama'; 'if I needed someone to talk to, I went to see Olga Petrovna'.

Regional variations in packages of services offered

Children and parents in their responses named the types of services or packages of services they were offered and it can be seen that, as with services for children with disabilities discussed under Indicator 6 below, the family support centres tend to offer what they have rather than necessarily offer what is needed although there may be an overlap, with the services offered addressing at least some part of the problems identified by the parents as being the main problems in the family. It should be noted that the range and variety of services is greater, at least in the perception of parents, than that offered by the service providers working with children with disabilities.

As discussed above, the centres that have a residential unit or access to sanatoria or summer camp places tend to offer these to their clients and those that don't have such types of services to offer, don't. As with Indicator 6 below, the question arises as to how the needs of children and families are being assessed in the centres so that centres can start to develop the services that meet those needs, given their local specific circumstances, rather than developing and then offering a standard set of services in the hope that they will meet the needs of those families that use the centres. Table 6 gives some examples of the types of service packages that parents from different districts and regions report as having been offered:

Table 6. Regional variations in services parent said were offered and perceptions of children on services offered or taken

Region – district	Services parents typically said were offered	Comments by parents and children on services offered or taken
Novgorod – district 1	'Teenager' Group, activity clubs, camp during the vacation' 'Sessions with the psychologist, sanatorium, summer health break, leisure activities'	Parents mainly noted that the most useful services were 'Increasing parents' competence' 'Talking, participation'. Some, but not all, parents who sent their child to summer camp note this service as among the most useful 'Holiday at a Chidlren's Health Camp (the child's circle of friends widened)'. Nearly all children from this district also said that summer camp was a main feature of the services offered, some also mention residential placements and support with education, and typically the services offered as perceived by children are 'Summary camp, help with school work, excursions'.
Novgorod – district 2	'Sessions with my child, sessions with me, placement of my child in the shelter' 'Clothes, presents, food' 'Material aid, psychological and pedagogical consultations, placing my daughter into the shelter' 'Referral to a narcologist, material support, getting my child a place in kindergarten...finding a job'	The wide range of services reported by parents is also confirmed by children although children noted more the summer camps and material support: 'Clothes, sport activities, psychologist, camp in the countryside, New Year gifts'
Karelia – district 1	'Residential unit, clothes, food, psychological help and support	All respondents from this district were offered residential placements and all but one reported using the residential service.
Karelia – district 2	'Psychological support, conversation' 'Help with getting a new passport, lost documents. They help with my younger daughter's education' 'Consultation with a psychologist, work with a speech therapist; registering at the employment Centre, finding a job, one-off material help through the Centre of social work'	Parents said that conversation, psychologist's advice and help with education were the most useful.

Region – district	Services	Comments
St Peters-burg – district 1	'Residential unit, day care department, tickets to the theatre, consultations'	Children mention the residential unit less than parents, but their responses confirm that theatre tickets are a part of the cultural programme offered by the centre 'Tickets to the theatre, New Year presents, places at summer camp, parties, consultations'. Children also mention that the centre helped them with homework and other education support.
Leningrad oblast – district 1	'Residential unit, family psychologist, support from a lawyer' 'Food, clothes, stationary'	Not all parents took up the offer of residential services, but nearly all mention 'family psychologist' as having been offered. The 'day care centre' is mentioned by nearly all as the most useful support and several parents mention that the possibility of talking to and consulting with specialists (not necessarily the psychologist) was most useful 'Conversations, consultations with specialists, attending the day care department'. Children mention similar types of services being offered, but highlight the classes they attend at the day center, practical help and the food they receive as 'most useful': 'Food, otherwise I don't have time to go home, activities, clubs and also picking up the younger kids from school'
Leningrad oblast – district 2	'Day care group, 24 hour care department, clothes, food support , help from a psychologist'	Nearly all parents mention that the residential unit was offered, but very few took up the offer. The main service parents found useful was the 'day care group' but 'moral support' also features as an important, most useful type of support. Chidlren from this district also report that the 'day care group' was most useful, but specifically mention 'food' as having been important.
Moscow	No parents took part in the survey. Only 5 children said that any services were offered.	Overall, the Moscow children responded to the questionnaire with humour, or did not respond at all, perhaps because they needed more preparation before responding. Of those that did respond in terms of services that were most useful, they mainly emphasized the support of consultations with psychologists 'sessions with the psychologist, the most useful support is a conversation 'heart-to-heart' with the whole family', but also mentioned the importance of support from friends and family.
Ekater-inburg – district 1	'Accompaniment of the family, sessions with the psychologist'	It is not clear what the parents mean by 'Accompaniment of the family', but it is possible it means an outreach social worker helping to address the family problems. The children receiving services in this district typically responded that they were offered 'Sessions with a psychologist'

Region – district	Services	Comments
Ekater-inburg – district 2	'they referred me to the Social services centre for material support and consultations with a psychologist' 'register for benefits, help of a lawyer' 'conversations'	This district centre seems to offer a wide range of referrals to other services such as a narcologist and to offer consultations with lawyers, psychologists and social pedagogues. The children receiving services in this district typically responded that they were offered 'consultations, conversations' 'work during the summer' 'psychological help'. Only one child from this district said that it was suggested she live away from home.
Saratov – district 1	'Treatment for alcohol dependency at the narcologist, placing my child in the shelter, help with finding work'	In addition to the support typically mentioned to the left, parents from this district also mentioned material support and summer camps. Only one parent mentioned psychologist consultations, but the children from this district mainly mentioned psychological support and summer camps as being offered. In the other Saratov district which took part in the survey, no parents mentioned treatment for alcohol dependency or support in seeking employment.
Vologod-skaya oblast – district 1	'Financial support, food, clothes, a place at summer camp, organizing my child's leisure time' 'Help in sort out official papers, psychological help, material help' 'Consultation with a psychologist in order to resolve conflicts in the family, help with looking for work' 'group sessions with mothers' 'Day camp'	A district offering a wide range of services with 'financial support' or 'material support' of one kind or another featuring in nearly all parent responses. The children who are from this district mention being offered 'consultations, training, activities' but summer camp and material support also feature strongly in their responses 'Camp. Food packages, clothes'
Tverskaya oblast – district 1	'Material support, psychological consultation'	Children confirm that the main support offered was in terms of 'Moral support and establish contact with my mother', although some also said they were offered residential services as well 'Material, pedagogical, live at the centre'
Tverskaya oblast – district 2	'Residential'	Parents also mention school meals, material support and summer camp, but the main services offered, according to parents, are residential placements. Children also typically respond that they were offered residential placements, but also mention education support, summer camp and material support.
Tverskaya oblast – district 3	'Material support, camp, clothes, psychologist, placing my child in the centre, sanatorium'	Many services are mentioned, but no services for treating alcohol dependency – half of the parents from this district indicate that alcohol is part of the problem in their case.

Source: Partnership for Every Child, Taking Action for Children project

Services addressing alcohol as a factor in compromising parenting capacity

Alcohol is mentioned by 77 parents (or 15% of all 502 parents who responded) as a problem (see Table 5, Figures 17 and 18 above). Only 39 parents, however, or 9% of the 446 parents who mentioned any type of service as having been offered, mention that alcohol counselling or treatment has been offered by the social services providers. Of the 77 parents who acknowledge alcohol as a factor in the challenges facing the family, 28 (36%) mention having been offered services related to alcohol counselling or treatment. In around 2/3rds of instances where parents acknowledge alcohol as causing a problem in the care they provide to their children, they are not reporting that this problem is being addressed by social services providers. Some of these discrepancies may lie with the reluctance of parents to talk about their own problem with alcohol and social services providers may be offering more services than parents are reporting which address alcohol use and parenting capacity. There is nevertheless a clear case for linking health services with social services to help ensure that adults who are also parents can access the treatment they need to be able to care for their children.

Summary conclusions – how services offered relate to problems identified

Overall there are a wide range of services being offered to parents and children with residential types of services standing out as one of the main types of services offered, even more so if summer camps and sanatoria referrals are counted as residential. Material support of various kinds including clothing, groceries and money or payment for specific types of services are also mentioned by parents as being typically offered. In some cases parents mention that this is one-off support, in others it is mentioned as being more regular. Psychologist consultations are also mentioned as widely offered. Family counselling or parent groups and other types of support interventions are mentioned less commonly as being offered. Employment support is also relatively seldom mentioned by parents. Referrals to services that can treat alcohol dependency are mentioned in relatively few instances by parents, although in some districts there is a noticeable tendency to offer these types of services (notably in one district of Saratov oblast). Overall, the services that parents mention as having been offered are much broader and more differentiated than the services that parents of children with disabilities are offered. This suggests that the services for children who are socially at risk are more flexible in responding to needs identified in assessments of the child and family situation than services targeting children with disabilities. On the other hand, this range of services includes various types of residential care as a mainstay. Not all parents take up the services that are offered and the next section examines in detail which services parents report as having been taken.

4.4. THE SERVICES THAT PARENTS SAID THEY USE

Most children and almost half of the parents who responded left the answer to this question blank. This is probably because of the way that the questionnaire is structured and this will be reviewed in the next round of testing. Nevertheless, 272 parents answered the question about which services they used as opposed to which services were offered and their answers are both useful and revealing. In the first instance it is clear that while residential services were reported by 224 parents (45% of all parents who responded) as having been offered, only 69 (30% of all parents who said residential services had been offered) said that they used this type of service. 89 parents (40% of those who said that residential services were offered) didn't answer the question about which services they used and 67 (30%) did not agree to use the residential services offered. A significant proportion of parents do not agree to the use of residential care when offered (even if all of the 89 parents who didn't confirm their use of the service did actually use it). Summer camp and sanatoria places have a higher take up than use of residential care services with 57 parents saying they were offered summer camp and/or sanatoria places, and 48 saying that they used these services.

As stated previously, residential services including summer camp and sanatoria placements are usually offered and used in combination with other types of services. The parents who confirmed which services they used mentioned 620 services used and figure 23 gives a breakdown of all mentions of all types of services that 272 parents said they used.

Parents said that the services they had most frequently used were material or financial support (14% of mentions), residential services (14%), food/clothing or other in kind aid (12%), summer camps and sanatoria (10%), psychologist consultations (12%) and counselling (5%).

2% of all services mentioned were targeting problems of alcohol dependency, 3% were targeting employment, 4% provided day care services and 7% was support in claiming benefits or other entitlements to social support.

The main problem groups identified by parents are in some ways addressed by the services that parents said they received, but the overlap is only partial as can be seen in Table 3.

Residential care services, summer camp and sanatoria services may also contribute to some of these problems to some extent, but it is not clear to what extent they are effective. Providing weekly boarding for parents who work difficult shifts could be addressing poverty and employment issues by helping to keep parents in employment, but most forms of residential care are not offered for this purpose. Children may be fed, clothed and housed by residential care on a temporary basis, but this does not help to address relationship problems in the family, problems with alcohol dependency or some of the other problems and challenges identified by parents.

Supporting families to claim benefits and other entitlements is an important way of ensuring income to the household is maximized and can help to provide families with some level of stability, but overall the services used by families appear to be overly focused on material aid, financial support, food and clothes. One-off grants can help families to get through periods of crisis and some types of targeted financial aid for medical treatment can also help to address underlying problems that may be affecting the long-term ability of the family to care for their children, but humanitarian aid can only be a short-term response to material poverty and low income. Shifting the provision of services more towards income maximization, employment and the problems that are preventing families from accessing employment such as health issues, transport or other problems, could help to ensure better long-term results for families and children.
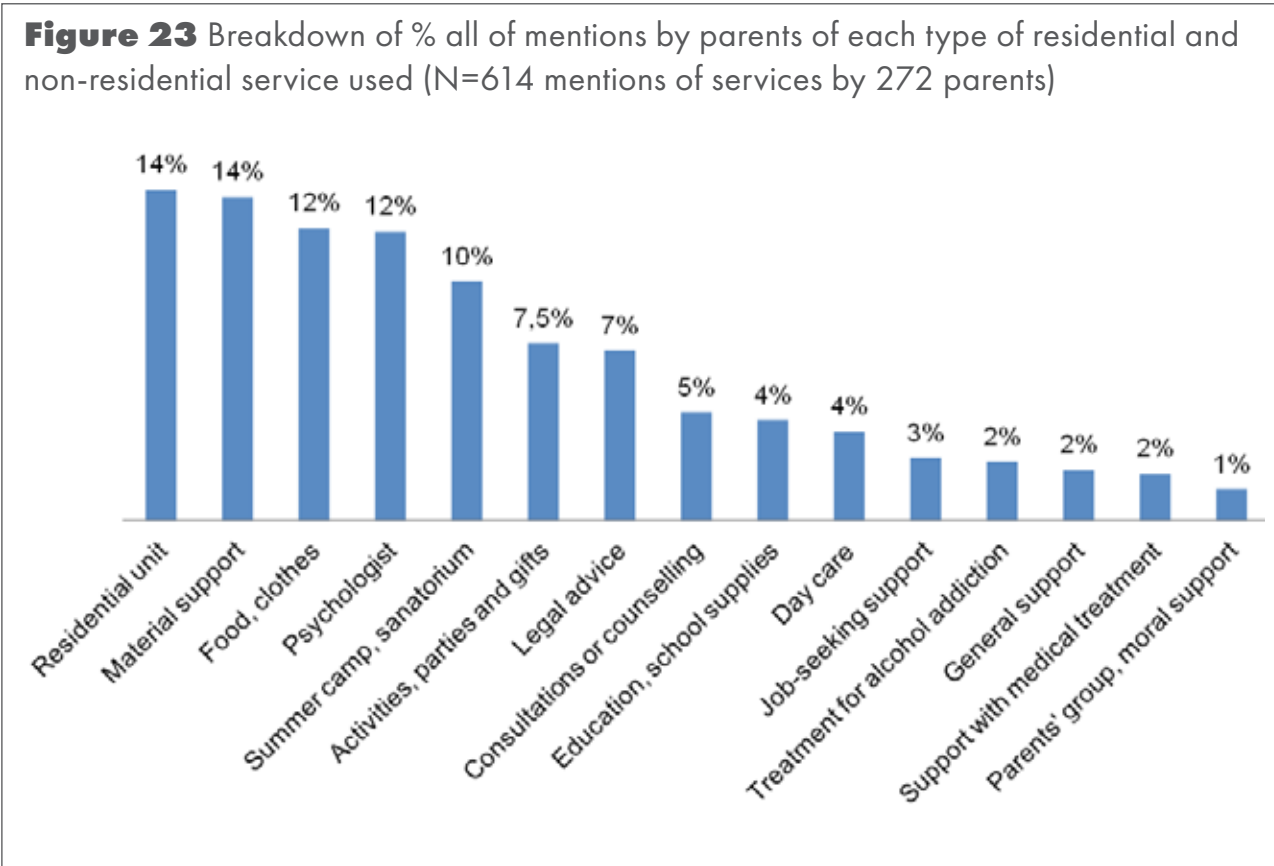
Figure 23

Figure 23 Breakdown of % all of mentions by parents of each type of residential and non-residential service used (N=614 mentions of services by 272 parents)

Source: Partnership for Every Child, Taking Action for Children project

Table 7 Comparison of the main problem areas identified by parents and the level of coverage by relevant services mentioned by parents

Problem group	% of mentions by parents	Service types that can address the problems identified by parents and % of mentions by parents that they have used these services	Estimate of level of coverage by services of problems named
Parenting problems, family relationships, child's behaviour	32%	Psychologist consultations including family therapy 12%	44% of problems covered by 18% of services used
Parental relationship problems, single parents, emotional distress	11%	Counselling 5% Parent support groups 1%	
Material poverty, low income, employment issues and housing	22%	Legal advice, support with documents and benefits 7% Material aid or financial assistance 14% Food and clothes 12%	22% of problems covered by 33% of services used
Alcohol	18%	Treatment or consultations	2%

Source: Partnership for Every Child, Taking Action for Children project

4.5 THE SERVICES WHICH ARE MOST USEFUL – CHILDREN AND PARENTS

436 parents answered the question about which services were most useful even if they had not answered the questions about which services they had been offered or they had used. 8 or 2% answered that none of the help was useful, 16 answered 'don't know'. 63 parents, or 14% of those who responded, said that 'all help' was useful. As Figure 7 shows, parents mostly found consultations with a psychologist (16% of responses) or the moral support from conversations with specialists at the family support centres (15% of responses) most useful. As one parent from Novgorod oblast put it 'increasing parent's competency' was most useful.

Parents describe this kind of 'talking support', a major component of the work that social workers do when supporting families, in various ways : 'talking about my child', 'moral support', 'attention', 'views on life', 'communication, participation', 'parent meetings, consultations', 'kind words, support', 'support at a difficult moment', 'advice and consultations'. One mother from Chisinau said:

'I felt that I was not alone, maybe this is the most important. I really didn't know what would follow when I had to leave the house only with my children in my hands.' (Parent, state center, Chisinau)

Another parent from Vologodskaya oblast, along with parents from many other regions, highlighted the importance of the quality of relationships and communication skills among the staff at the centre:

'Communication. Warm relations, respect, they always listened to me. (Parent, state centre, Cherepovets, Vologodskaya oblast)

Otherwise parents talk about this kind of support as being offered specifically by a psychologist 'psychological support', 'conversation with a psychologist', 'recommendations of the psychologist and joint sessions with my child' and others spell out the results of this type of psychological support: 'Resolving conflicts within the family', 'my child became calmer, relationships in the family were sorted out'.

Several parents mention that they found consultations with the psychologist together with the child, or other joint child/parent activities, most useful:

Joint sessions with my daughter, recommendations of the psychologist about bringing up a teenager (Parent, state centre, Tverskaya oblast)

Recommendations of the psychologist and joint sessions with my child (Parent, state centre, Tverskaya oblast)

Joint excursions (Parent, state centre, Leningrad oblast)

Parents also appreciate the groceries, clothes and material or financial support they received (15% of responses):

Financial support is probably felt most, and we felt protected by the state, it was important for us. (Parent, state centre, Chisinau)
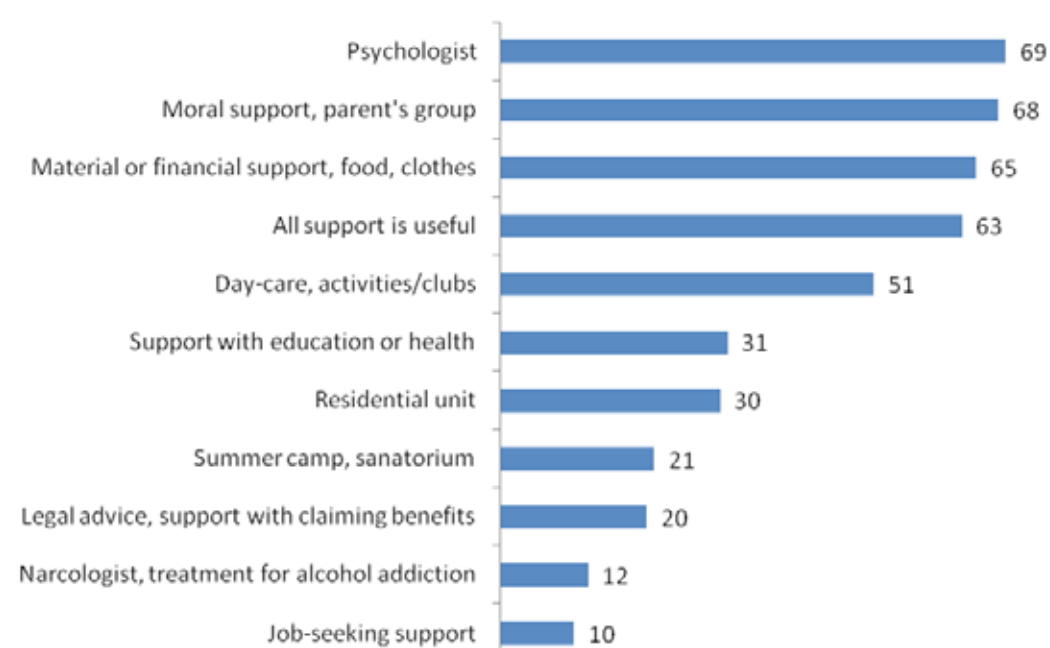
And support in claiming benefits and other social support entitlements (4% of responses) or both:

Restoration of documents. Food. They helped hugely, very timely help. (Parent, NGO service, St Petersburg)

It is notable that parents value day care services and developmental activities (12% of responses) with many talking about developmental classes and after school activities that they can access at some family support centres as a form of day care as well as giving the child learning opportunities. They emphasise that the child is busy and under the control of responsible adults as well as having opportunities to socialize with other children:

My child is busy and supervision of how my child spends his time, sessions with specialists (Parent, state centre, Leningrad oblast)

My daughter is always busy with something. (Parent, state center, Tverskaya oblast)

I have no friends or relatives in the town. My child visits the centre and I am relaxed about her and confident that she is meeting her peers. (Parent, state centre, Leningrad oblast)

Help with education and various medical issues (7% of responses) also feature in some parents' responses of what they found most useful, particularly if the service provider paid for a particular medical intervention. Support with employment was mentioned by 10 parents (2% of responses) as most useful and treatment for alcohol dependency by 12 parents (3% of responses), but as discussed earlier, support for employment or for treatment of alcohol dependency is not frequently mentioned by parents as having been offered or used. In fact, the most commonly offered service, residential care, (see Figure 6 above) is mentioned as being useful by only 30 parents (7% of responses). Some parents emphasise the short duration or specific purpose of the placement as being useful:

The children were in the shelter and I could get treatment in the hospital (Parent, state centre, Novgorod oblast)

My daughter living in the shelter for one week. (Parent, state centre, Novgorod oblast)

Summer camps or sanatorium placements are mentioned as useful in 5% of responses with parents drawing attention in some cases to the impact on their child acquiring social skills, health benefits or simply being active and busy during the summer holiday: 'health improvement of my child during the summer period', 'holiday at the Children's health camp (my child's circle of acquaintance expanded)', 'camp during my daughter's holidays', 'organising summer holiday at a camp'.

When the services parents said were most useful are compared to the services which parents said they used most, it is possible, for some types of services, to come to an evaluation of how useful parents found each type of service.

Table 4 helps to illustrate that the 'service' which parents find most useful is moral support which they describe as reaching them through conversation, advice, consultations with specialists from the centres, counselling and other ways that the staff from the centre interact with parents. Parents who did not mention having been offered 'moral support' or 'counselling', nevertheless indicate that they found it most useful. It is a non-tangible impact from the interaction of specialists with parents and doesn't have to come from a specialist psychologist, but can come from other staff including social workers, service manager and administrative support staff. Ultimately it comes from an attitude of respect and trust that can be generated through good social work and it is a strong endorsement of many of the services that so many parents felt supported in this important way. The importance of day care and other activities that mean children are cared for and busy while parents work is also highlighted in this table as

Figure 24 Patterns of parent responses to the question 'which services were most useful' (N= responses from 412 parents)

Service	Responses
Psychologist	69
Moral support, parent's group	68
Material or financial support, food, clothes	65
All support is useful	63
Day-care, activities/clubs	51
Support with education or health	31
Residential unit	30
Summer camp, sanatorium	21
Legal advice, support with claiming benefits	20
Narcologist, treatment for alcohol addiction	12
Job-seeking support	10

Source: Partnership for Every Child, Taking Action for Children project

is the importance of the good practical support in accessing health and education services. The alcohol treatment stands out as being most useful in almost 60% of the cases where parents have confirmed that they were offered and used this service. Parents defined food, clothes, financial support and other kinds of material aid as around 40% most useful compared to the overall mentions of this kind of support as having been used. Support with employment and accessing benefits could be stronger with mentions by parents of this form of support being most useful representing just over 1/3 of the mentions that these services

were used. Least effective, in the view of parents, are the residential services with the 'most useful' mentions for residential placements, sanatoria or summer camp placements also representing about 1/3 of the mentions that these services were used.

There are noticeable regional variations in the services which are found to be 'most useful' by parents, but there are also common trends across all regions. Varying levels of responses from parents across the regions identify 'moral support' or 'conversation', for example, as most useful across all regions as Figure 25 illustrates.

Parents in Saratov oblast and Karelia are therefore more likely to have found moral support from their social services providers most useful than in other regions. Within regions there are also variations with, for example, the respondents from St Petersburg who found 'moral support' most useful coming from 1 NGO service and from 1 district of St Petersburg so, when disaggregated, 20% of the NGO clients and 24% of the clients of the state centre felt they had receive 'moral support'. Detailed analysis of this and another responses will be provided at a later date in the regional reports that will be prepared for the participating regions.

Children indicate similar groups of services as most useful. In particular it is interesting to note that, like parents, they emphasise moral support, conversation and in particular conversation or work with the specialist together with parents as being most useful: 'When they help with conversations together with mama and papa', 'Conversations of the psychologist with papa', 'moral [support]! But definitely not money, although that is also important', 'moral support'.

I think you have to first of all talk to people who have problems (Boy, 16 years old, state centre, Moscow)

The most useful support is a heart-to-heart conversation with the whole family (Girl, 16 years old, state centre, Moscow)

19 children (4% of all respondents) appreciate being able to live in the shelter when they need to, having a place to go. There are regional variations, however. Where children have been offered residential placements more often, they are more likely to name this as most useful support. The children in India who were living on the streets also responded strongly in terms of needing shelter and safety. Education tends to feature strongly in children's responses across Russia, also in Moldova and India. Children, and some parents, talk about education as a way into employment in the future. Detailed analysis of child responses to the question 'which services did you find most useful', will be provided along with a regional breakdown in the follow up regional reports.

Table 8 Comparison of services mentioned by parents as 'most useful' as a percentage of services mentioned by parents as have been 'offered and taken up'

Type of service named by parents as 'most useful'	Number of mentions of this type of service as 'most useful'	Number of mentions of this type of service as having been used	Percentage of this type of service used found 'most useful' by parents
Moral support, conversation, advice	68	49*	139%
Developmental classes, day care	51	47**	109%
Education, health	31	31***	100%
Psychologist consultations	69	75	92%
Alcohol treatment	10****	17	59%
Material or financial support, groceries, clothes	65	160	41%
Employment	6	16	38%
Legal, administrative support	16	44	36%
Residential care	30	86	35%
Summer camp or sanatorium	21	62	34%

* Includes mentions by parents of the following services being used: moral support, parent groups, general support, counselling or consultations

**Includes mentions by parents of the following services being used: leisure activities, children's groups, day care

***Includes mentions by parents of financial support for medical treatment being given

****Doesn't include two parents who mentioned alcohol treatment as most useful, but who hadn't mentioned it as having been taken up. Percentage would be 63% finding this most useful if these responses are included (12 'most useful' responses from 19 parents who confirm use of this service)

Figure 25 Percentage of all parents from each region who said that 'moral support' was most useful (N=68 responses from parents who said moral support was most useful as a percentage of all 502 parents who responded)

Source: Taking Action for Children project, Partnership for Every Child

In the meantime Figure 26 summarises responses to the question 'what type of support was most useful' from children across all regions, excluding 140 children who answered 'I don't know', 'none' or gave no answer.

4.6 SERVICES THAT ARE STILL NEEDED

It is not entirely clear whether this question provides useful information or not given that parents are only able to ask for what they know. The responses to this question by parents of children with disabilities in relation to indicator 6 below were more useful and illuminating than those for this indicator. Nevertheless, it is worth noting that parents emphasise the need for material and financial support, for better economic stability and security as a priority for further support, see Table 9.

There are some regional variations that need to be examined more closely. It can be seen for example in figure 27 that more financial support is seen as important by only 4 parents or 15% of those who responded from that region and that a higher than

average percentage of parents responded that 'no further support is needed'. This is supported by the finding documented in Table 2 above, that financial support is noted by nearly all parents in Vologda oblast as having been offered, so perhaps the responses to this final question confirm that this need is largely being met and that parents are largely satisfied with the effectiveness of the services they have received with 30% saying that no further help is required. It could however be that in regions with higher levels of unemployment and poverty such as Saratov or Novgorod oblasts, financial support continues to be a very real need that is not being adequately met by the social service providers and social benefits systems.

Comparison of these results with the data presented in Figure 18 is also useful. Parents from Saratov oblast are more likely than parents from other regions to frame their problems in terms of material poverty and low income and therefore it is perhaps to be expected that they frame their need for services in a similar way in terms of financial or material support.
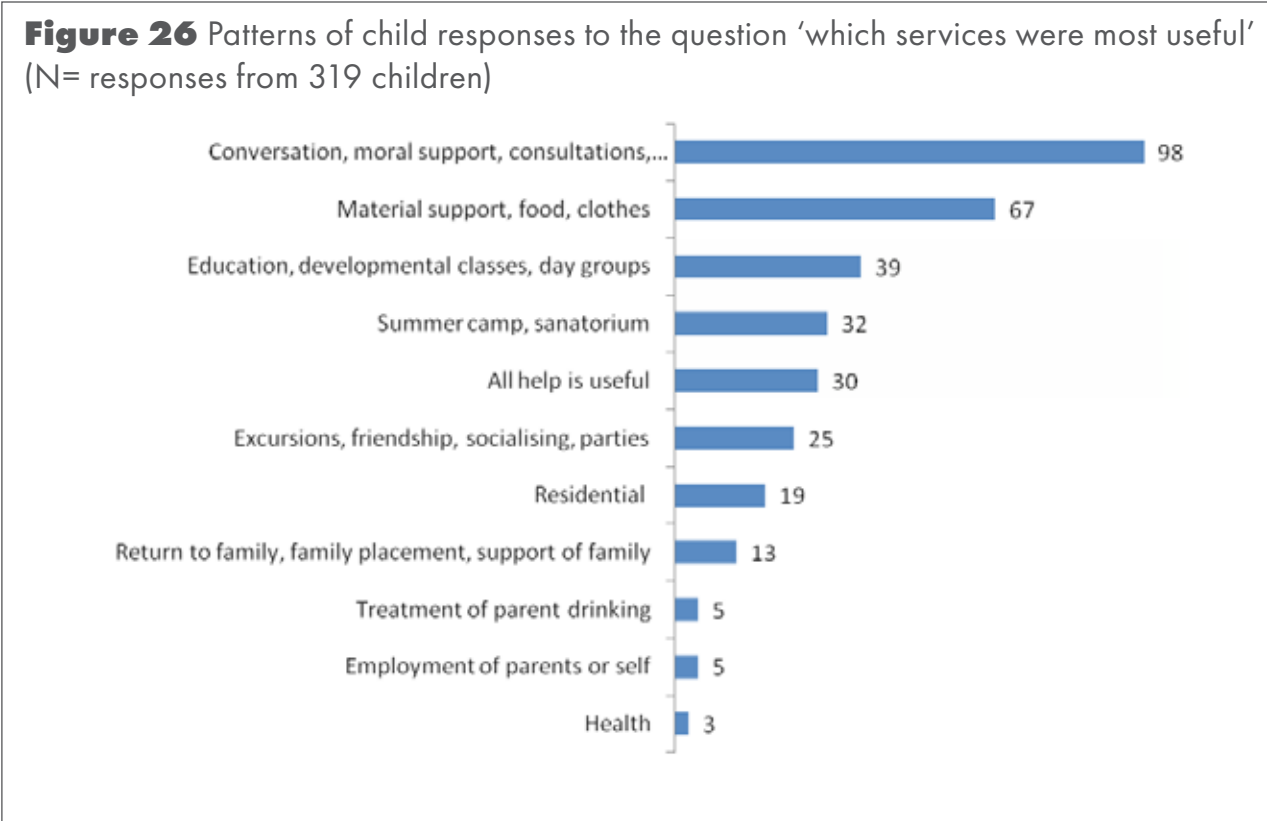
Table 9 Responses from 338 parents to the question 'what support do you still need'

Type of service	Responses from 338 parents
Material, financial support	145
No further support needed	88
Psychologist, counselling, social worker	40
Legal advice	21
Employment	11
Housing	11
Health	11
Day care, kindergarten	11
Education	9
Residential or summer camp	7
Leisure activities	6

Source: Taking Action for Children project, Partnership for Every Child

Child responses to this question were also dominated by large numbers of 'no answer', 'don't know' responses and by 'no further support needed'. There was also a group of flippant/humorous responses from 13 young people in Moscow, consistent with the low response rate generally from this group. The main additional information that can be gathered

from the child responses is that 11 children, from a number of regions, were concerned about lack of contact with their parents, want to return home, or want to be able to see their parents at weekends. Residential care providers may need to consider how they manage to facilitate contact with family members for children in temporary residential care.

Figure 26 Patterns of child responses to the question 'which services were most useful' (N= responses from 319 children)

Source: Taking Action for Children project, Partnership for Every Child

Figure 27 Percentage of all parents from each region who responded that 'no further support' or 'financial, material support' is still needed (N= 145 and 88 responses respectively)
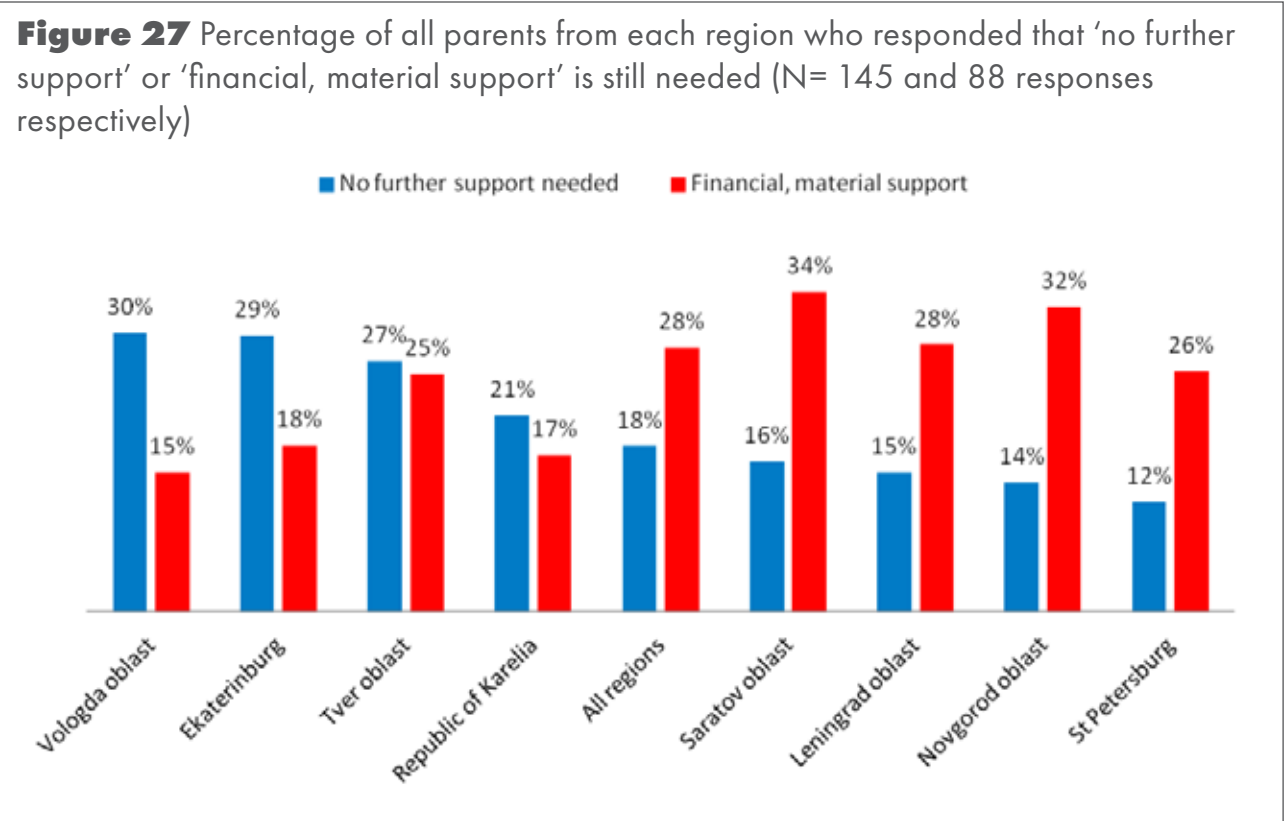
Source: Taking Action for Children project, Partnership for Every Child

4.7 SUMMARY CONCLUSIONS – INDICATOR 5

Children and parents find it hard to answer the question about risk of separation, but nevertheless it is clear from their answers that around 60% of parents and children recognize there are problems and a possible risk of separation. In some regions children on the whole recognized the risk slightly more than parents, probably because many of them were already living in residential care at the time when the questionnaire was administered. Degree of risk of separation as perceived by parents and children can be taken to some extent as a measure of how well the services are targeted towards those most at risk of losing parental care. It is interesting therefore to look at regional variations and try to understand why in some regions parents and/or children perceive greater risk of separation than in others. Is this because of the quality and nature of services they are receiving or is this because of the extent to which services are targeting those most at risk?

On the whole, children fear losing parental care and are negative about this being a possibility, but it is important to note that around 15% of children either welcome the prospect of not living with parents, are resigned about it or neutral. It is likely that in these cases, their experiences in the family have been negative so that any alternative is better. Effective family support and child protection services need to know how to talk to and listen to children in order to understand their experience and recognize when a child is in need of protection or when a child and family is in need of support.

The fact that only a small proportion of parents see the risk of removal of their child into care as a positive and constructive development can tell us something about the levels of motivation among parents to try and prevent loss of parental rights, or it can tell us that these parents have no other alternative but to consider this step. Either way, parent motivation to make changes in their lives in order to improve the care of their child is an important factor in developing effective child protection and family support services.

The main group of problems identified by parents that should be addressed to help prevent loss of parental care are lack of parenting skills and knowledge, behaviour of the child and relationships within the family. Another important group of problems relate to the situation of parents themselves – emotional stress, conflict between parents and single parenthood are all identified as factors that increase the risk of losing the care of a child. Poverty and low income, housing problems and unemployment are also important factors, behind parenting issues followed by alcohol as a factor that can impede adequate parenting.

The services offered by state social services centres address some of these issues to some extent, but are largely reliant on residential forms of service provision and material support which have limited effectiveness. Services most offered and most used are residential services, material and financial support and consultations with psychologists. Treatment for alcohol dependency, moral support and building parenting skills are reported by parents and children as being offered and used much less.

The most effective types of services in the view of parents and children are conversations with specialists, family and individual counselling, psychologist consultations, parents' groups and moral support, day care and practical support in claiming benefits or services. Treatment for alcohol dependency was also viewed as most useful by 12 parents or 60% of those who said they had received this service. Residential care was viewed as most useful by 30 parents, about 13% of the number of parents who said that residential care was offered to them. Around 4% of all child respondents said that being able to live in the residential unit was most useful, especially where it offers them a safe refuge.

Responses to the question of which services are still needed have limited value, but some of the regional differences are useful to examine in more detail and it is worth noting that 11 children want to have more contact with their families, return to their families or enter alternative family care.

CHAPTER 5. INDICATOR 6

EFFECTIVENESS OF SERVICES FOR CHILDREN WITH DISABILITIES AND THEIR PARENTS

520 children with disabilities and 688 parents from 7 regions of Russia and from Chisinau took part in testing the 6th indicator. Nearly all respondents were clients of state services – Social Rehabilitation Centre for Children with Disabilities. In St Petersburg, 50 parents and 28 children took part from two specialized school for children with motor function disabilities and 11 parents and one child were clients of the 'Short Breaks' service run by the NGO Partnership for Every Child. A detailed description of participants with a break down by regions can be found in Annex 1.

5.1 WHAT PROBLEMS DO YOU HAVE? WHERE CAN YOU FIND SUPPORT? WHAT SUPPORT IS NEEDED? – PERCEPTIONS OF PARENTS AND CHILDREN
5.1.1 PARENT RESPONSES
Level of knowledge about where to find support services
The level of information that parents have about where to find support services is an important gauge of how successfully services are reaching out to their target groups. Nearly all parent respondents, 90%, answered that they know where to find support service and only 72 parents, around 10% of all respondents indicated that they did not know where to find support. Those who answered 'no' were nevertheless in most cases able to name the social service centres where they were receiving support and in many cases could also name their polyclinic. Some could also name an NGO where they receive support.

Of the 488 parent respondents in St Petersburg, the largest number of respondents from a single region, nearly all, 427, were already using social services for children with disabilities in state run centres. When asked if they 'know where to find support', the vast majority answered 'yes' with only 35 of the 427 parents or 8% in St Petersburg answering 'no'. Some variation was measured among the districts of St Petersburg with, for example, around 20% of parents in Vyiborgskii, Kirovskii and Kalininskii districts answering that they do not know where to find help and none at all in other districts answering 'no'. Those parents who answered 'no', regardless of which district they are from, were nevertheless in most cases able to name the state social services centres where they were receiving support and this is where they filled out the questionnaire. Among parents who were surveyed in two special schools for children with disabilities in St Petersburg, however, 28 out of 50 parents, or 56% answered that they did not know where else to find support. If this measure of knowledge about where to access support is to remain in indicator 6, then the sample has to be drawn evenly from across the territory that is being assessed. Ideally, the sample of parents should be drawn randomly from the social protection database of children with disability status or children with special educational needs registered with the Committee of Education in the area.
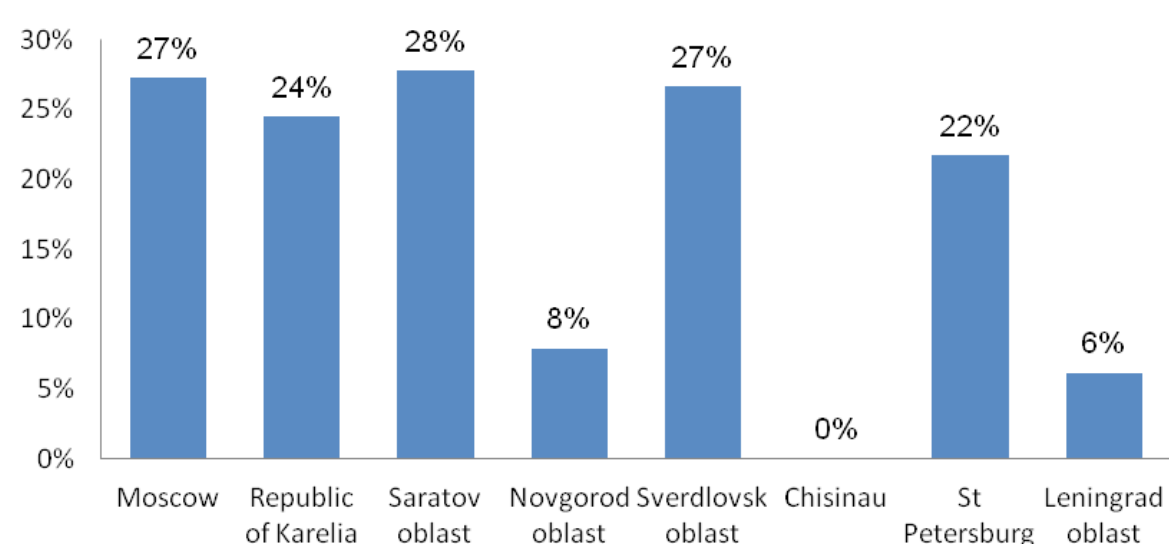
What problems do you have with caring for your child?
137 parents or 20% said they have no problems and 71 gave no response. There were parents from nearly all participating regions who say they have no problems.

Of those who say they have no problems from St Petersburg, parents from districts 6, 8 and 9 stand out as responding far more frequently than parents from other districts that they have no problems (see Figure 29).

Parents express an absence of problems simply as 'there are no difficulties' or 'no problems,' others as 'we manage' or 'we manage on our own'. Some parents also express the changing nature of problems that emerge as children develop and change: 'for the moment no problems', 'there are no difficulties – adolescence' or 'my child is already big – there are no more difficulties'. Many parents who report 'no problems' are nevertheless receiving services from social centres, NGOs, or a school and often these include a range of different services. Parent responses indicate that an absence of problems is not necessarily linked to parents receiving effective services to address their problems, but more likely is linked to the perceptions of parents about how they are managing with the care of their children at the moment.

Parents who mention problems describe a wide range of issues and talk about them in different ways. Some parents mention only one problem and others name two, three, four or more problems.

Figure 28 Percentage of parents from each region who said they have no problems in caring for their child/ren.

Source: Partnership for Every Child, Taking Action for Children project

Figure 29 Percentage of parents from each district of St Petersburg who said they have no problems in caring for their child/ren
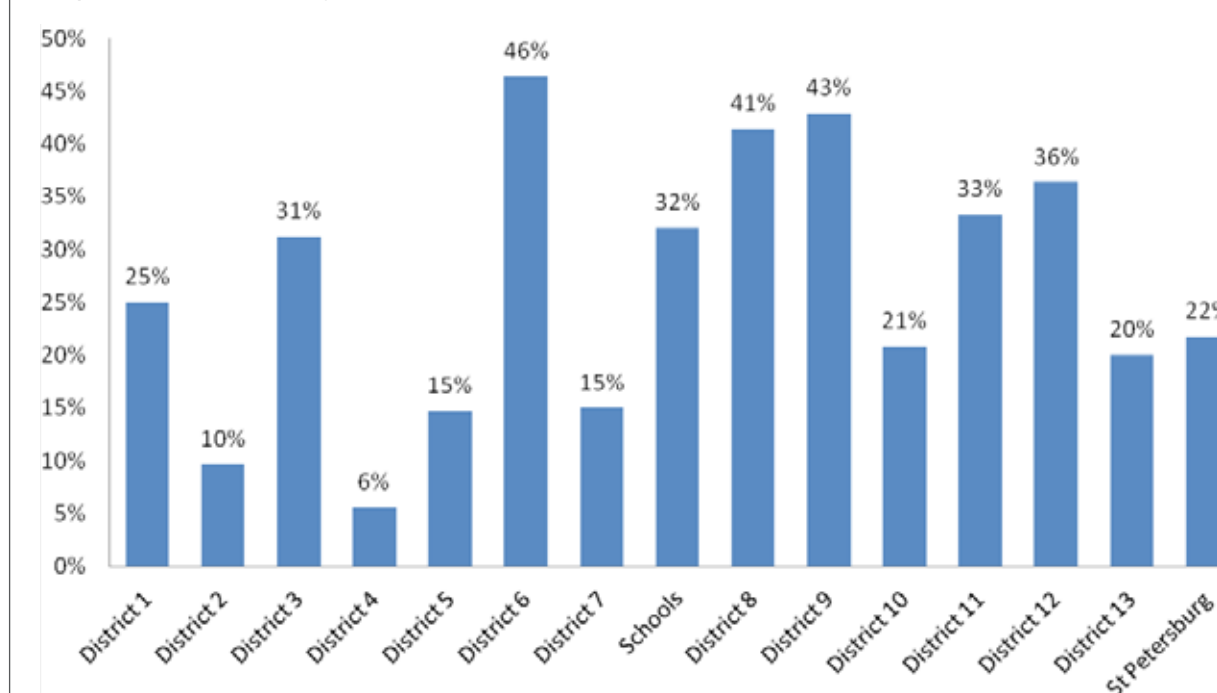
Source: Partnership for Every Child, Taking Action for Children project

Box 3: The problems mentioned by parents can be broadly grouped into 5 categories:

1. Behaviour and relationship problems – including parenting issues, communication, social and psychological problems

2. Everyday care challenges – including isolation, exhaustion of care-givers, lifting and carrying, food and diet, lack of time, lack of access to services (overlaps with Accessibility below)

3. Health and education problems – including need for regular medical treatment, schooling, and education difficulties

And 2 categories that are of no less importance to some parents, but are overall mentioned less frequently than the problems in the first 3 categories, or cut across all of the other three problem categories:

4. Accessibility – including access to services, technical aids, transport and mobility issues (particularly important in everyday care and access to health and education services)

5. Material or financial difficulties, housing problems, and employment concerns including about the child's future employment

Source: Partnership for Every Child, Taking Action for Children project

The analysis on problems identified by parents and children examines the number of mentions of each time of problem and develops a typology of problems which can then be correlated with the services which are offered by the service providers to address those problems.

Behaviour, relationships and social problems

The types of problems named by parents that fall into this broad group can be summarized as follows in the order of the number of types each type of problem was mentioned:

Type of problem named	Total mentions of the problem by all parents
Behaviour of the child that parents find difficult to deal with	91
Parental or parenting problems	79
Psychological	52
Teenage relationship and behaviour problems	29
Social	26
Relationship problems with parents or between parents	16
Total mentions of behaviour, relationship, psychological and social problems	293

Source: Partnership for Every Child, Taking Action for Children project

Behaviour – what parents say

Parents who mention behaviour as a key problem, tend to highlight three sub-categories of behaviour they find difficult: **behaviour** alone or behaviour linked to problems with **communication** 'lack of understanding between us', 'establishing contact', 'difficulties in mutual understanding' ;

'Sometimes I come across a situation of misunderstanding – as if he wants to do his own way and won't listen to anybody' (Mother, state centre, St Petersburg)

Unruly or unpredictable behaviour that some parents characterize as aggressive, hyperactive, stubborn or difficult in other ways: 'he doesn't do as he is told', 'hyperactive', 'stubborn', 'high level of anxiety, aggression';

'Displays of absent-mindedness, forgetfulness, irritation' (Mother, state center, , St Petersburg)

Parents who mention unruly or unpredictable behaviours, tend to combine them with similar problem areas such as relationships, difficulties with parenting (and lack of parenting skills), or psychological problems:

'He doesn't want to carry out requests or tasks. He has a negative attitude to life. He sometimes behaves aggressively (Mother, state centre, St Petersburg)

In 9 instances parents mention a behaviour that is linked to **inattentiveness, shyness** or **passivity** in the child 'shy, modest'; 'passive'; 'introvert'; 'inattentive.'

Many of these problems could be those of any child, whether with or without a disability. A separate group of 24 responses presents **adolescence** as the main problem, sometimes linked to other problems, but as with the behaviour problems, the parents could be talking about any child, and not only about a child with disabilities. It can be concluded that challenges

faced by parents of children with disabilities are sometimes/often the same challenges as those of any parent, but are escalated or made more burdensome by the isolation and other challenges experienced by many families with disabled children.

'Teenage problems, outbursts, disorganization' (Mother, state centre, St Petersburg)

'Difficulties with adolescence (wants independence, rejects advice, argues). (Mother, state centre, St Petersburg)

Relationships, social and parenting problems – what parents say

Some parent respondents mentioned **relationship or 'family' problems**, on which they did not always elaborate.[3] When parents described family problems, they include mentions of divorce, 'relationships with the child's father,' as well as cases where the child's disability is a focus for family disagreements: 'there is no unconditional acceptance of my child by all members of the family' or 'various views on the issue from relatives of people who are close to us.'

Among parents who mention **social problems**, their characterization of 'social' problems can be grouped broadly into two categories – their child's adaption to society: 'difficulties linked to lack of acceptance of our child in society' and problems specifically with peers: 'communicating with peers' 'difficulty in finding contact with other people'.

Parents also mention a set of challenges that can be grouped as **'parenting problems'** and which include being a single parent (mentioned 25 times) or the parent of multiple children (mentioned 10 times); the problem of combining employment with parenting, especially for single parents; a lack of support from relatives or other parents; difficulties in parenting children with 'difficult' behaviours; and parents' lack of parenting skills.

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3   particularly in 9 instances of parents from Frunzensky district of St Petersburg where 'family' has been entered as the only problem

Single parenthood and parenting multiple children are often mentioned together with practical issues such as housing, lack of material (financial) support or employment:

> 'Our family is large, we live in an apartment that is not big enough for 4 people' (Mother, 4 children, Novgorod oblast)

> 'I am bringing up my child alone, I worry when I am at work' (Mother, state centre, St Petersburg)

Problems of providing everyday care include isolation, exhaustion and lack of time, and are often mentioned in connection with single parenthood:

> 'I am bringing up my daughter on my own, I don't have a husband or relatives, my friends don't help. Tiredness, nerves, my health is awful.' (Mother, NGO service, St Petersburg)

> 'It is difficult to leave them home alone, I am bringing up two children on my own' (Mother, state service, St Petersburg)

In 5 instances the respondents mention that the child with disabilities is being raised by a guardian, often alone, and that the parenting problems are greater as a result:

> 'His mother rejected the child, she lives in a different town. His father is in the army and is hardly ever home. He is being brought up by his grandmother. He is autistic, without speech. The family lives in rented accommodation.' (Grandmother, state service, St Petersburg)

> 'the child with disabilities is being brought up in a guardianship family. There are difficulties – we can't find a common language and understanding (Guardian, state service, Novgorod oblast)

Overall, mentions of problems relating to behaviour and parenting difficulties dominate with around two thirds of the respondents mentioning these problems (see Figure 30). It is worth emphasizing that these problems are the same as problems faced by parents of non-disabled children and that when planning services for children with disabilities, service

Figure 30. Breakdown of mentions by parents of issues to do with behaviour, relationships, parenting, psychological and social problems – N=293 mentions
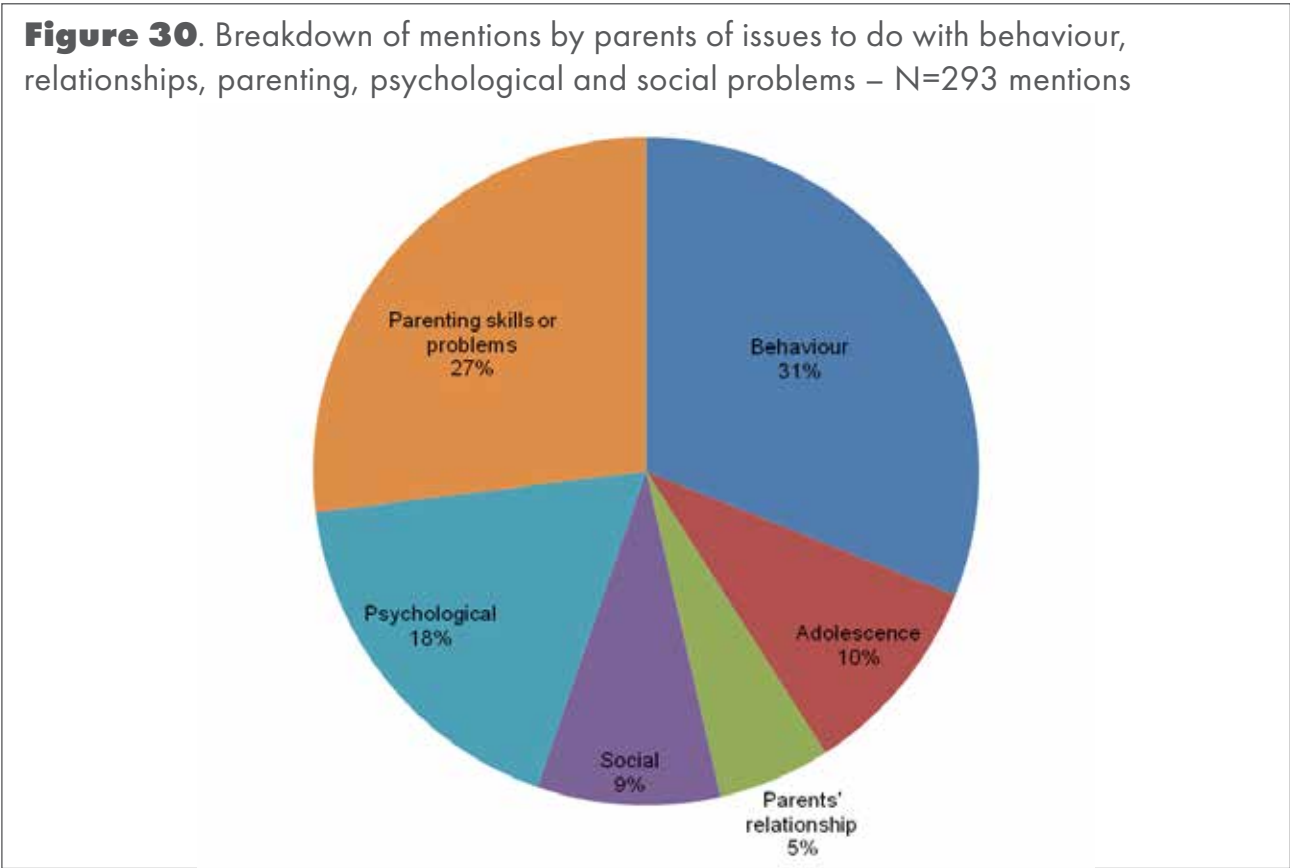
Source: Partnership for Every Child, Taking Action for Children project

providers need to consider how to make services provided to other children and their parents such as parent training, counselling or other psycho-social interventions accessible to children with disabilities and their families as they might also be relevant and much-needed forms of support.

Everyday care

Many parents mention practical everyday problems as their most pressing issue. The nature of everyday problems can be broken into 3 categories which are characterized by parents in various ways:

Everyday care challenges: diet and feeding issues (6 mentions); difficult daily routines particularly in relation to lifting and carrying, mobility and personal care (26 mentions)

Isolation: lack of opportunities to take the child out, difficulties in going out to do things with the child (21 mentions); experiencing discrimination and hostility when you do go out, e.g. when passersby stare at your child (5 mentions)

Lack of time/exhaustion/burn-out: lack of time which parents sometimes link to lack of personal time for the main care-giver and sometimes emphasise that the care of the child takes up so much time that there is no time for employment or to pay attention to the needs of other family members (32 mentions); statements about burn-out are close to statements about lack of time and isolation, but are usually characterized by emphasizing the need to constantly be looking after their child without a break (39 mentions).

Statements about lack of time, isolation and/or exhaustion are often mentioned together by parents:

> My child needs constant attention. I don't have any personal time or opportunity to go out at work. (Mother, state centre, St Petersburg)

Overall, expressions of frustration with daily care issues, difficulties in taking the child out,

and the way in which provision of care does not allow time for other family or personal concerns is one of the strongest concerns to emerge from parents who took part in the survey.

Type of problem named	Total mentions
Everyday care – all issues	129

Source: Partnership for Every Child, Taking Action for Children project

Isolation, Lack of time, Exhaustion – what parents say

Parent responses about problems relating to everyday care sometimes overlap with, and are accompanied by, statements relating to behavior and relationships as discussed above, but they are distinct from behavior, relationships and 'psychological problems' as they express a sense of the relentlessness of providing care to a child who needs constant attention:

> I have nobody to leave my child with (Mother, state center, Moscow)

> He won't be left without me, and only in my arms. Rarely sits in his chair (Mother, state centre, Leningrad oblast)

> It is very hard physically. My child is very tall, heavy. I don't have enough hands and strength. (Mother, NGO service, St Petersburg)

> Constant assistance in all life processes. (Mother, state centre, St Petersburg)

> The necessity of constant care. He doesn't go to anything [ie school, day center etc]. (Mother, state centre, Novgorod oblast)

> I am psychologically exhausted. I almost do not get out of the house. (Mother, state centre, Chisinau)

> I can't always cope on my own, I need outside help. (Mother, state centre, Karelia)

Health and Education

Some parents focus on the child's medical diagnosis and on accompanying health issues as the main problem to be addressed, or on problems related to education. The system of support for children in the countries where the survey was carried out continues to be dominated by a medical model of disability and the responses of parents who are focused on the child's diagnosis reflect this perception of disability in the services they are receiving and in wider society. Similarly, the provision of education for children with disabilities continues to be largely based in residential settings or in home-based education, which both isolate children from society and present a range of challenges to parents and the service providers aiming to support them.

Type of problem named	Total mentions
Health issues or medical diagnosis	100
Education	63

Source: Partnership for Every Child, Taking Action for Children project

Education – what parents say

The responses of parents relating to educational issues can be grouped into 2 main types:

1. Education issues relating to the child's own skills, abilities or motivation – 35 mentions

For Example, parents say that 'education' or 'study' are the main or only problem, or that the child has 'pedagogical' problems. Other general statements on education include: 'A- has difficulties with his studies', 'A lack of motivation for studying', 'My daughter doesn't want to study at home', 'Difficulties at school', 'is not doing well at his studies.' These problems are not necessarily always related to the child's disability.

2. Problems relating to inclusion at school, either because of home schooling or the adaptation of the child at school – 28 mentions

Characteristic statements relating to inclusion at school include:

> There is no support from the teacher (Father, state service, Leningrad oblast)

> Studies (difficulties as he is partially sighted), the education programme is far too complex (Mother, state service, St Petersburg)

> He can complete his secondary education, other children at the school call him names, follow him around, photograph him, beat him, don't let him into the school canteen etc. (Mother, state service, St Petersburg)

> Lack of education as my child does not go to school (Mother, state service, Novgorod oblast)

Further statements that situate the problem more closely with the child's disability than with the education environment include: 'my child is hyperactive, it is difficult to organize lessons for him' or 'adaptation to school', 'difficulties in studying at school'.

Health issues and diagnosis – what parents say

Naming the child's medical diagnosis 'child with cerebral palsy' is a common response to the question about problems in caring for the child. Sometimes naming the diagnosis first is combined with other problems such as health issues, education or housing:

> Cerebral palsy in a light form, asthma, problems with education as my child studies at home (Mother, state centre, St Petersburg)

> My child has complex structural disorders, cannot care for himself independently; needs constant care. Has lessons individually at home. (Mother, state centre, Karelia)

Other parents emphasise the diagnosis less, and present health problems more generally 'problems

linked to my child's health condition'. Many parents mention specific diagnosis-related communication problems which are expressed differently from the communication problems mentioned in terms of behaviour and relationships above. One parent said, 'we don't always understand what our child wants (autism)'; and another said 'we don't understand some of our child's hysterics because of a lack of speech'.

Parents who frame their child's problem mainly in terms of a diagnosis may mention several aspects of a diagnosis or health condition, but also sometimes mention a health issue or a diagnosis second, after naming other issues or problems.

Access

Type of problem named	Total mentions
Access to services1 as well as to physical mobility devices, other technical aids, transportation and physical access (elevators, ramps, parking, etc.)	64

Source: Partnership for Every Child, Taking Action for Children project

Access – what parents say

Parents often refer to problems of physical accessibility in terms of very specific situations or settings, for example the difficulty of using public transportation, of taking and picking up their child from school or of physically travelling to receive services:

> Lack of opportunity to acquire technical aids for my child. There is no parking near the school. Lack of ramps. (Mother, NGO service, St Petersburg)

But poor access to services and/or equipment is also mentioned in terms of its high cost and low quality:

> 'I can't find specialists: a speech therapist and a masseur – who are good and not expensive' (Parent, school for children with physical disabilities, St Petersburg)

> [Problem with] 'equipping the environment at home for moving around' (Mother, state centre, Karelia)

The high price of equipment and technical aids particularly is mentioned by several parents 'impossibility of acquiring rehabilitation technical equipment for my child, high prices' (Mother, NGO service, St Petersburg), although barriers may be logistical (supply chain) as well as prohibitive cost, 'Equipment and materials for children with disabilities are not available (Mother, state centre, Leningrad oblast).

Parents also mention difficulties when accessing services in terms of administrative or other practical barriers that do not necessarily relate to physical access/ problems with transportation:

> It is difficult to register for and to get into a consultation with specialists at the polyclinic (Mother, state centre, Karelia)

> There are very few places for children with disabilities in rehabilitation centres, and we have to wait our turn, but the time passes...You come to the centre of family doctors and you have to stay in line with your disabled child, all day long, but the child has own day schedule, he gets tired very soon (Mother, state centre, Chisinau)

Housing, financial or material problems, lack of employment

Type of problem named	Total mentions
Housing	19
Financial or material	96
Lack of employment options for parent or child	8

Source: Partnership for Every Child, Taking Action for Children project

Financial or material problems – what parents say

Parents mentioned financial hardship as a problem in 96 questionnaires, with housing and

lack of employment also mentioned as material/financial problems and grouped together here. Housing problems are usually described by small apartment size or poor quality of housing rather than the need to adapt housing to the needs of the child with disabilities.

> Housing difficulties. Our large families lives in one room in a barracks which is in chronic condition (Mother, state centre, Novgorod oblast)

Financial problems tend to be named as 'material' or 'financial' without elaboration, but some parents describe in more detail the lack of finances for specific needs of the child – medicines, equipment or services:

> 'Financial difficulties. The money we receive is not sufficient for a child's rehabilitation. We lack money to pay utility bills and the rent, because we rent a flat....The allowance the child receives for disability is miserable... (Mother, NGO, Chisinau)

A few parents mention financial difficulties in terms of not having time to work. A separate set of concerns about employment is framed in terms of not being able to work (but not necessarily with reference to financial difficulties) and concerns about the future employment, or 'careers advice,' for the child.

Overall, while financial or material difficulties feature quite strongly in the parent responses, they are largely combined with other problems.

Overview of all problems mentioned by 483 parents – what are the problems they encounter in caring for their child?
Figure 31 shows that the most significant area of concern for parents is behaviour, relationships, psychological and social problems as a group, but that the single most common problem mentioned was everyday care.

The issues most commonly mentioned in actual numbers, if the large block of 'behaviour, relationship, psychological and social problems'

Figure31 Types of problems mentioned overall by parents
(N=772 mentions by 483 parents)
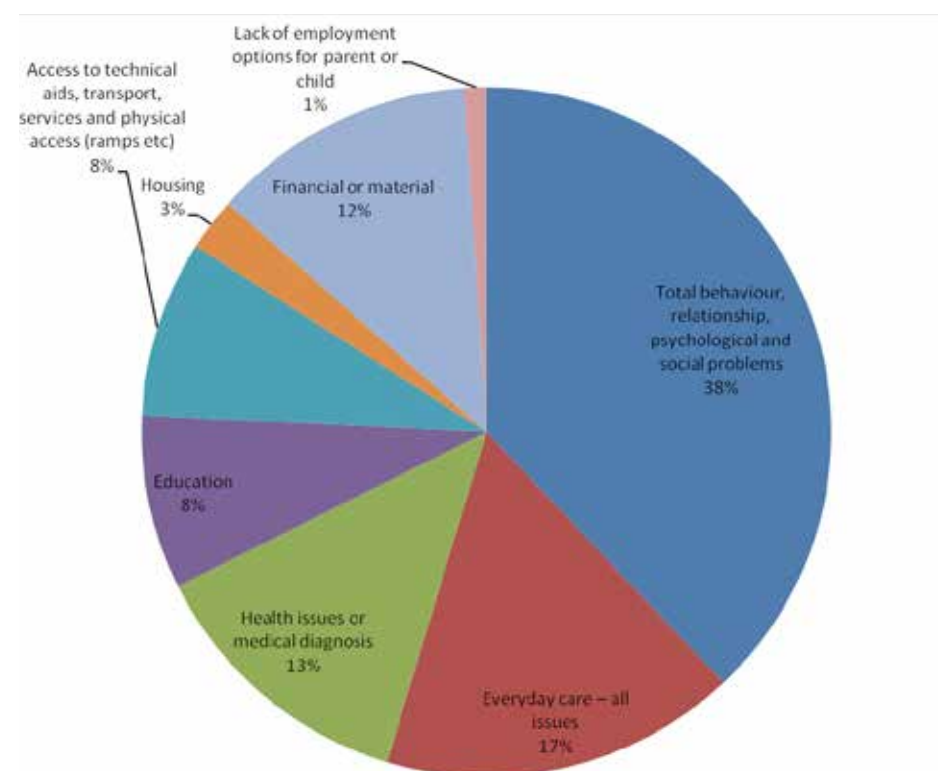
Source: Partnership for Every Child, Taking Action for Children project

is broken into separate types of sub-problem (as per Figure 32), are in order of prevalence: everyday care, health issues, behaviour difficulties and financial or material problems – see Figure 32 for the number of mentions of each type of problem in order of their prevalence.

In conclusion, while many parents highlight a single problem (around 40%) in their responses to the questionnaire, the majority mention two, three or more different problems and challenges that affect all areas of life of the child and his or her family. Behaviour and everyday care issues, including accessibility, dominate parent responses in the questionnaire with health and financial issues following in order of prevalence.

5.1.2 CHILD RESPONSES
520 children and young people aged mainly 14-17 years of age took part in the pilot survey of indicator 6. See Annex 1 for a breakdown of the numbers of children who responded from each participating district and region. An analysis of child responses is given here and contextualized through comparison with the parent responses above. The questions put to children were slightly different, but followed a similar overall structure trying to understand how children frame the 'problem' and how they perceive the help and support they are or are not receiving.

Knowledge about where to find support
As with the parent questionnaire, responses to this question were problematic as nearly all of the children who responded were identified through state centres where they are already receiving support and help.

Do your parents need help in caring for you?
169 children answered 'no' (33%) and 19 children responded 'I don't know' or gave no response. Children overall were 10% more likely than parents to say that their parents did not need help, (parents saying they have no problems in caring for their children – see Figures 28 and 29 above). Interestingly there are some regional differences in the proportion of children who say their parents don't need help. Children in Saratovskaya and Novgorodskaya oblasts were more likely, and in Moscow and Leningrad oblast children were much less likely, to say "parents don't need help"– see Figure 33 for a breakdown of 'no' responses by region.

What kind of support do your parents need?
In all, 309 children (59%) did not name any type of support and answered 'no', 'don't know' or gave no answer in response to the question 'what

Figure 32 Number of mentions of each type of problem N=772 mentions

Everyday care – all issues	129
Health issues or medical diagnosis	100
Financial or material	96
Behaviour of the child that parents find difficult to…	91
Parental or parenting problems	79
Access to technical aids, transport, services and…	64
Education	63
Psychological	52
Teenage relationship and behavior problems	29
Social	26
Housing	19
Relationship problems with parents or between…	16
Lack of employment options for parent or child	8

Source: Partnership for Every Child, Taking Action for Children project

kind of help do your parents need' even if they had answered 'yes' to the previous question.

> Everything is fine for us without any kind of help (Boy, 14 years old, state centre, Velikyi Novgorod)

211 children (41%) mentioned a range of different types of help with mentions of 'financial' and 'material' support, help with practical everyday household tasks 'help at home,' and health, social and psychological services being the most prevalent (See Figure 34) .

Issues to do with everyday care and relationships feature much less prominently than in parents' responses, but nevertheless the themes from the parent responses are echoed in the child responses, sometimes as the only problem mentioned:

> I want my mother to be kinder (Girl, 14 years old, state centre, Leningrad oblast)

Help for my mother. She has not time to be with me (Girl, 14 years old, state centre, St Petersburg)

> Spend more time with me (Boy, 13 years old, state centre, Karelia)

Sometimes everyday care was mentioned together with other kinds of support that the child would like to see his or her parent(s) receiving:

> In day to day life, sanatoria-camp, communication with other people (Girl, 17 years old, Karelia)

Overall, child responses tend to reflect a view of the adult world where parents are seen to be struggling with daily tasks such as cleaning, housework, shopping and with lack of money for food, clothing, medicines and medical treatments. Young people refer much less to their diagnosis and health needs than parents, with only one child mentioning her diagnosis, although several children responded that medical or rehabilitation services were needed, or

Figure 33 Percentage of child respondents in each region who said that their parents did not need help (N=520)

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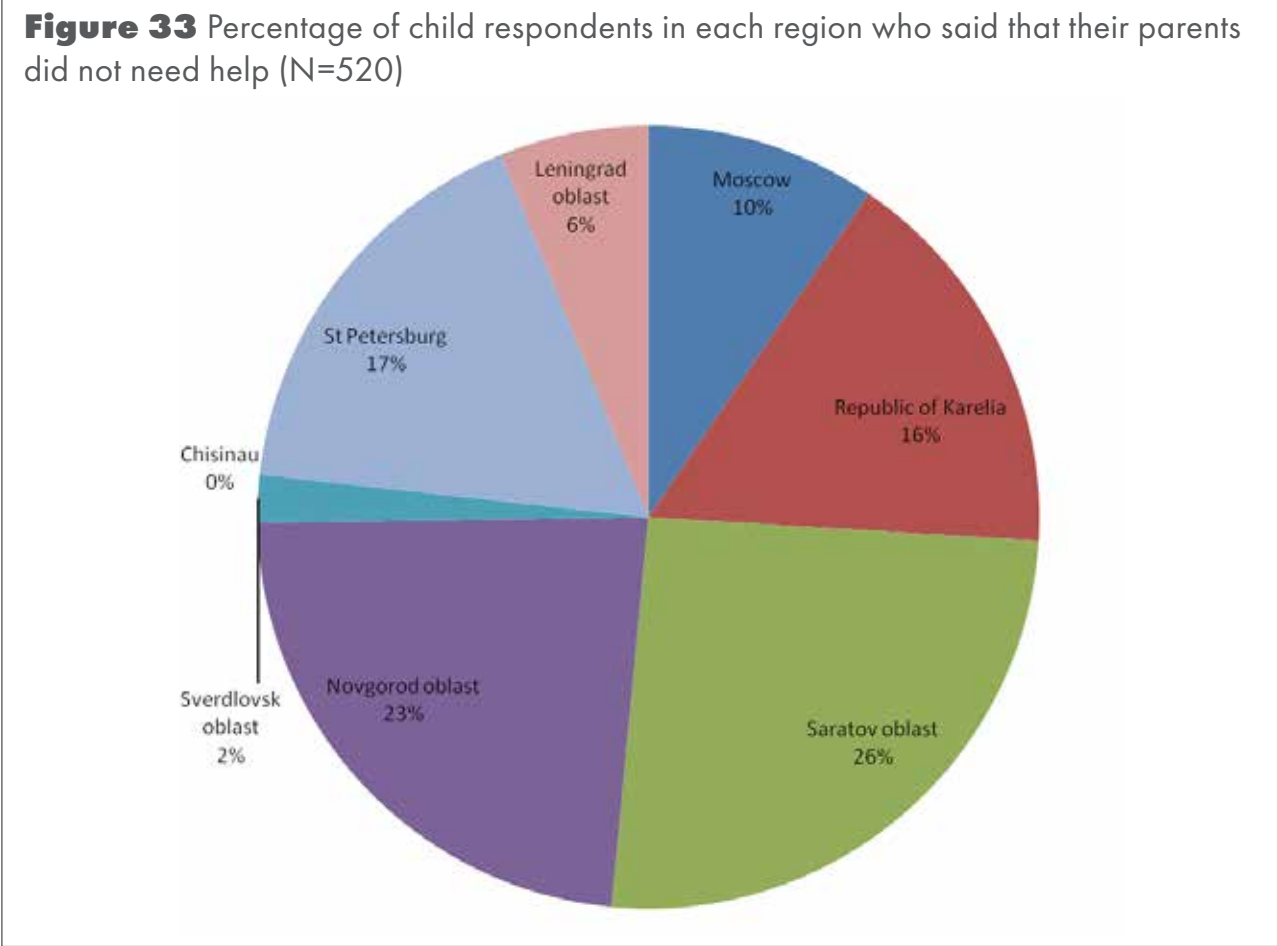
money to fund treatment is needed, health services are more seen by children as a financial burden to the parents. Interestingly, one area of support was need for information mentioned by several children, both in terms of parents needing to know more about their diagnosis and treatments 'To know more about my illness', but also in terms of parents needing to know more about children's rights and needing to be told how to help their child, 'how they can help their child'. While most children gave generalized answers to this question in the questionnaire 'material help', 'help with sorting out documents', 'medical support', 'social support', some children gave thoughtful answers addressing very specific areas of help for their parents that they perceive as necessary:

> To take me to the swimming pool, massage, help with getting me up the ramp, on the stairs (Girl, 17 years old, Special school, St Petersburg)

> Help in getting ready to apply to college (Girl, 17 years old, state centre, Leningrad oblast)

> To teach me how to communicate, strengthen my health (Young man, 21 years old, state centre, St Petersburg)

> When we go away on holiday, help with getting on and off the train. (Girl, 16 years old, special school, St Petersburg)

One 14 year old girl from Chisinau expresses a range of areas where her parents need help and support – at home, at school, in terms of transportation, financially and emotionally:

> My parents need support because they are psychologically strained. They want my brother and me to feel good. Life is very expensive, much money is needed for my treatment. Transporting me is also a problem and I cannot move on my own. My mother has always to be with me, and my father makes money. Mom takes me to school and stays with me during classes, she comes back home and cooks meals. (Girl, 14 years old, state centre, Chisinau)

These perceptions of the help that is needed for families of children with disabilities both in terms of specific, concrete actions and broader, more complex programmes across a number of the life areas serve as an outline of the challenges that face service providers who aim to provide
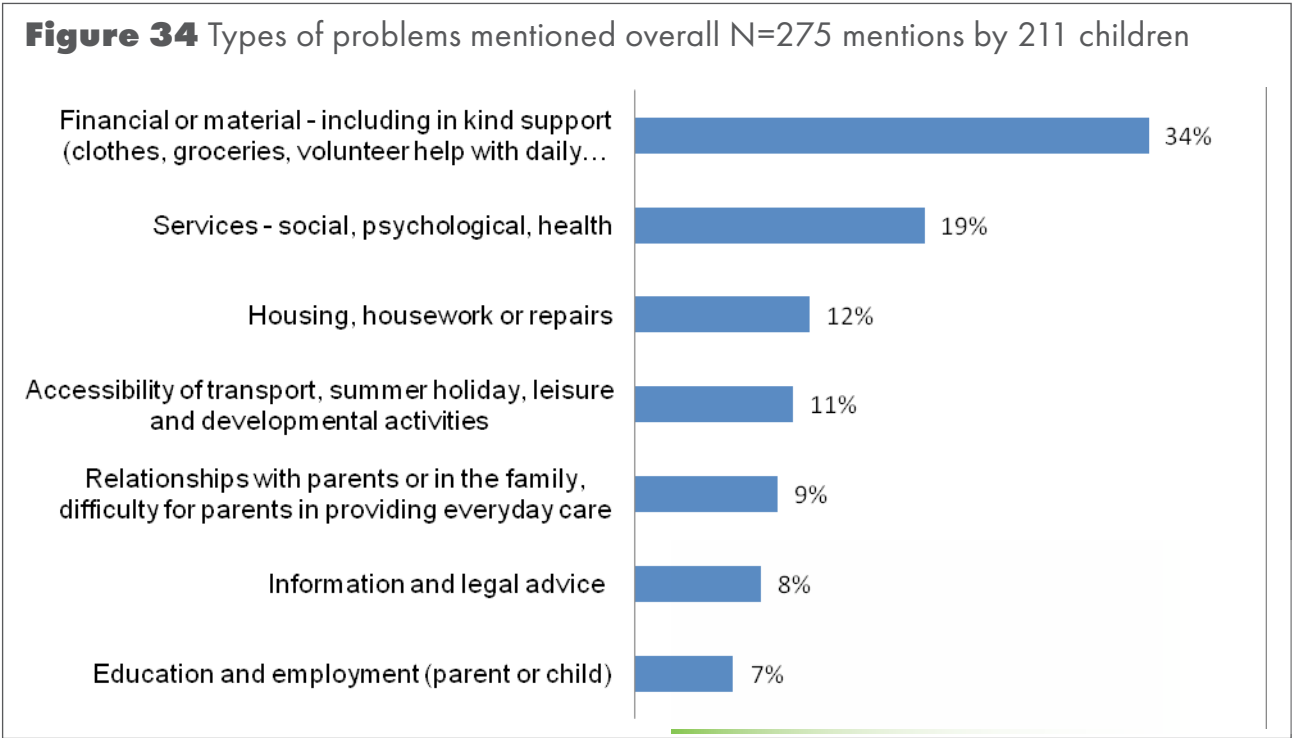
Figure 34 Types of problems mentioned overall N=275 mentions by 211 children

this help and support. The next section of this report will explore whether and in what way services are perceived as effective in addressing the problem areas identified by parents and children. The section also covers how children and parents talk about the services and support they are not receiving, but think they still need.

5.2. SERVICES OFFERED – ARE THEY RESPONDING TO THE MAIN PROBLEMS MENTIONED BY PARENTS AND CHILDREN?

Parent responses

579 responses from parents were analysed, focusing on whether the services offered matched the first problem or list of problems mentioned by the parent. In 191 cases the parent responded that there was no problem or gave no answer to the question about services offered and/or taken. In the remaining 388 cases, just over half or 53% of the responses analysed, the services offered responded either entirely or partially to the problems mentioned by parents. In the case of the remaining 47% of the parent responses, the services offered could not be counted as responding to the main problems mentioned by parents (see Table 10). This table does not reflect the views of the parents, but is based on information given by parents in response to the questions 'What problems do you have?'

and 'What services were you offered?'. The author compared the problems with the list of services named by parents as having been offered and made a judgement on whether the services responded to the named problems – examples are given in the first two columns of the subsequent tables 11, 12 and 13.

Even where services offered were not assessed as responding to the problems named by parents, this does not mean that they were not evaluated in a positive way by parents as can be seen further in this report in the section on 'services found to be most useful' and 'services still needed'.

Assessment of the child and family in relation to education, health, social and other needs is key to ensuring that the package of services a child receives is responsive to the child's needs and the needs of the family.

Examples of responses from the 96 parents where the needs mentioned by parents appear to be met by the services being provided are given in Table 11 below. Sometimes the services offered are meeting needs beyond the named or leading problem presented by the parent in their response to the questionnaire. In some cases the services offered are also confirmed as being 'most useful' by the parent.

Table 10. Do services offered respond to the problem or problems named by 388 parents?

Do the services offered respond to the problem or problems named by parents?	Number of instances where a match can be observed	% of 388 parents who mentioned a problem
Yes	96	24%
Partially	110	29%
No	182	47%

Source: Partnership for Every Child, Taking Action for Children Project

Table 11. Examples of services offered that match the problems mentioned by parents and parent responses on which services they found most useful

Problem named by parent	Services offered	Services found most useful	Respondent
'Accompaniment in going to school'	'Lunch, museum trips. Specialists and accompaniment of the child'	'Accompaniment of the child'	Mother, state centre, Moscow
'Constant psychological stress, managing my child's actions'	'Psychology, pedagogical, legal, material and leisure'	'Psycho-pedagogical support, temporary day care of my child (for 2-3 hour activities)'	Mother, state centre, St Petersburg
'Material situation, lack of specialised equipment in public transport and in public places'	'technical, material and social'	'material support, equipment'	Mother, state center, Leningrad oblast
'Social rehabilitation, individual sessions with a psychologist	'social rehabilitation, individual sessions with a psychologist'	'social rehabilitation'	Parent, 14 year old boy, state centre, Ekaterinburg

Source: Partnership for Every Child, Taking Action for Children project

In 110 cases, the services offered partially meet the problems stated by parents and in some regions this seems to be because a standard set of services has been offered to the family and some part of the services offered happens to match the problem mentioned by the parent. Often parents have been offered and taken a much wider range of services than those that meet the main presenting problem. See Table 12 for examples of services offered that can be classified as partially responding to the problems mentioned by parents. Sometimes the parents have not mentioned all the services

that they have used and it is only clear from the 'service found most useful' responses that they were offered and took more services than those they initially indicated as 'services offered'. It is clear that the responses of parents cannot be taken as an exhaustive list of the services that were offered and taken, and the case files of the centres concerned would give a more accurate list of the services offered and taken. These responses are nevertheless important as they represent the perception of parents as to what was important to them, what they remember was offered, taken, and most useful.

Table 12. Examples of services offered that partially respond to the problems mentioned by parents

Problem named by parent	Services offered	Services found most useful	Respondent
'Psychological, material'	'Day care department at the Centre (summer day camp)'	'Psycho-pedagogical '	Mother, state centre, Moscow
Author commentary: while the services offered and found useful appear to meet the 'psychological' problems named by the parent, the material difficulties have not been addressed in the perception of this parent.			

Problem named by parent	Services offered	Services found most useful	Respondent
'We don't understand some of the hysterics of our child because he lacks speech'	'Support in kind in the form of presents from sponsors, individual sessions with a specialist (only they are acceptable)'	'Respite for parents'	Mother, state centre, St Petersburg
Author commentary: the main problem presented relates mainly to the communication abilities and skills of the parent as well as the child. The 'individual sessions' mentioned by the parent may have helped the child to improve communication, but 'respite for parents' is mentioned as most useful by this parent clearly under a lot of stress. Work on helping the parents to learn alternative ways of communicating with their child might more closely respond to the problem presented. Material help may or may not have been useful or needed in this case.			
'Inadequate adaptive devices to facilitate care and development of the child in the home environment'	'Day care group, activities with specialists at the Centre'	'Visiting the day care group, help from specialists'	Mother, state centre, Leningrad oblast
Author commentary: The main problem is about adapting the home environment to the developmental needs of the child including through the use of assistive technologies. The supported offered focused on taking the child out of his or her home environment, so while attendance at the centre may be helpful as the mother says, it is only partially addressing the presented problem about adapting the home environment to the needs of the child.			
'Aggressive behaviour by the child, he is not obedient and has developmental delays'	'Individual sessions with the child'	'Practical advice, home work'	Father, state centre, Leningrad oblast
Author commentary: work with the child which the centre has offered may address some aspects of his or her behaviour, there is a need to work also with the parents in order to address the overall behavioural issues presented as children's behavior is very influenced by their parents. The father's response to the question of 'which support is most useful' confirms that the work at home with the child and the practical advice for parents is more responsive to addressing the presenting problem than the individual work with the child outside of his usual environment.			

Source: Partnership for Every Child, Taking Action for Children project

There are 182 cases of services offered and taken that do not correspond to the problems mentioned by parents and Table 13 offers some examples. As with the instances of partially responding services above, this does not mean that parents don't find them useful, it draws attention merely to the fact that while parents are able to access an impressive array of services in many of the regions that took part in the survey, the services offered often are not targeting the main problem mentioned by the parent, and therefore it can be concluded that there are unmet needs in the family. If not addressed, there is a risk these problems could lead to even more complex problems over time. It might also mean that services are being offered that are not needed and resources could be more usefully directed towards another type of service for the child and family in question or to another child and family.

Table 13. Examples of services offered that do not address the main problem or problems mentioned by parents

Problem named by parent	Services offered	Services found most useful	Respondent
'socialisation with peers'	'psycho-pedagogical correction, medical help, leisure activities, projects for parents, transport to the centre, information, sanatorium-prophylactic, speech residential services, material aid, information about assistive technology and rehabilitation devices'	'everything is useful'	Mother, state centre, Karelia
Author commentary: it is possible that socialisation with peers is being partially addressed through the 'leisure activities' mentioned, however this list of services is mentioned for all parents from this particular centre and it is likely that the programme of support is not meeting this need given that the parents continue to name it and it is not mentioned as the goal of a particular programme of socialisation. The need to make friends is important for all children, including with disabilities, and the opportunity to make friends in an inclusive environment with children who do not have disabilities is also important.			
'My son's education'	'Residential stay once a year'	'I don't know'	Mother, state centre, Karelia
Author commentary: education needs are not addressed through placement into a residential rehabilitation centre once a year. It might be that the annual residential placement is useful in some way and meets some of the child's needs for medical services and is addressing some of the problems that the family perceives as important, but it cannot address education needs.			

Source: Partnership for Every Child, Taking Action for Children project

It is interesting to note that many parents who indicate they have no problems often mention a range of services that have been offered to them including material support, summer holidays, new year parties and gifts, leisure activities, and consultations with specialists. These constitute nearly the full range available to those who mention problems or unmet needs. In other cases, parents who say they have no problems indicate that they are not offered services but simply placed on a register. There are variations between regions and between districts within regions on this issue which might be of interest to service planners.

Child responses

Child responses are also interesting with a similar range of harmony and disharmony between the stated problems and the services offered as those of the parent responses.

The services children name in their responses as being offered or useful don't always reflect a similar range of services named by the parents (not necessarily their own parents) from the same state centre. This could be because children remember the services that were more pleasurable or memorable, such as New Year parties or gifts, more often than the everyday services. The table above illustrates how children are able to articulate quite clearly what kind of support is most needed 'for mama to have a job' and their answers about the services they remember using and those they found most useful are very revealing of some of the successes and failures of service providers in offering packages of support to families and to the child that are responsive to his or her needs.

Table 14. Examples of child responses illustrating the match or mismatch between the type of support the child states as needed, the support offered and the services found most useful

Problem named by child	Services offered and/or taken	Services found most useful	Respondent
'material problems'	'they gave me a wheelchair, but it does not quite fit me'	'I need a new wheelchair'	Boy, 18 years old, special school, St Petersburg
'Education (professional training)'	'Music lessons, psychologist'	'Sport'	Boy, 16 years old, state centre, St Petersburg
'Financial support, help with household tasks'	'Curative physical education, massage, art lessons, day group at the Centre'	'Psychological support, careers advice	Boy, 17 years old, state centre, Leningrad oblast
'no trip to summer camp'	'Tickets to the theatre for a new year party'	'doing sports'	Boy, 14 years old, state centre, St Petersburg
'help with household tasks, sanatorium-camp treatment, socialisation with other people'	'lessons at the centre, taking part in parties, health space'	'to go to lessons where there are friends'	Girl, aged 17-23, state centre, Karelia
'For mama to have a job'	'Staying in the social hostel, sanatorium, summer camp, new year present, food package'	'material aid'	Girl, 14 years old, Novgorod oblast
'help at home'	'new year presents, pedagogical help'	'pedagogical help'	Girl, 15 years old, Saratov oblast
'Mother divorced with father, he was abusing alcohol, and needed psychological and financial support. The allowances that we are paid ... are not sufficient to cover all the expenses we have... I am helped by my classmates or elder pupils at school.'	'My health rehabilitation, psychological support, and school support.'	'If it wasn't for these people, my mom would hardly overcome divorce problems, she is very emotive. I know we also received financial support...Psychological support is important, it helps us be confident about the future.'	Boy, 14 years old, Chisinau

Source: Partnership for Every Child, Taking Action for Children project

In conclusion, the responses of children and parents to the 2012 questionnaire demonstrate that the services offered are those that are available in the centre, and not necessarily those that are determined to be needed after an assessment, importantly involving children

and parents. The next section examines in more detail the services that are mentioned as being used by parents and children and those which parents and children perceive as still needed.

The pilot of these questionnaires has generated a wealth of data on perceptions of services from both children and parents to be further analysed to support assessments of effectiveness and to further plan service developments.

5.3. SERVICES USED AND PERCEPTIONS OF SERVICES STILL NEEDED

A large number of parents (396) and children (354) did not answer the question 'which services did you use of those that were offered' and it is likely that this is because of the way the questionnaire was structured, making it seem as if this question was the same as the preceding question about 'which services were offered'. A review of the questionnaire for 2013 should iron out problems like this and

simplify the structure before it is repeated. In the meantime, the answers to the question 'which services did you use' are nevertheless revealing and important in terms of understanding the perceptions of service users. This section focuses on the responses of those who mentioned 'services used'.

Overall there is a wide and varied range of services mentioned as offered and taken by children and their families across all the regions with 9 main service types identified and 46 distinct sub-types. There is considerable variation between regions and between districts within any given region. Some districts in certain regions, for example, routinely offer residential care and residential treatment programmes that are frequently mentioned as "services not taken" by parents, thus do not feature in the responses on 'services taken' as frequently as in the responses on 'services offered'. Table 15 summarises the services that were mentioned as both offered and taken by children and parents across all districts and regions.

Table 15. Typology of services mentioned as offered and taken by 166 children and 292 parents

	9 main groups of service types	46 sub-types of services	Number of mentions by 292 parents	Number of mentions by 166 children
1	Specialist services	Psychologist, Speech Therapist, Special Teacher, Massage, Equipment, Medical/Health, Physical therapy, Neurologist, Psychiatrist, Aromatherapy, Oxygen treatment	238	121
2	Developmental classes	Developmental, Sports, Cultural , Clubs, Celebrations, English, Arts, Computers, Apprenticeship, "Apartment" (independent living skills)	121	104
3	Centre-based or institutional care services	Rehabilitation, Operation, Hospital treatment, Day-care	96 (of which 41 non-residential)	29 (of which 8 non-residential
4	Material or financial support	Financial, Groceries, Clothes & humanitarian aid, Volunteer help, Toys, Medicines	80	28

	9 main groups of service types	46 sub-types of services	Number of mentions by 292 parents	Number of mentions by 166 children
5	Logistics/practical support with everyday care	Temporary foster care, Time-off, Trips, Theatre, Transportation	78 (of which 51 summer camp)	31 (of which 19 summer camp)
6	Education	Pedagogical, Career counselling, School meals, Place in school or kindergarten	40	34
7	Informational or advisory	Legal consultation, Information	40	3
8	Moral support	Parent group, Reading materials, Moral support (conversation)	13	4
9	Social	Social interaction	3	2
	Didn't use/need the services offered		6	4

Source: Partnership for Every Child, Taking Action for Children project

Assuming the number of mentions of services offered and taken is a measure of how available and/or needed the service is in the view of parents and children, then the responses to the questionnaires summarized in Table15 suggest the most common forms of support offered and used are specialist services, developmental classes, and centre or institutional based care and treatment services. Given, however, some of the regional variation across types of services mentioned, it cannot be assumed that the 'most-mentioned' services are the same in all regions. In Karelia, for example, several parents from two different districts mention that 'organisation of the pedagogical process' or 'help at school' have been offered and taken, whereas parents of children in St Petersburg mention education support comparatively less frequently. This could be because there are more opportunities for children to attend school in St Petersburg than in the two districts of Karelia so the social rehabilitation centres in Karelia compensate for this in the programmes of support they offer.

Or it could be that the social rehabilitation centres in Karelia have responsibilities for coordinating inter-sectoral provision of education for children with disabilities, whereas in St Petersburg this is managed by the education department so parents in St Petersburg do not perceive the social centres as supporting the educational process. The questionnaire needs refinement if it is to provide insights into how parents perceive the entire range of support they receive from a given region or district across all sectors – social welfare, social services, education, health and the non-government sector. The information in this report is largely focused on perceptions of effectiveness in the state social services sector.

Table 16 gives examples of the packages of services offered in what appears to be a routine way in some of the state centres in participating regions, along with comments by parents and children on services taken that illustrate common perceptions about provision of services.

Table16. Regional variations in services offered and perceptions of parents and children on services taken

Region	Services typically offered	Some comments by parents and children on services taken
Novgorod	Living at the social hostel, sanatoria, summer camps, new year's gifts, food package, activities at the clubs, developmental classes, operation in St Petersburg	This is the package of services most commonly named by children from Novgorod. Parents also mention the sanatorium, the operations in St Petersburg, the summer camps, the clubs and developmental classes and the material support, but don't mention the new year's parties and gifts.
Karelia – Raion 1	Pedagogical, residential, summer holiday at a summer camp, participation in the activities at the Centre	This set of services are most often named by parents from one district. Children named a similar set of services: 'residential', 'going to camp, activities'.
St Petersburg – Raion 1	Music lessons, developmental classes, curative physical education, massage, residential medical services, the developmental class 'Apartment'	'They offered treatment in the residential unit, I didn't agree as the child would have had to stay there for one month without me.' (Mother, NGO service, St Petersburg) They offered ... 'a sanatorium...I refused' (Mother, state centre, St Petersburg)
St Petersburg – Raion 2	Residential unit, semi-residential, individual and group sessions, after school club	The most useful support: 'Releasing parents, psychological, swimming pool, the services of all the specialists in one building' (Mother, state centre, St Petersburg)
Leningrad oblast – Raion 1	Assessment and a course of rehabilitation in the residential unit, food products, a place at a sanatorium	Only one parent of 18 who responded from this centre indicated that they found the residential services 'most useful'. 'we agree to everything' (Mother, state centre, Leningrad oblast)
Leningrad oblast – Raion 2	Attending the day care and residential groups, consultations with the family psychologist, lawyer, swimming pool and others	Two of the nine parents who responded from this centre indicated that they used the residential service offered, 7 indicated they used the specialist services and the day-care service as well as the legal advice and swimming.
Moscow	Work with a psychologist, speech therapist, music teacher, social pedagogue; day care department (summer day camp); social, medical services; lunch, trips to the museum, accompanying the child	'All the work done by the specialists of the Centre have a harmonious impact on the development of my child' (Mother, state centre, Moscow)

Region	Services typically offered	Some comments by parents and children on services taken
Ekaterinburg – district 1	Development, teaching the child, social adaptation	Children named these services 'sessions'. Neither children nor parents said they were offered residential services
Saratov oblast – district 1	Economic, cultural, medical, pedagogical	Parents did not mention residential services, but three children mentioned that it had been suggested that they live separately from their family

Source: Partnership for Every Child, Taking Action for Children project

In general, the wider the range of services offered, the more satisfied the parents seem in their comments. As mentioned earlier, it is notable that where residential placement is offered as a matter of routine by some centres, it appears that this service (residential placement) is offered because the centre is able to provide it and not because it is necessarily needed or wanted. The offer of residential care or

Figure 35. Differences in perception between children and parents of services used – % of all mentions by 166 children and 292 parents for each type of service group (based on table 15 above)
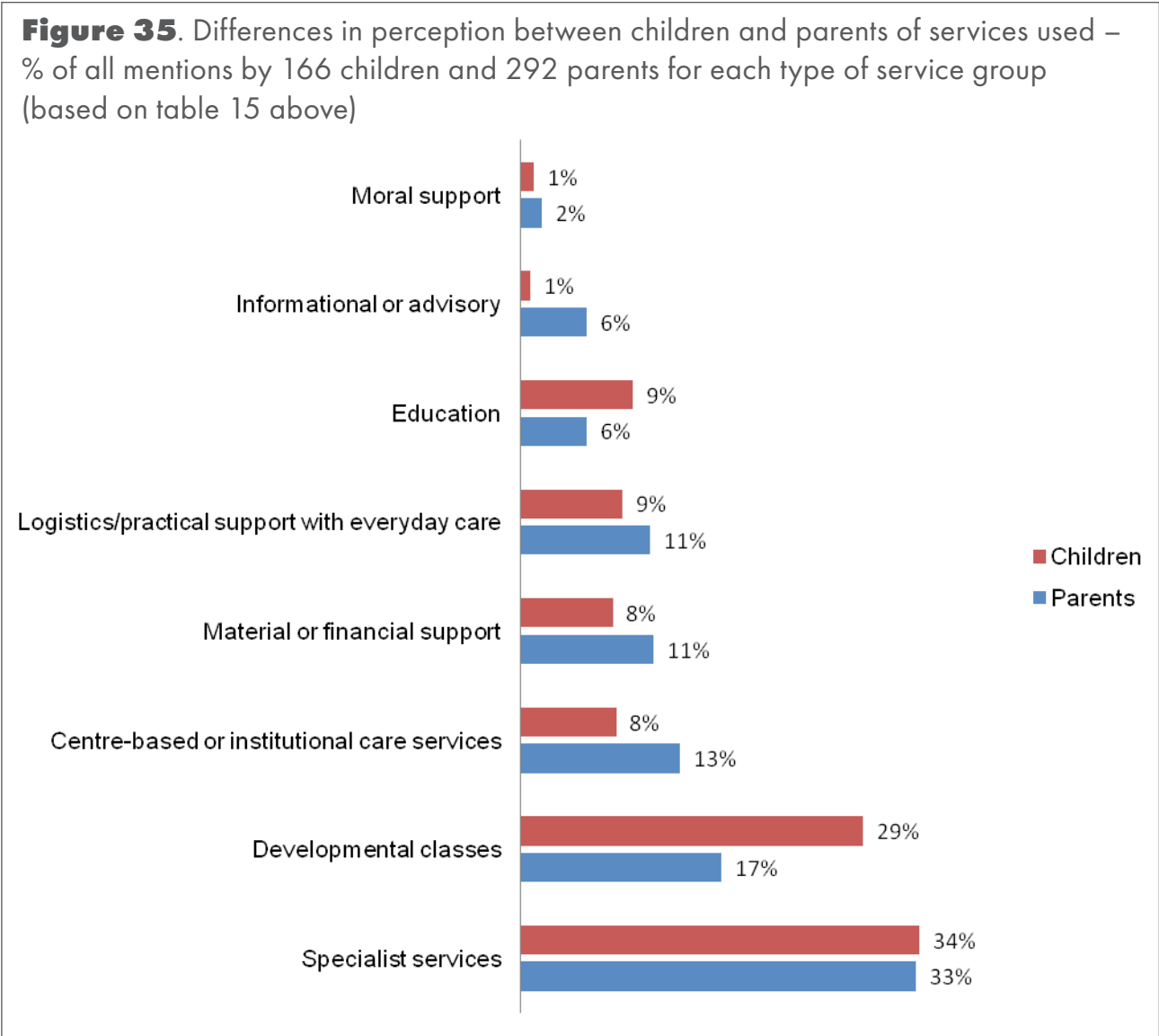
Source: Partnership for Every Child, Taking Action for Children project

treatment is most often not taken by parents, instead drop-in services are more likely to be mentioned as having been used. Some parents, however, say that they agree to 'all' or 'any' of the services offered, the implication being that they take all the help they can get, of whatever kind is on offer whether it meets their needs or is just a nice extra.

As with the 'services offered' in the Tables above, there are differences between the services named by parents and those named by children. Generally, children mention services that fall under the 'developmental classes' group more than parent respondents (29% of services mentioned by children are in this group). In turn, parents are more likely to name 'information or advisory services', 'logistical support' or 'institution or centre-based care services,' and parents mention these services more frequently than children. Both parents and children mention 'specialist services' with similar frequency. Children are more likely to mention summer camps than other kinds of 'logistical support' services. See Figure 35 for a comparison of the mentions of different types of services by children and parent respondents.

One district in St Petersburg is mentioned by parents as offering a class called 'Apartment' which aims to support young people to develop independent living skills and name it as one of the most useful services used. The children from the same district who responded to the questionnaire did not mention this service at all, but given that only nine children responded from the district compared to 25 parents, it could simply be that users of this service were not among the children who answered.

It seems reasonable to assume that children and parents mention the services that they each perceive as most prominent in the package of services that are being used at the time of completing the questionnaire. It is interesting to note, for example, that many children mention 'career counselling' and other types of 'developmental classes' such as sports, computers, music or art, whereas parents are less likely to differentiate between the various

classes taken. The parent respondents are more likely to mention 'activities' or 'clubs' as a generic term.

A detailed comparative analysis of the variations in services offered and taken and parent and child perceptions of the services is still needed, and will be prepared for St Petersburg, Karelia and Leningrad oblast as well as other regions where more than 50 parent or child responses from more than one district within the region were gathered. Such an analysis can help policy makers examine ways of balancing the availability and accessibility of some types of services across district borders within a given Region.

5.4. HOW SERVICES AVAILABLE COMPARE WITH PROBLEMS MENTIONED

It is difficult to quantify the degree of overlap between the nine main types of services mentioned when they are mapped against the eight main 'problem areas' mentioned by parents and the seven main 'support still needed' areas mentioned by children. Some main broad conclusions can, however, be drawn.

Children identify financial, material and practical support in the home as being needed first and foremost, alongside a need for psychological, social and health services. Issues of accessibility are also reasonably prominent in children's discourse. In contrast, the services that they identify as being most useful are developmental classes and specialist services. Children report everyday care and financial or material supports much less frequently as being used than they indicate them as needed. Either the need for developmental classes and specialist services is largely fulfilled, or children are not mentioning the need for such support, because they are responding to the questions "what is needed to support your parents?" Alternatively, the need for practical and financial support in the home are perceived as being much more acute needs. It is likely that it is a combination of both. Either way, the perception that practical support is needed and that it is not being provided can be inferred from the child responses.

Figure 36 Schematic mapping of identified problems against the services mentioned by parents and children
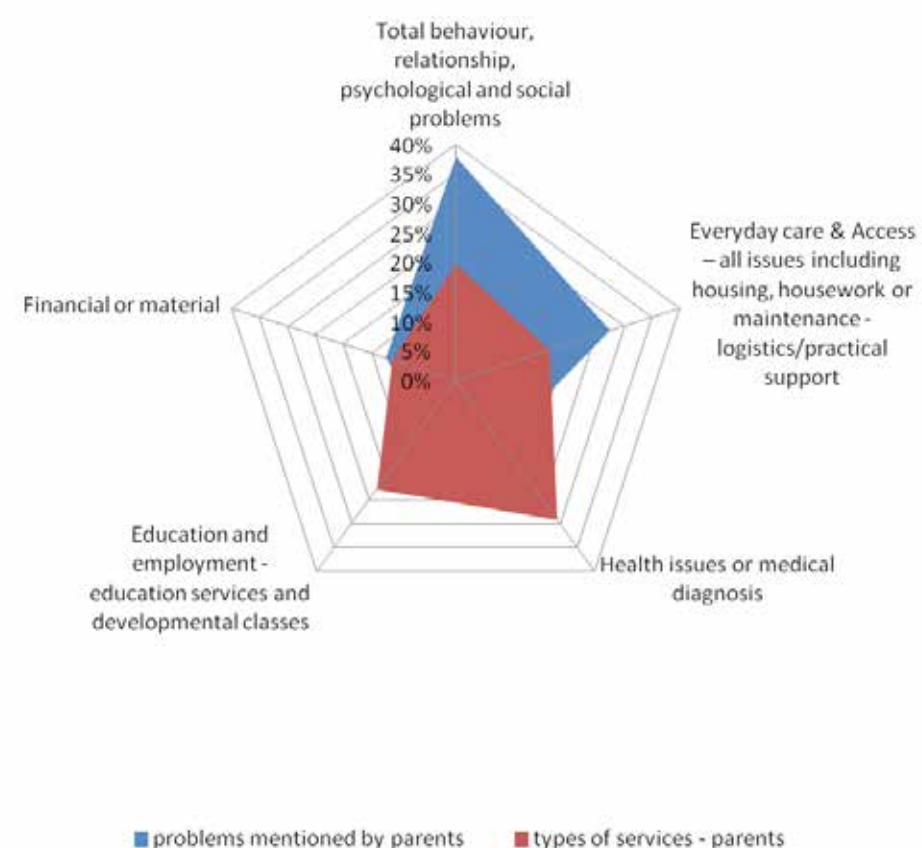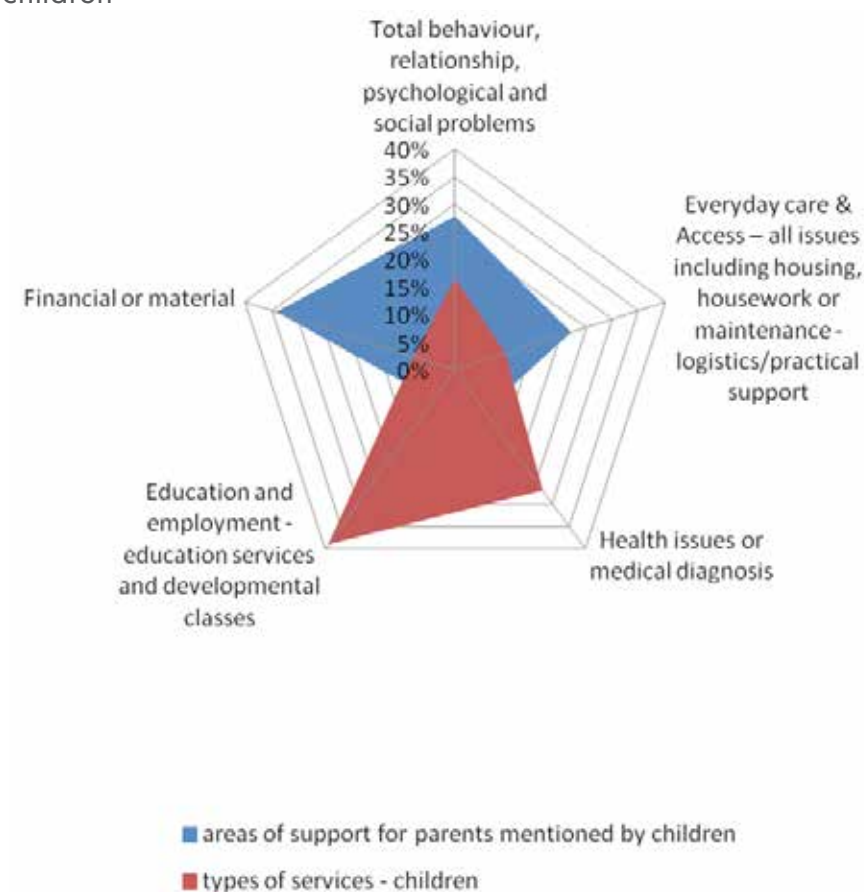
Source: Partnership for Every Child, Taking Action for Children project

Parents, like children, identify everyday care issues as being an important and critical problem alongside a range of behavioural, psychological and social challenges. It can be argued that around 1/3 of the mentions of 'specialist services' by parents refer specifically to consultations with psychologists, and that these consultations are providing support in addressing behavioural issues. The remaining 'specialist services' along with institutional based care are focused on rehabilitation interventions and medical services that are addressing the health or diagnosis problems which are also central to the problems identified by parents and to the medical model of disability which prevails in most of the centres that participated in the study. Again, as with the child responses, the services that are addressing issues of daily care for the child in the home are largely missing from the parent responses of services used.

A map, in Figure 36 below, of the problems identified compared to services used (based on a calculation of the number of mentions of problems and of services used) illustrates that there is some overlap between problems and services provided, but there are large areas of need not being addressed and many services offered that are addressing issues that are not identified by children or parents as problems or needs.

The differing 'shapes' of the problems and services perceived by parents and children are illustrated here. The peak in child mentions is for education and employment services (including developmental classes) while the parent peak is for issues of everyday care and behavioural problems.

Overall, 568 parents (83%) state that 'yes' the services they have received are useful and helpful or 'very' useful. Only 114 parents (17%) state that services are not helpful, partially helpful, or did not answer. Many parents did not provide responses for support offered/taken, but still wrote 'yes' in answer to the question about whether services were useful. Some parents qualified their 'yes'

answer by indicating that the centre may provide good support in terms of specialist services for the child's health, but not in other areas:

'Yes, it helps to support my child's health. There is no support for the family.'(Mother, NGO service, St Petersburg)

Others indicated their ambivalence:

'Yes-no. Only 'Short Breaks' really help.'(Mother, NGO service, St Petersburg)

It is possible that parents fear the services will be taken away if they respond negatively, even if they are only partially or not very useful. It is possible that parents see 'any help' as useful regardless of effectiveness or quality. Parent answers to the question 'what is most useful' are discussed in the next section.

106 children from Novgorod, Sverdlovsk oblast, Karelia, and Chisinau, Moldova were asked 'do the services you receive have a positive impact on the situation in your family'. Overall children give a positive rating with 63 children or 59% of those asked saying 'yes' or 'probably' in response to this question. For example:

'I think yes, because there are changes in my psychological condition and I feel a little better, I communicate easier.' (Girl, 14 years old, state centre, Chisinau)

Only 40 children or 38% said 'no' or 'don't know' and 3 children did not answer this question.

5.5. PARENT RESPONSES – WHAT SUPPORT IS MOST USEFUL?

Having examined the types of problems and the types of services mentioned as offered and taken, it is possible to evaluate the potential for these services to address the issues, problems and support areas identified by parents and children. Only 125 children and 96 parents did not answer the question
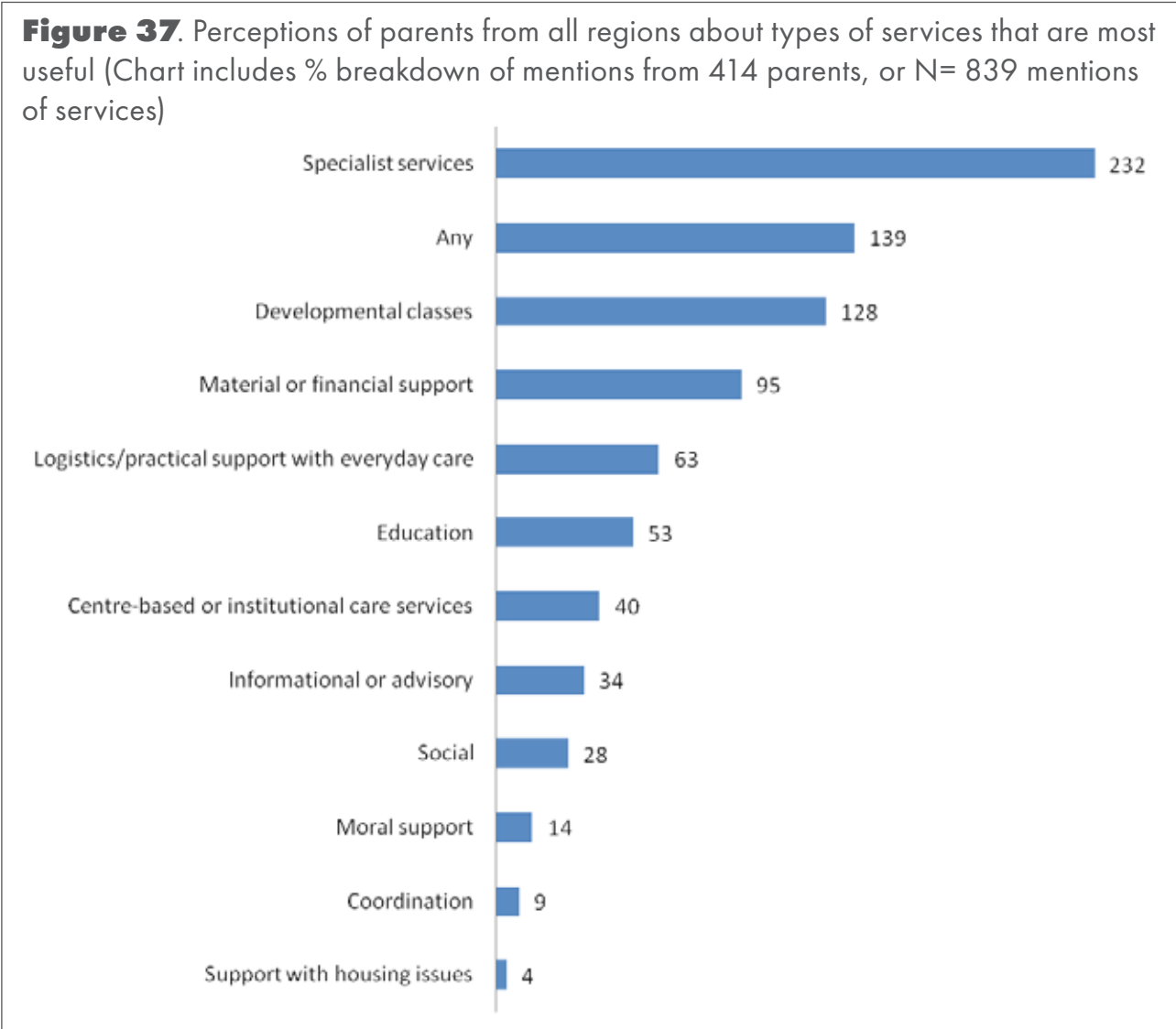
('what was most useful?') and only 55 children and 11 parents answered 'don't know'. Parents and children both address issues of quality, accessibility and content of services in their responses as well as simply naming types of services. Some parents mention that a coordinated approach to addressing the individual problems of each child has been the most useful aspect of the services they receive:

Complex support – all specialists together taking into account the individual issues of the child. (Mother, state centre, St Petersburg)

Others note that quality is most useful:

Quality medical diagnosis and corresponding treatment (Mother, state centre, Leningrad oblast)

Almost a quarter of the parent respondents (139 or 23%) state that 'any' or 'all' help is useful and needed 'All!' 'all help that is given' 'everything' 'any':

In families with a child with disabilities, any support is most useful (Mother, NGO service, St Petersburg)

Specific combinations of services or single types of services that have been most helpful for parents are in Figure 37, showing a breakdown of the services named as most useful by parents in terms of the number of mentions.

Specialist services represent 28% of all mentions by parents and, notably, 51% of the specialist services mentioned were specifically

Figure 37. Perceptions of parents from all regions about types of services that are most useful (Chart includes % breakdown of mentions from 414 parents, or N= 839 mentions of services)

Source: Partnership for Every Child, Taking Action for Children project

'psychologist'. Parents who find the psychological consultations useful are correlated with the prevalence of parental concerns about behaviour and relationships, see Figure 31 above.

It is interesting that there are regional differences in what parents find most useful. Parents from Saratov, Sverdlovsk, Novgorod and Karelia, for example, are more likely to mention 'material support' as most useful (20% of service types mentioned as most useful by parents from these four regions) compared to parents in St Petersburg and Leningrad oblast (10% of service types mentioned). St Petersburg and Leningrad oblast parents are significantly more likely to mention 'developmental classes' as most useful (17% of mentions compared to 5% of mentions by parents from the other four regions). It is likely that these differences relate to variation in the standard packages of services that parents are offered and are able to access. It could be, however, that variation reflects uneven quality and effectiveness of services (as the parents perceive) with, for example, developmental classes being of higher quality in St Petersburg and Leningrad oblast, and the material support packages most effectively meeting needs in the other four regions. Additionally, there could be differences in the socio-economic standing between the populations served whereby material needs are more acute in some regions (because these centres serve poorer parents). Parents from both regional groups mention 'specialist services' as most useful with equal frequency.

While 'centre-based or institutional' services made up 13% of services mentioned by parents (see Figure 35 above), only 4% of these parents noted 'centre-based or institutional' services as being most useful. In contrast, the majority of parents who mentioned the use of 'specialist services' (34% of mentions in Figure 35 above) also find them 'most useful', which is a finding that can be interpreted as a positive endorsement of the effectiveness of these services.

Sometimes parents clearly state that the services have had a direct impact on the specific problems that were identified earlier in the questionnaire:

[Problems] My boy is capricious. There are frequent conflicts, difficulties with doing homework. [What support is most useful?] Psychological: conflicts have reduced, my child has become calmer; pedagogical, in doing homework (Mother, state centre, Leningrad oblast)

Generally, however, parents use generic terms to name service types when answering this question 'social, psychological, medical, rehabilitation.'

5.6. CHILD RESPONSES – WHAT SUPPORT IS MOST USEFUL?

Figure 38 summaries responses from children to the question about 'what support is most useful'. Some children mention that 'any support' is useful 'any support is good for us…', but overall more parents respond in this way.

Children comment on the quantity, quality and nature of services – 'individual consultations' 'going to the swimming pool more often' 'a good doctor'. Children mention issues of access to services both in terms of cost and/or physical access – 'getting to the swimming pool' 'some kind of free activities after lessons'. A few children also mention issues of quality of life or overall well-being which are worth noting as they are common to all children and not unique to children with disabilities: 'don't interfere' 'more free time away from school-work'.

Children note, in a way that parents do not, the importance of family and friends. Again, this is an area of life common to all children, but probably there are more challenges for children with disabilities to access this area of life which child respondents described as a community of friends and family, particularly their parents. Friendship was mentioned as a form of support 'friendly [support is more useful], [support] of my family' 'support from my parents.' Here the object
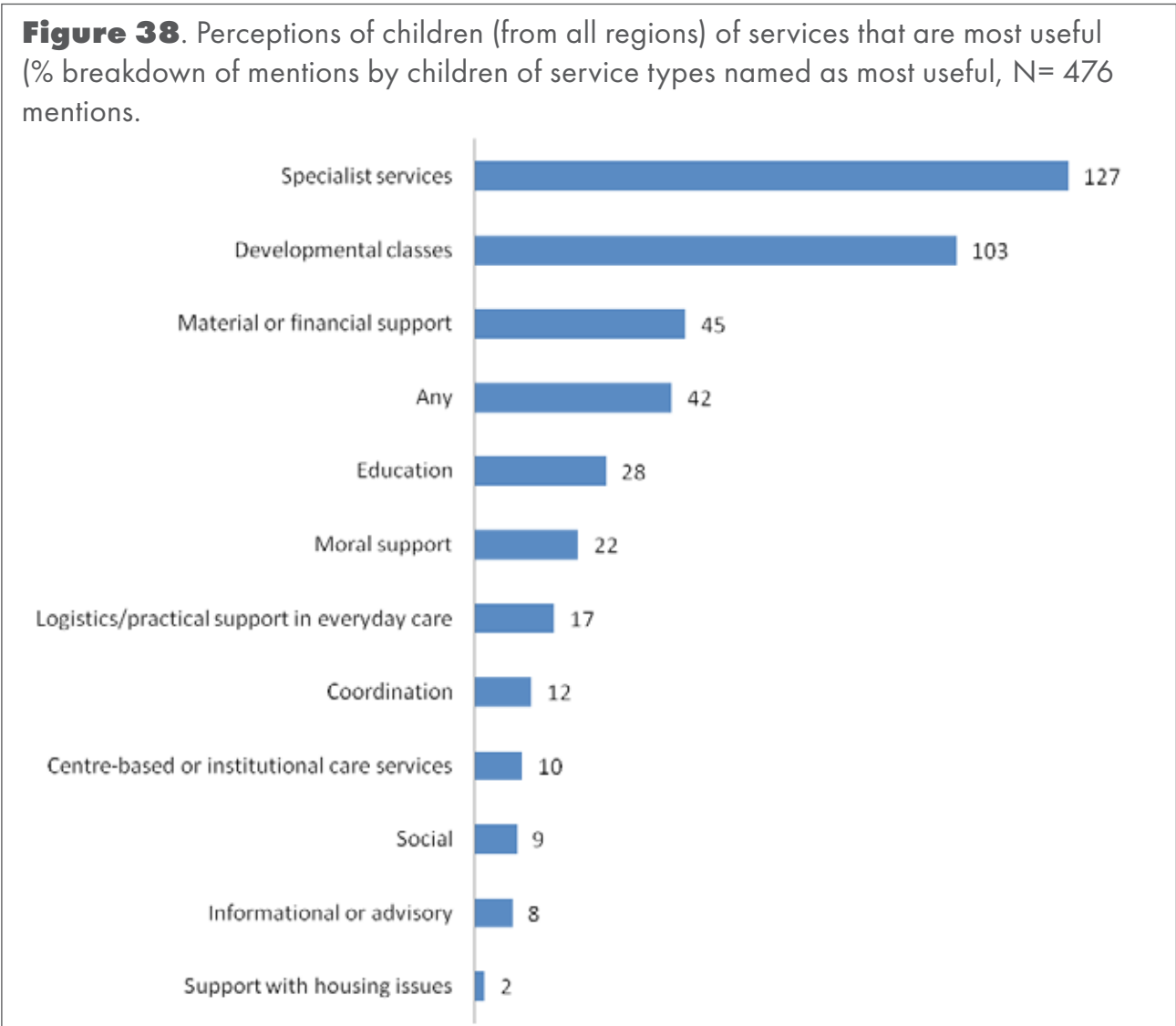
of support is the family and/or parents '[support] to my family' 'the help of the family psychologist'. To meet and spend time with friends is also noted by children as a form of support: 'meeting friends' 'going to activities where there are my friends' 'to make friends and hang out,' 'communication with children in various activities organized for us'; 'going to friends' houses in the evenings'.

Children who mention educational support as most useful sometimes mention specific, practical help at various stages of the education process: 'psychological consultations during exams' 'help in class, in doing lessons' 'support in getting a higher education'. Unlike parents, children also mention services to support eventual employment such as career counselling and other post-secondary options, as the most useful: 'to find a good job'.

As with the parent responses there is some variation between regions, but here they are less marked. The main and most important difference between the child and parent responses is the more frequent mention from children of social life, friends, and the value of support to their parents or family. Children also mentioned the value of career counselling or other preparation for future employment, a support that is not mentioned by parents.

5.6. PARENT AND CHILD RESPONSES – WHAT HELP DO YOU STILL NEED?

This question was easier for parents than for children to answer. 42% of children gave 'no answer' or said 'don't know' in response to this question and one in five children (or 21%) said 'there is enough of everything' indicating they did not have unmet

Figure 38. Perceptions of children (from all regions) of services that are most useful (% breakdown of mentions by children of service types named as most useful, N= 476 mentions.

Service type	Mentions
Specialist services	127
Developmental classes	103
Material or financial support	45
Any	42
Education	28
Moral support	22
Logistics/practical support in everyday care	17
Coordination	12
Centre-based or institutional care services	10
Social	9
Informational or advisory	8
Support with housing issues	2

Source: Partnership for Every Child, Taking Action for Children project

need for services. One in three children (or 37%) mentioned services or other forms of support in response to the question 'what help do you still need?' For parents, the situation was reversed, 37% responded 'there is enough of everything' , 'everything is fine' or 'don't know,' or gave no response. 63% of parent respondents named services or supports in their responses. Nevertheless, 'support still needed' is a difficult question for both parents and children, as answers are likely to be limited by their individual experiences and information available to them about what types of support is possible. Parents can only suggest services they know exist – it is unlikely that respondents could name a service they have not experienced or heard about. Responses to the question 'what help do you still need?' are nevertheless important as they give clear direction for service providers and policy makers to consider when planning future service development.

There are clear regional variances in the responses to this question, but overall parents responded that the following types of services and support are still needed: child-care, education, time off, help with cleaning, infrastructure (phone, internet), social interaction with other children, sports, specialist services, quality or access to services, support for family as well as child.

Responses to the question 'what help do you still need?' can be broadly grouped into three main categories:

1. Improved quality of, or improved access to, existing services for children with disabilities whether in relation to when, where, or how to access services, their cost or quantity, and the qualifications of staff delivering them. Examples include – '**accessibility** of the paediatrican or another medical specialist', 'It's important that we have possibility to receive treatment i**n time**, and that it's **for free**. And that **we don't stay in lines** to a doctor', 'curative physical education **near home**' , 'the **Centre opening time** is not convenient (9am to 6pm) as

that is when mother is at work', 'not enough services related to physical development of such children in the sports (**they don't accept them in normal sports activities)', 'free services** at school and in the Centres', '**an adequate amount** of rehabilitation support', 'kindergarten...there are **not enough ...specialized schools**', 'there is no disability commission in the town', 'if the Centre could give a referral for more than one pair, for 2 or 4 pairs, of children's orthopaedic shoes(after all the child is entitled to four pairs per year)', '**Qualified** legal help' , 'complex **provision of services in one place** without having to go somewhere else'

Some parents offer clear formulations of how they think services should be organized, essentially descriptions of quality standards for services, whether medical:

[There is a lack of] a constant team of specialists with a clear programme specifically for the child during the whole period of rehabilitation (Mother, state centre, St Petersburg)

Good, responsible specialists – speech therapists and masseurs and especially neurologists who would know the child and observe his progress (Mother, special school, St Petersburg)

Or athletic:

Sport in the form of play with a very gradual increase in intensity (Mother, state centre, St Petersburg)

Or for socialisation and inclusion:

...the child being among a circle of normal children – adaptation to usual, real conditions of the surrounding environment, social environment... (Mother, special school, St Petersburg)

We should not be pushed out of life. The theatre, cinema, going for walks should be there for my child. (Mother, NGO service, St Petersburg)

Or educational:

Adapting the education programme to the problems of a child with seeing difficulties. (Mother, state centre, St Petersburg)

Accompanying a child at school (Mother, state centre, Moscow)

Open lessons together with parents (Mother, state centre, Leningrad oblast)

Teaching in school (or college) in a welcoming (from the side of other children) atmosphere (Mother, state centre, St Petersburg)

To meeting the child from school, an accompanying service (Mother, state centre, St Petersburg)

Having to do with mobility:

[There is a lack of] Transport services related to taking the child from home to the Centre (Mother, state centre, St Petersburg)

or psycho-social:

There is nowhere for me as the adult to go... for recommendations, advice (Mother, state centre, Leningrad oblast)

I feel a lack of attentive and caring attitude towards me and my child (Mother, state centre, St Petersburg)

It would be good to meet more often with other parents (Mother, state centre, St Petersburg)

So that the whole day is sorted out (Mother, state centre, St Petersburg)

Joint sessions child-parents (Mother, state centre, St Petersburg)

A short course of therapy for the members of the family of children with disabilities (Mother, state centre, St Petersburg)

Information about other organizations and services (Mother, state centre, St Petersburg)

Parents also talked in similar ways about the need for services related to leisure, employment and other areas of the child and family life.

2. Access to currently non-inclusive services. Services that already exist, but where children with disabilities and their parents have not been offered the service. This could be because the centre where they receive services does not offer a particular service, or because they do not exist in the area at all. Examples include – medical services, psychologist, sport and swimming pool.

This category includes notable regional variation. Many parents from the town of Tikhvin in Leningrad oblast, for example, mention a lack of a medical-social-expertise centre in the town. Presumably these parents must travel significant distances to have their child assessed as part of the process of accessing benefits and services. Parents from Pushkin in St Petersburg, frequently indicate lack of access to swimming facilities for their children and highlight the importance of services located in one place and the burden of travel to different locations to receive services. Parents in Petrozavodsk also highlight swimming for children with disabilities and 'curative physical education'. While a lack of certain services can be seen as local barriers that need to be addressed, they in fact underline and reinforce the 'quality standards' that parents have put forward – **accessible, coordinated, easy to reach services are of critical importance for children with disabilities and their parents**. The lack of access to a swimming pool in Pushkin or Petrozavodsk could also be dismissed as low priority, a 'nice-to-have' privilege rather than a basic service, but if other children in the town are able to access swimming, then exclusion of children

with disabilities is felt as explicit discrimination and making existing services accessible and inclusive would be a first step towards normalizing life for children with disabilities and their families.

Local variations in response to the question "what support do you still need?' also reinforces the notion that children with disabilities and their families have a range of common needs, but that each child and each family also has individual priorities where services are concerned. In a town where services for the disabled offer a range of specialized facilities for children but do not offer 'curative physical education', this service is perceived to be lacking though what is actually lacking is access to it.

3. The creation of new services. Services that largely do not exist but that could conceivably address problems previously identified (earlier in the questionnaire), and are not offered by the centres for children with disabilities and their parents, or are not offered in an inclusive setting. Examples include 'psychological support for the family in a difficult life situation', or ' I need a person to accompany me in various situations', 'More activities for me, together with healthy children' and:

For the social services to provide accompaniment when mother is at work from 8am to 4pm Monday to Friday (Mother, state centre, Karelia)

The issue of 'time-off' or 'short-breaks' can be examined separately as this is raised by parents across all regions and districts. Parents in St Petersburg who have experience of the NGO service 'Short Breaks' which offers a highly flexible temporary care service in a professional foster family for up to 360 hours (15 days) per year both name the service and indicate its value to them. Parents who have heard of this service but do not use it may also name it as needed. Parents who have heard of 'baby-sitting' or 'nanny' services may name this type of service 'nanny for an hour', 'the possibility to leave the child for a period of time when necessary', 'temporary nanny'.

Families may also qualify for this service provided by state centres on a less flexible schedule. State provision is only during the working week days when the centres are open, and often is only for short periods (the standard allocation in St Petersburg, for example, is 2 hours per month). Parents name this service in various ways: 'day-care centre (I have no time to get things done)', 'release of parents'

Parents name the problem they have – 'no time to myself', 'nobody to leave my child with for a few hours at the weekend' – which could be addressed by temporary child-care services and the more flexible and individualized they are, the better.

Either way, **the need for temporary, flexible, professional child-care services is clear and present across all regions that took part in this survey.**

Children and parents have differing priorities for services they still need and they can be broadly summarized as in Box 4:

Box 4: Summary of the priorities for services still needed as seen by children and parents

Children prioritize a normalized life: friends, social interaction, future employment, physical independence, inclusion, sports and other activities that they are interested in.

Parents prioritize support with everyday care and child development: child care, quality in education, better health care, better access to developmental classes and other activities that will support their child's development.

The problem of developing new services where no models or examples exist can be addressed by looking across best practices within Russia, the CEE/CIS region or globally. Table 17 gives a few examples of how the problems identified by children and parents in this study are addressed by service providers around the world, but also shows that some of these types of services already exist in the areas where the survey took place as they were mentioned by some respondents and can be replicated by other service providers in other parts of the country.

Table 17 Examples of the kinds of support services that can be developed by service providers based on services that exist in global best practice and examples mentioned by parents and children in the questionnaires as already existing in

Type of problem mentioned/ support required	Examples of the type of help that could meet the problems mentioned	Examples mentioned by parents and children
All behaviour, relationship, psychological and social problems (including lack of friends and opportunities for socializing)	Family and individual counselling Parent skills training Parent groups Psycho-therapeutic programmes Inclusive social policies and services Inclusive youth groups and activities Inclusive education Speech therapy	Psychologist Parent groups Reading materials Moral support Social interaction at disability centres Help with attending school
Everyday care – all issues including need for respite care, home help with housework and shopping, personal care of the child, social isolation	Multi-disciplinary home-based services – ergotherapy, physiotherapy, technical aids, adapted housing. Social worker and volunteer outreach services Parent training Parent groups Respite care Holidays	Temporary foster care Time-off for carers Volunteer help with shopping Centre-based day-care

5.7 SUMMARY CONCLUSIONS – INDICATOR 6

Parents and children identify a range of problems and challenges across all aspects of the life of the child and family which need to be addressed by a range of services in order to ensure that children can be adequately cared for by their families. Parents identify the difficulties of providing everyday care as the biggest single problem for which support is needed and behavioural, relationship, parenting and psychological problems as the main group of related problems which need addressing by services. Children identify every care issues but also financial and material support as among the greatest needs.

The packages of services offered to children and parents address, or partially address these needs in just over half of the cases where parents indicated both a problem and a set of services that were offered. There are significant variations in the packages of services offered to children and parents depending on the region and district where they live. Services offered tend to be those available, rather than those needed to address the specific problem named by children and parents.

Residential services are offered frequently, but accepted relatively rarely – summer camps were named as used a lot in this group of services. Day care services and other kinds of temporary care services are rarely offered, but when they are offered, they are largely seen as most useful by parents. Services are on the whole not sufficiently responsive to everyday care problems and in particular to the exhaustion of parents caring for children who require constant attention and care.

Specialist services and developmental classes of various kinds are the most frequently offered and are largely valued by both parents and children. The type and quality of the classes matter more to children than to parents as parents want their children to be busy and cared for and have less concern about what they are busy with. Many children particularly mention that they lack access to sport activities. Parents are more concerned about the quality of medical and specialist services.

Psychologist services are particularly valued and are clearly responding to the needs identified by parents, and to a large extent by children, relating to behaviour, relationships and psychological problems. More attention needs to be given by centres to working with parents and children together on issues of communication, behaviour and relationships.

Participants in the testing of the indicator put forward clear, articulate service standards in many of their responses, especially parents, but also children – **accessible, coordinated, easy to reach services are of critical importance for children with disabilities and their parents**. The more flexible the services are in meeting individual needs, the more effective they are at addressing those needs and ensuring that children are cared for and that parents are able to cope.

Children see a lack of services that can help them to lead a 'normal' life with a social life involving friends and family and activities that they are interested in and which will help them eventually into further education or employment. Parents see a need for more services that can help with everyday care, education and full as possible physical and intellectual development of their children.

CHAPTER 6 CONCLUSIONS

The indicators that have been tested fit closely with two of the important underlying principles of the UN Alternative Care Guidelines the principles of necessity and suitability – see Box 5.

Box 5: The Necessity and Suitability Principles

iii. Applying the principles of necessity and suitability
The following are among the key elements to take into account to ensure that alternative care is used only when necessary and is appropriate for the child concerned.

Q1
IS CARE GENUINELY NEEDED?

Q2
IS THE CARE APPROPRIATE FOR THE CHILD?

Reduce the perceived need for formal alternative care
- Implement poverty alleviation programmes
- Address societal factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation…)
- Improve family support and strengthening services
- Provide day-care and respite care opportunities
- Promote informal/ customary coping strategies
- Consult with the child, parents and wider family to identify options
- Tackle avoidable relinquishment in a pro-active manner
- Stop unwarranted decisions to remove a child from parental care

Discourage recourse to alternative care
- Ensure a robust gate-keeping system with decision-making authority
- Make available a range of effective advisory and practical resources to which parents in difficulty can be referred
- Prohibit the 'recruitment' of children for placement in care
- Eliminate systems for funding care settings that encourage unnecessary placements and/or retention of children in alternative care
- Regularly review whether or not each placement is still appropriate and needed

Ensure formal alternative care settings meet minimum standards
- Commit to compliance with human rights obligations
- Provide full access to basic services, especially health-care and education
- Ensure adequate human resources (assessment, qualifications and motivation of carers)
- Promote and facilitate appropriate contact with parents/other family members
- Protect children from violence and exploitation
- Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled
- Prohibit care providers with primary goals of a political, religious or economic nature
- Establish an independent inspection mechanism carrying out regular and unannounced visits

Ensure that the care setting meets the needs of the child
- Foresee a full range of care options
- Assign gatekeeping tasks to qualified professionals who systematically assess which care setting is likely to cater best to a child's characteristics and situation
- Make certain that residential care is used only when it will provide the most constructive response
- Require the care provider's cooperation in finding an appropriate long-term solution for each child

THE SUITABILITY PRINCIPLE

THE NECESSITY PRINCIPLE

Source: From Theory to Practice, Implementing the UN Alternative Care Guidelines, Cantwell et al., 2013

All six indicators help to monitor the question of whether children genuinely need to be removed from parental care and whether they have been referred to appropriate services. The indicators offer a picture of the effectiveness of prevention and family support services based on feedback from parents and children, but also on quantitative data.

Children at risk of losing parental care
The data gathered for the indicators 4 and 5 during piloting largely shows that in the Russian Federation, for children who are at risk of losing parental care or who have already lost parental care, the system of child protection and family support tends to remove children from parents into temporary guardianship or residential services as a first measure, rather than a measure of last resort and that this type of service is not necessarily effective in preventing long term loss of parental care.

The narratives of children and parents from indicators 4 and 5 data show that children at risk tend to experience several episodes of short-term formal care in shelters, guardianship or residential units before entering long-term formal care, usually guardianship, but also residential care. Many children who enter the guardianship of grandparents are then at risk of experiencing a subsequent placement into residential formal care at a later date, when they are older, when their guardian dies or can 'no longer cope'. There are regional variations with some regions and districts within regions more likely than others to offer residential care as a support service. Similarly in some regions, children in residential care talk about prevention services that helped their families before they entered care and in other regions children are not aware at all of such support.

On the whole, the data shows that the state system of Child and Family Support Centres or Social Rehabilitation Centres offers a wide range of services to children and their families, but that these services are not necessarily addressing the main underlying root causes of poor care in the family that may mean the child is at risk of entering care in the medium to long term. It is not evident that the centres all have a clear understanding of their purpose as being to prevent children from entering formal care.

Children with disabilities
Children with disabilities are significantly over-represented in the formal care system in the Russian Federation as a whole. The data presented in this report explores the experiences of social services of children with disabilities who have not entered the formal care system and the experiences of parents who are receiving services, but who have not placed their child into formal care, residential boarding schools or other types of care settings away from the family. Again, this data is exploring the extent to which the necessity and suitability principles are being applied to children with disabilities, illustrating the ways in which further steps can be taken to help ensure that alternative care is considered only when it is appropriate for children with disabilities, for example for short periods of day-care or respite care in alternative family settings, and exploring the extent to which the services being received are addressing the problems identified by parents and children.

This section of the report offers analysis of the overall findings from the piloting exercises for the loss of parental care index as a whole and gives an assessment of the next steps required to refine the data collection instruments further.

RESULTS FROM TESTING – DATA FROM 2011 AND 2012
Regions of the Russian Federation
The indicators present a picture of a child protection and family support system which is largely reactive in nature, with many children who are most at risk of losing parental care not being referred to the system of family support and prevention before reaching the point where they are at immediate risk of entering formal care in the medium to long-term. The indicators, however, do pick up differences between regional child protection and family support systems and help to highlight good results as well as areas that require attention.

Many children are not receiving family support services before being referred to the child protection organs

The indicators show that while there are some systemic differences in the way that referrals to child protection bodies are made in different regions of Russia, such a referral usually leads to placement into long-term formal care. Social services focused on family support and prevention are largely not working with the children and families who have come to the attention of the child protection organs before they come to their attention. Around 60% of parents and children, who are the clients of the family support and prevention services and answered questions on Indicator 5, perceive problems in caring for children in their family although a smaller percentage thinks there could be a risk of separation. The families who are being targeted by the family support and prevention services are not known to the child protection organs and are at less risk of losing parental care. If the family support and prevention services were to explicitly target the children who have come to the attention of the child protection organs, there is more chance that long-term entry into formal care will not be the automatic outcome for children referred to the child protection bodies.

Children and families want help with parenting issues, behaviour problems and family relationships

The children and parents who are receiving services from the preventative family support service providers identify behavioural issues, lack of parenting skills and relationship problems in the family as the main problems that need addressing in order to prevent loss of parental care. Material poverty, low income and unemployment are also important, but lesser problems that need addressing.

Alcohol dependency and problem drinking compromise parenting capacity, but alcohol is mentioned overall with less frequency by children and parents who answered questions on Indicator 5 than by the children who have already entered formal care and responded to questions under Indicator 4.

Around 10-15% of children mention violence, neglect and abuse in the family – residential services should be reserved for children in need of emergency shelter for short periods and for specific purposes

Abuse, neglect and violence in the family are mentioned by around 10% of children already in formal care who took part in answering questions for indicator 4, and 15% of children receiving services in child and family support services who answered questions for Indicator 5 are either neutral or positive about losing the care of their parents and indicate in their responses that they were experiencing neglect, violence or have other negative associations with their parents, families and life at home. This suggests that children who are in care or receiving services have only to a small extent experienced the threat to life and health that should trigger the last resort measure of removal into formal care. A relatively small number of parents and children found residential services most useful. For parents it is often most useful when it is used for short periods and for a specific purpose. For children it is most useful when it offers a safe place to go. More often, children found residential care frightening and wanted to go home to their parents.

Children and families mainly receive offers of residential services alongside material assistance, they use and value most the 'moral support' they receive from consultations with psychologists and other social services staff

The service providers offer services largely focused on temporary stays in residential care, summer camps or sanatoria. Together with this type of service, they also offer clothes, groceries and some types of financial assistance. Consultations with psychologists are also a common service, but much less common that residential care and material support. Parents find the consultations with psychologists and conversations with specialists in

the centres most useful. Children also value this kind of 'moral support' or talking therapy. Both children and parents highlight how useful and effective it is for them to receive services together. Service providers could invest more in developing services that strengthen parenting skills and knowledge and address relationship problems between children and parents together, preferably without removing the child from his or her own home environment.

Family support services and child protection services should be the first point of referral for each other – family support services should be working with all of the clients of the child protection services before long-term alternative care is considered.

The main factors to emerge from testing the index, which should be triggering referrals to the system of Child and Family Support Centres or to NGO family support services are:

- the death of one parent
- the entry into prison of one parent
- parent illness, especially problem drinking

If children are referred to Child and Family Support Centres to receive preventative family support services, there is more chance that they may not need long term alternative care and that parents can be supported to provide adequate care in the birth family. In this case, the only children who will eventually be referred to the child protection organs will be those for whom there are absolutely no other options to remain in the care of their own parents as they are experiencing a threat to life and health in the care of their parents. The data from indicators 4 and 5 suggest that this caseload could be around 10-15% of the combined clients of the child protection organs and the preventative family support services in any given regions.

The services which most need to be strengthened and expanded, perhaps by reducing expensive

residential services to a level needed in order to cope with emergency placements (for example to around 10-15% of the current caseload of the child protection and family support services combined), are: parenting skills programmes, family therapy, counselling and other talking therapies that involve both child and parents, day care services and other practical support in caring for children.

Children with disabilities and their families want help with everyday care, parenting issues, behaviour problems and family relationships

Parents of children with disabilities also identify parenting, relationships, communication and psychological problems as the main challenges they face in caring for their children, but also emphasise that the difficult challenges of providing everyday care represent their single most outstanding problem. Children with disabilities also highlight the need for help with everyday care and household tasks, but see express this need as a need for material and practical support.

Problems of everyday care, as well as many of the other problems mentioned by parents in particular such as issues to do with health and education services, are often mentioned in relation to a poor access in the widest sense including administrative and financial barriers, physical barriers and barriers created by prejudice and stigma.

Around 53% of services offered to children with disabilities and their parents can be said to be partially or wholly addressing the problems they identify

In general these are the services of psychologists and other specialists. Children find specialist services most useful, but also developmental classes, especially if they are on topics of interest to the child. Many regions offer a range of services in a scattergun way presumably in the hope that

some of them will be useful and needed. Many parents in particular say that 'any help' is useful.

Children with disabilities and their parents have differing priorities for the services they still need

Children prioritize a normalized life: friends, social interaction, future employment, physical independence, inclusion, sports and other activities that they are interested in.

Parents prioritize support with everyday care and child development: child care, quality in education, better health care, better access to developmental classes and other activities that will support their child's development.

Making existing services more accessible by adapting them to the needs of children with a range of abilities could be the most straightforward way to meeting these needs. This applies especially to extra-curricular activities for children such as sports, swimming, art and music. It also applies, however, to support services for parents. Some of the parenting support consultations and classes and day care services that are available in Family and Child Support Centres could be made available to children with disabilities and their parents, rather than having to set up parallel, separate services.

Children and parents from India and Moldova

The answers from children and parents in Moldova were very detailed and gave a great insight into how the system is working for different categories of children in different types of services. The numbers were too small to represent a valid sample, but the answers gave a useful counterpoint to the answers from children and parents in the Russian regions and helped to illustrate further or expand on some of the tendencies noted in the larger sample. It is clear, for example, that the lower level of disability benefits in Moldova is an important issue and that it

is particularly noticeable that parents of children with disabilities in the Russian Federation, by contrast, see their need for support in more practical terms. A strong discourse on poverty is also very notable in Indicator 4 and 5 responses from children which is different from the responses of their Russian peers who talked more about alcohol problems of parents and the death or imprisonment of one parent as key factors in their entry into care.

Moldovan and Indian children and parents were much more likely than their counterparts in Russia to give the name of an organisation and of a specific person in that organisation that helps them. This could be a cultural difference, or it could indicate that these children and families are well-known to their service providers and have a trusting and supportive relationship with their social workers. Delhi children and parents were much more likely to name NGOs as providers of services, although government service providers are also named by them. Comparatively fewer Russian respondents named NGOs as possible support providers, probably because the main providers of mass social services in Russia are government organisations and there are comparatively few NGOs delivering services compared to India.

There was a striking similarity in some of the answers from Delhi boys and girls living on the street and those of some of their Russian counterparts, mainly children living in temporary shelter, but still with parents. The need for safety and shelter emerges as vital in both cases – whether from external threats or from the threat of violence within the family. Education as a way out of poverty and insecurity is a strong feature of the discourse of Delhi children, perhaps because they have less access to education opportunities, or because this is the main programme of support being used by the adults who work with them. Russian children are more likely to focus on a discourse related to stopping their parents drinking – again this could be because this is what they are being told by the adults who work with them, or it could be that alcohol mis-use is more prevalent in Russia than in other countries.

Indicators and data collection instruments

The indicators have been shown by the pilot exercises to be relevant, useful and effective in monitoring the system of preventative family support and child protection services at national, regional and district levels. They provide a multi-faceted perspective and facilitate the involvement of children and parents in assessing effectiveness. The wording of the indicators has been slightly revised from earlier versions and the version given at the beginning of this report in Box 1 seems to have universal relevance across a range of cultural and socio-economic settings, but further testing is needed in more countries to confirm this.

The data collection instrument for the quantitative indicators is based mainly on official child protection data, which is collected in the Russian Federation and will need to be adapted for other national settings in order to generate comparative data. The quantitative data is useful at municipal, district and regional level as well as national level and can be used for monitoring and for planning purposes.

The data collection instruments for the qualitative indicators have generated a large amount of data which this report has only just begun to analyse and the regional reports which will follow will drill further into the data. The questionnaire for Indicator 4 can be adjusted to focus not only on knowledge of personal history and reasons for being care, but also to monitor level of contact with parents, siblings and other family members for children in formal

care. Otherwise all questions in the instrument have proven to generate useful and important data.

The questionnaires for Indicators 5 and 6 are too long and need streamlining. Revisions will need to consider the following:

- given that the questionnaires are being completed by children and parents who are already receiving services, there is limited value in asking questions about levels of knowledge about available services.
- the questions on services offered and services used appear repetitive to parents and children, but have nevertheless generated useful information. They need restructuring in order to avoid repetition, while retaining the ability to monitor what parents have rejected or agreed to from services offered.
- the question about what services are still needed probably should be re-framed in terms of unmet needs as it is difficult for children and parents to name services they do not know about.
- it would be of enormous value to administer these questionnaires not only to children and families who are currently receiving services, but to children and families who have formerly received services and either no longer need them as they no longer require support or because the services have failed to prevent loss of parental care.

The questionnaires will be refined and adjusted in the winter of 2013/14 in time for further testing in April-May 2014.

ANNEX 1

CHILDREN AND PARENTS FROM ALL REGIONS WHO TOOK PART IN THE TWO STAGES OF PILOTING THE INDICATORS 4, 5 AND 6

INDICATOR 4 – RESPONSES

Region/district	Children in guardianship families	Children in foster families	Children in institutions	Children with disabilities in institutions	Children in institutions at the request of parents	All children/ % of the whole number of respondents
Altai krai/ Barnaul			25	2		27
%			93%	7%		3%
Vologda oblast			12			12
%			100%			1,50%
Karelia	59	8	4	1	1	73
%	80%	10%	5%	2,50%	2,50%	8%
Leningrad obl.	123	19	74	4	15	235
%	52%	8%	31%	3%	6%	27%
Novgorod obl.	66	46	5	8		126
%	52%	37%	5%	6%		14%
Perm krai	1	1	83		1	86
%	18%	18%	64%			10%
Moscow	8	2				10
%	80%	20%				1%
St Petersburg	4	1	16	7	2	30
%	13%	3%	53%	23%	6%	4%
Saratov obl.	59	4	9	4	3	79
%	74%	5%	11%	5%	3%	9%
Sverdlovsk obl.	3	2	7			12
%	25%	16%	58%			1%
Tver obl.	34	25	64	7	24	154
%	22%	16%	41%	4%	15%	18%
Khkanti-Mansiisk AO	1	1				2
%	50%	50%				0,25%
Moldova		2	2			4
%		50%	50%			0,50%
Total	358	111	301	33	46	850
%	42%	13%	36%	4%	5%	100%

INDICATOR 5 – RESPONSES

Region/district	533 parents from:	488 children from:
St Petersburg	**43**	**25**
Of which from NGO services	15	1
From state services: Admiralteiskii	14	16
Nevsky district	3	3
Other districts of St Petersburg	5	5
Leningrad oblast	**81**	**67**
Vsevolozhsk district	4	4
Vyiborskii district	5	7
Gatchina district	10	15
Kingisepskii district	5	1
Kirovsk district	8	8
Lodeinopolskii district	5	1
Podporozhe	10	5
Tikhvin	27	25
Other districts of Leningrad oblast	7	1
Republic of Karelia	**24**	**16**
Belomorskii district	4	6
Kalevalskii district	6	4
Kemskii district	5	
Pudozhskii district	8	
Other districts of Karelia	1	6
Moscow		**87**
Novgorod oblast	**182**	**122**
Velikiy Novgorod	61	53
Valdaiskii district	26	19
Demyanskii district	23	14
Lyubyitinskii district	5	8
Moshenskoy district	8	1
Okulovskii district	14	11
Parfinskii district	5	7
Pestovskii district	5	1
Sopetskii district	2	1
Starorusskii district	11	2
Khvoininskii district	12	3
Kholmskii district	8	2
Saratov oblast	**50**	**47**
Rtishchevskii district	23	26
Balashovskii district	27	21
Ekaterinburg, Sverdlovsk oblast	**17**	**17**
Ordzhonikidzevskii district	10	10
Other districts of Ekaterinburg	7	7
Tver oblast	**75**	**58**
Cherepovets, Vologda oblast	**27**	**16**
Chisinau, Moldova	**3**	**4**
Delhi, India	**15**	**19**
Yugorsk* 2focus group participants	**11**	**10**

* 10 children who took part in responding to questions for this indicator from Yugorsk were all children who are already separated from their parents and living in either foster or guardianship care and the 11 adults who participated were guardians and foster carers. Their responses have been included in the overall numbers although the responses show that the questions are not as relevant to this group as to those who have not yet lost parental care and therefore they are not always taken into consideration in the analysis

INDICATOR 6 – RESPONSES

Region – Indicator 6 responses	Number of parents who responded (2012)	Number of children who responded (2012)
TOTAL PARENTS / CHILDREN responses	688	520
From St Petersburg	**488**	**314**
Of which from NGO services	11	1
From special schools	50	28
From state services of the following St Petersburg districts:	**427**	**285**
Admiralteiskii district	29	23
Vasileostrovskii district	9	9
Vyiborgskii district	34	8
Kalininskii district	14	9
Kirovskii district	41	36
Kolpino	9	5
Krasnogvardeiskii district	17	12
Krasnoselskii district	72	50
Kronshtadt	11	24
Moskovskii district	18	18
Nevsky district	25	9
Petrodvorets	15	5
Primorskii district	16	19
Pushkin district	62	2
Sestroretsk district	20	24
Frunzenskii district	24	26
Central district	11	6
Leningrad oblast	**65**	**64**
Volkhov district	7	23
Vsevolozhskii district	2	3
Gatchina district	20	20
Kingiseppskii district	4	4
Lodeinopolskii district	3	2
Pikalevo	4	
Podporozhe	9	2
Slantsi district	5	5
Tikhvin		5
Republic of Karelia	**49**	**33**
Petrozavodsk	15	5
Belomorskii district		6
Olonetskii district	7	2
Prionezhskii district	24	20
Kalevalskii district	3	

Region – Indicator 6 responses	Number of parents who responded (2012)	Number of children who responded (2012)
Moscow	**11**	**31**
Velikiy Novgorod	**38**	**36**
Saratov oblast	**18**	**27**
Rtishchevskii district		5
Balashovskii district	18	22
Ekaterinburg, Sverdlovsk oblast	15	11
Zheleznodorozhnii district	4	1
Ordzhonikidzevskii district	11	10
Chisinau, Moldova	**4**	**4**

BIBLIOGRAPHY

Rogers, 2013 Loss of Parental Care Index v.0, Report for 2011 – Results from piloting the index in 73 municipalities of 8 regions of the Russian Federation August-December 2012, Partnership for Every Child for the Professional Community for the Children and Families of Russia, Rogers Joanna, 2013

Cantwell, N. Et al, 2012 Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children' – Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012) – UK: Centre for Excellence for Looked After Children in Scotland

Semya G. V., 2012 – Informational-statistical guide for educational-methodological complexes for the organisation of distance learning of specialists realising models of social orphanhood prevention and development of family based types of care for children left without parental care for modules aimed at preparing 'Prevention of social orphanhood and development of family based types of care for orphans and children left without parental care', Ministry of Education and Science of the Russian Federation, Semya G. V., Zaitsev G. O., Zaitseva N. G. – 2011

Semya G. V., 2013 – Informational-statistical guide for educational-methodological complexes for the organisation of distance learning of specialists realising models of social orphanhood prevention and development of family based types of care for children left without parental care for modules aimed at preparing 'Prevention of social orphanhood and development of family based types of care for orphans and children left without parental care', Ministry of Education and Science of the Russian Federation, Semya G. V., Zaitsev G. O., Zaitseva N. G. – 2013

Transmonee, 2013 http://www.transmonee.org/index_ru.html, UNICEF, 2013

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