

I. N. GURVITCH, E. P. EVDOKIMOVA, O. I. KOLPAKOVA,
O. S. LEVINA, Y. B. NIKOLAJEVA, V. A. ODINOKOVA,
M. M. RUSAKOVA, M. SINKKONEN & S. VAITTINEN

Network-based Practices in the Prevention of Social Exclusion among Schoolchildren in St. Petersburg



Sosiaali- ja terveysalan tutkimus- ja kehittämiskeskus

postimyynti: Stakes / Asiakaspalvelut PL 220, 00531 Helsinki
puhelin: (09) 3967 2190, (09) 3967 2308 (automaatti)
faksi: (09) 3967 2450 • Internet: www.stakes.fi

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Abstract

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This report has been prepared as part of the project "Prevention of Social Exclusion of Children and Youth at Risk in Schools in Nevsky District St. Petersburg during 2005-2007" financed by the Ministry for Foreign Affairs of Finland and implemented by the National Research and Development Centre for Welfare and Health (STAKES), Unit for International Collaboration and NGO Stellit, St. Petersburg, Russia. The purpose of the project was to improve the capacity of authorities and professionals working with schoolchildren to prevent social exclusion.

The project benefited greatly from the experiences of the Finnish National Programme of Early Intervention (VARPU). The approach and methods developed during the Finnish National Programme for Early Intervention were introduced through training and practical work during the project. As a result, their use has been recommended as part the effective model for the prevention of social exclusion among children and adolescents in St. Petersburg.

The first chapter of the report reveals the authors' vision on social exclusion and the resulting definition of the characteristics of social exclusion. The second chapter is dedicated to the empiric survey of the existing system of prevention of social exclusion among children and young people in one municipal district of St-Petersburg. The survey consisted of two phases. In the first phase, the activity of organizations dealing with prevention of social exclusion in Nevsky District of St. Petersburg was explored and a list of organisations and their hierarchical scheme is presented. In the second phase, case studies from the practice of professionals working in Nevsky District were scrutinized.

On the basis of the second phase of the survey, personal characteristics of children and their family situations were considered and indicators of social exclusion used for judging about child's social vulnerability were characterized. Strategies used by professionals for tackling problem situations are enumerated. The effectiveness of strategies is examined in terms of handling problem situations of a child and with relation to child's personal features and family situation. The potential effectiveness of handling a problem situation is assessed. Conclusions are drawn for each phase of the survey.

The third chapter is dedicated to the intervention purposed at prevention of social exclusion, recommendations for improving pre-emptive actions and for inter-sectoral collaboration, recommendations for working with target groups and for upgrading qualifications of professionals.

The report is completed with a model of optimization of the system of social exclusion prevention among children and young people. The model embraces all aspects of a difficult life situation and helps enhance effectiveness of actions undertaken in this issue. The key principles of the activity of district-level organisations dealing with prevention of social exclusion have been formulated in the model. The movement of a child is presented graphically.

The implementation of the suggested model calls for special regulatory framework, which must correlate with a local context and, as was mentioned above, be developed by local authorities. An important quality of the model in terms of resource requirements is that the

model implementation does not suppose any special extra material costs, provided that special organizations and professionals are in place in a region. The content of the model is optimization of the existing resource base for the purpose of higher effectiveness of the social exclusion prevention.

Keywords: prevention, social exclusion, children, young people, schools, early intervention, networking, Russia

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Foreword

This report has been prepared as part of the project “Prevention of Social Exclusion of Children and Youth at Risk in Schools in the Nevsky district of St. Petersburg during 2005–2007,” financed by the Ministry for Foreign Affairs of Finland and implemented by the National Research and Development Centre for Welfare and Health (STAKES) and the Unit for International Collaboration and NGO, Stellit, St. Petersburg, Russia.

The purpose of the project was to improve the capacity of authorities and professionals working with schoolchildren to prevent social exclusion. The project benefited greatly from the experiences of the Finnish National Programme of Early Intervention (VARPU). In the following we outline the approach and methods of the Finnish input to the project.

The National Programme of Early Intervention for the Prevention of Social Exclusion among Children and Adolescents prepared by the Ministry of Social Affairs and Health of Finland covered all leading state-funded and non-governmental organisations working with children, and was also carried out in the spheres of drug use prevention and mental health promotion. The Programme was targeted at the support of local and regional projects for early intervention, which were coordinated at national level. The Programme was supervised by the Finnish Ministry of Social Affairs and Health and carried out by STAKES (the National Research and Development Centre for Welfare and Health) with respect to collaboration with state organisations, and by CUCW (Central Union for Child Welfare) with respect to collaboration with NGOs (Figure 1).

The goals of the VARPU Programme were: 1) to ensure a multi-professional approach among the appropriate agencies (day-care centres, schools, social workers, healthcare professionals, police, NGOs) in dealing with the problem, 2) the dissemination of effective methods of early intervention, 3) the provision of support for the welfare of young people and their families, 4) the establishment of a positive atmosphere and attitudes towards early intervention, 5) the prevention of social exclusion among children and adolescents.

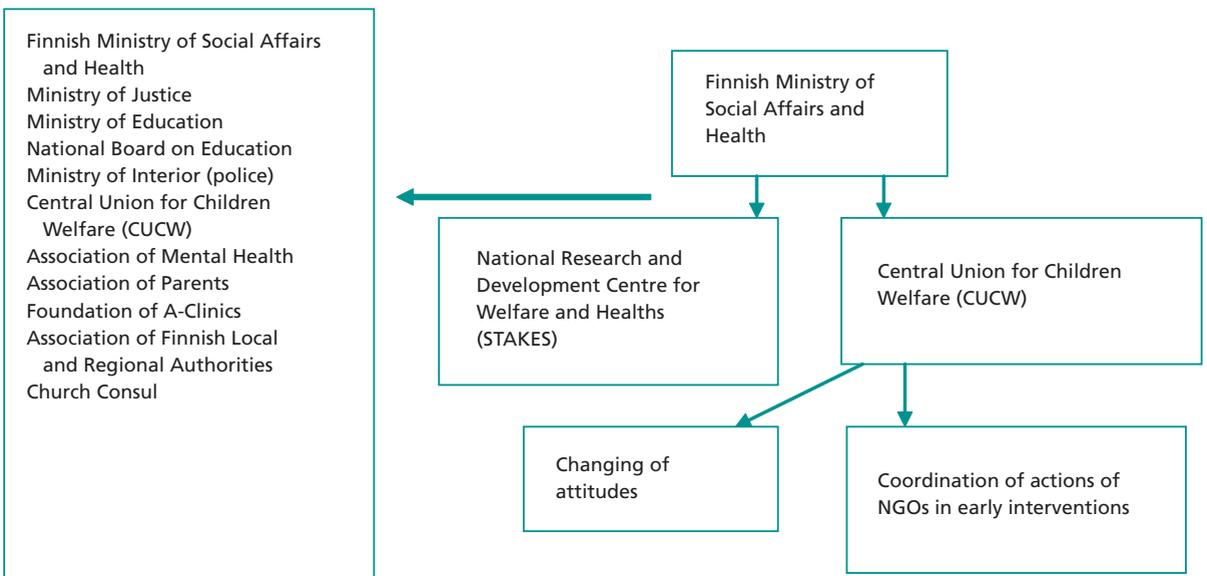


FIGURE 1. Management of the Finnish Ministry of Social Affairs and Health’s National Programme of Early Intervention (VARPU)

The central principles of the National Programme of Early Intervention were:

- Early Intervention means intervention in a problem at the earliest possible stage, i.e. in early childhood.
- Intervention is implemented as early as possible, that is when a teacher, health or social worker and other professionals raise the initial concerns about the child’s welfare.
- Intervention with no support from the professionals concerned is considered irresponsible.
- To prevent the social exclusion of young people it is necessary to develop cooperation among different administrative sectors across municipal boundaries. Also, new working methods should be devised to deal with young people’s problems at the earliest stage.
- Intervention begins based on the subjective concerns of a professional that something is wrong with a child. The professional should trust his/her own feelings because he/she is an expert in working with children.
- The professional should be assured that the child and family will not be left alone with their problems.
- To help an adult, it is enough to help a child.

Within the framework of the programme, STAKES has developed a methodology based on “*subjective areas of concern*” for teachers, nurses and other professionals working with children for the early identification of risk situations that may lead to social exclusion. The method focuses on a professional’s impressions when working with a child and helps to describe the level of concern in relation to the child’s welfare, in order to clarify the problem and start moving towards a solution (Table 1).

After each session with a child, a professional analyses his/her own feelings of concern according to a 7-grade scale. If the level of concern is lower than 4.5, the professional starts working on the child’s situation independently. If the level of concern is over 4.5, the professional involves colleagues from other sectors in solving the child’s problem.

An anticipation networking dialogue is arranged. An external consultant, who has skills in holding such meetings, runs this networking dialogue with the goal of outlining solutions for resolving the child’s difficult situation. To this end, the professionals involved describe how the child’s life may proceed later if no measures are undertaken to change the situation, and ponder how to secure a better future for the child.

TABLE 1. Method of subjective areas of concern

No concern	Minor concern		Grey zone		Major concern	
1	2	3	4	5	6	7
	Feeling of slight concern or surprise, which appears from time to time; strong belief in own capacities to help.	Repeated thoughts about concerns and surprise; belief in own capacities. Thoughts about the need for extra resources.	Growth of concern; reduced belief in own capacity. A need for extra support and extra control.	Vivid concern, reach end of own capacities. A clear need for extra resources and controllers.	Permanent strong concern: a child is in danger. Own resources exhausted. Urgent need for extra resources.	Very deep concern: a child is in immediate danger. Own resources exhausted. It is crucial that the situation of the child be immediately changed.

The networking dialogue is carried out so that each professional involved has the opportunity to express his/her opinion. All comments are documented. Then, a possible plan of action for solving the child's problem is outlined¹.

When guided by this scheme, it is necessary to bear in mind that the sooner intervention begins the more solutions you will find. STAKES suggests the following principles for intervening in working with children:

- Request for support, endorsement and understanding.
- Collaboration with other professionals.
- Support for the child and family.
- Respect.
- Responsibility and constructiveness: a child should get the help that is really needed.

Aside from this, training courses were devised for trainers working in state organisations and guidelines on early intervention were published within the Finnish National Programme. The methodical guidelines of the Programme underline the importance of the development of positive attitudes towards the Programme of Early Intervention, not only with respect to professionals but also parents, which helps overcome the attitude that “my problems are nobody else's business”

Within the family environment of a child, one of the methods developed by STAKES is *Recalling the Future*. This method is used in state institutions, which provide aid to the under-aged at risk and their families. As a rule, the method is used when the situation of a child or his/her family is very difficult, long-term and cannot be handled by other means.

In Finland, the *Recalling the Future* method is successfully used in tackling difficult situations such as school bullying, family conflicts, parental divorce, abuse by a child or parents of alcohol or drugs, disorders in the mental development of a child, or the disability of the child or parents. Examples of the successful application of the method have been encountered not only in working with children but also professionals who have been working to solve a child's problems in vain over a long period. In particular, the method has been used in meetings with school personnel. Besides these situations, the method is employed in training professionals who will work with the under-aged at risk and their families.

The essence of the method is that, in handling a problematic situation, professionals focus not on the negative aspects of the problem but on a positive image of a future situation, which will be realised if the problem is solved. For this purpose a meeting is arranged, to which the child in question, his/her relatives and other key adults are invited. The relatives and key adults are invited by a social worker, who holds a meeting with them. When discussing the possibility to take part in the meeting with the adults, the social worker does not criticise the child but emphasises that the child needs help (“We ask you for help”). This increases the likelihood of their attendance.

At the meeting, the child is asked to give a detailed description of the situation in the future when the problem has been eliminated, and then to describe his/her actions and those of the surrounding adults in eliminating the problem. To do so, the following questions are asked:

- A year has passed, the situation has improved, how do you find the situation?
- What have you done to improve the situation?
- What support have you received and from whom?

This helps the child identify opportunities for changing the current situation, and the social worker assists in finding resources to make these changes real.

The meeting may last several hours. All comments from those present are recorded. The result of the meeting is a detailed plan of action aimed at implementing changes, with the timetable and responsible persons of each action included.

¹ Arnkil T. E. Early Intervention – Anticipation Dialogues in the Grey Zone of Worry // Nordiska barnavårdskongressen Reykjavik. Island. 30.08.2003.

This approach and methods developed during the Finnish National Programme for Early Intervention were introduced through training and practical work during the project “Prevention of Social Exclusion of Children and Youth at Risk in Schools in Nevsky District St. Petersburg during 2005–2007”.

As a result, their use has been recommended as part the effective model for the prevention of social exclusion among children and adolescents in Russia that is based on a study of social exclusion of children and analysis of the system of prevention of social exclusion in Nevsky District, St. Petersburg presented in this report.

The first chapter of the report reveals the authors’ vision of, and the resulting definition of, the characteristics of social exclusion. Furthermore, the nationwide relevance of the problem of social exclusion is demonstrated on the basis of indicators such as level of education, crime rate, and the neglect of children and young people.

The results of surveys are investigated with respect to the links between phenomena observed in young people such as low academic performance, runaways from home, playing truant, isolation and bullying by peers, and the resulting social exclusion.

Based on the surveys’ data, the factors that contribute to the social exclusion of children and young people are described. Three groups of such factors are considered - factors related to the child’s personality, factors connected with institutes of socialisation (family, school), and factors tied to negative social processes taking place within the country.

The second chapter is dedicated to an empirical survey of the existing system of prevention of social exclusion among children and young people in one municipal district of St. Petersburg. This survey consisted of two phases. In the first phase, the activities of organisations dealing with the prevention of social exclusion in the Nevsky district of St. Petersburg were explored. The resulting description of organisational activities was based on interviews with representatives of the organisations in question. Interviews were based on the technique of key informants, i.e. the representatives most competent with respect to the problem of social exclusion were interviewed.

The report describes the operations of ten organisations working on the prevention of social exclusion in the municipal district: three secondary schools, the Service for Support to Families at Social Risk, the Centre of Psychological Medico-Social Support, the Centre of Socio-Medical Assistance to Street and Neglected Children of the SPb NGO “Doctors to Children”, the District Branch of the Centre for Prevention of Child Neglect and Drug Addiction among Minors, the Social Rehabilitation Centre for Minors “Almus”, the Charity Organisation “Children’s Crisis Centre”, the Centre of Temporary Detention for Minor Offenders of the Department of Interior Affairs, and the District Commission on Minors and their Rights.

The hierarchy of governmental organisations and their relations with one another and with NGOs acting in the District is presented as a graph.

In the second phase, case studies involving professionals working in the Nevsky district were scrutinised. The foundation of the method for investigating cases of social exclusion comprises a quality research method – the critical incidents technique by D. Flanagan.

On the basis of the second phase of the survey, the personal characteristics of children and their family situations were considered. Indicators of social exclusion used for assessing a child’s social vulnerability were characterised and strategies used by professionals for tackling problem situations enumerated. The effectiveness of strategies was examined in terms of handling the problem situations of a child and in relation to the child’s personal characteristics and family situation. Potential effectiveness in handling a problem situation was also assessed.

Conclusions are drawn for each phase of the survey.

An analysis of the system of social exclusion prevention in a St. Petersburg municipal district and the examination of its effectiveness allowed the identification of a series of problems that influenced the ultimate effectiveness of the system and led to the suggestion of well-founded solutions.

The analysis revealed three problems:

- A. Intervention comes too late.
- B. Lack of coordination of the activities of different organisations and their professionals.
- C. Lack of external monitoring of the situation of the child/young person and his/her family.

The third chapter is dedicated to intervention aimed at the prevention of social exclusion, recommendations for improving pre-emptive actions and for inter-sectoral collaboration, and recommendations for working with target groups and for upgrading the qualifications of professionals.

The report has been completed with an optimisation model of the system of social exclusion prevention among children and young people. This model embraces all aspects of a difficult life situation and helps enhance the effectiveness of actions undertaken with respect to this issue. The key principles of the activities of district-level organisations dealing with the prevention of social exclusion have been formulated by the model. Changes in the child are presented graphically.

The implementation of the suggested model calls for a special regulatory framework, which must correlate with the local context and, as mentioned above, be developed by local authorities.

An important quality of the model in terms of resource requirements is that its implementation does not presuppose any special extra material costs, provided that special organisations and professionals are in place in a region. The content of the model is based on the optimisation of the existing resource base for the purpose of greater effectiveness in social exclusion prevention.

The Report has been prepared by a team of authors:

- Doctor of Psychology, Chief Researcher of Deviation Sociology and Social Monitoring Sector at the Sociological Institute of the Russian Academy of Sciences, Professor of the Social Psychology Department at the Psychology Faculty of St. Petersburg State University, Research Manager of the Stellit NGO, I.N. Gurvitch (project's research management, introduction, participation in writing Chapters 1, 3, Conclusion, Annex 1).
- Project Manager of the Stellit NGO E.P. Evdokimova – participation in collecting empirical data and in writing Annex 3.
- Assistant of the Social Psychology Department at the Psychology Faculty of St. Petersburg State University, manager of the Sector “Prevention Programmes” at the Stellit NGO, O.I. Kolpakova (management of empirical data collection).
- Development Director of the Stellit NGO, O.S. Levina (Russian project manager, participation in writing Chapter 2 and Annex 2).
- Project Manager of the Stellit NGO, Y.B. Nikolajeva (participation in empirical data collection and preparation of Annex 3).
- Assistant of the Social Psychology Department at the Psychology Faculty of St. Petersburg State University, Head of the Social Research Department at the Stellit NGO, V.A. Odinkova (participation in writing Chapters 1–3).
- PhD, Senior Researcher of Deviation Sociology and Social Monitoring Sector at the Sociological Institute of the Russian Academy of Sciences, Assistant Professor of Applied and Sectoral Sociology at the Sociology Faculty of St. Petersburg State University, Director of the Stellit NGO, M.M. Rusakova (participation in writing Chapters 2 and 3).

- Master of Social Sciences, Project Manager, Minna-Maria Sinkkonen, National Research and Development Centre for Welfare and Health (STAKES) Finland (Finnish Project Manager, participation in writing chapter 1, foreword and information retrieval).
- Project Coordinator Sirje Vaittinen, National Research and Development Centre for Welfare and Health (STAKES) Finland (Finnish project coordinator, editing and translation of the report and development of social sector terminology, Finnish-Russian-Finnish).

The report has also been published in Russian, but the present text does not include the entire report.

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Chapter 1

Social exclusion: Content and Relevance of the Problem

The problem of social exclusion has become a focus area for social researchers relatively recently, although it has a long tradition of inclusion within sociological thinking. In economic sociology it appears as a problem of poverty (economic deprivation), in political sociology as a problem of the unequal political influence of different social groups, in criminology as a problem of inequality of the social status of groups before the law, in medical sociology as a problem of inequality in terms of access to medical care, etc. Besides, the multiple theories of stigmatisation applied in criminology and medical sociology may be understood as descriptions of tools used in socially excluded group formation².

Modern sociology understands the problem of social exclusion in rather broad terms, up to national and international level. With regards to children and young people, the terms “socially excluded”, “at risk” and “difficult” are often employed as synonyms.

Three groups of *reasons for social exclusion* can be identified:

- A. Those basically related to the individual characteristics of a child (adolescent) and conditioned by disorders in the biological basis of the child’s/adolescent’s personality:
 - physical and/or mental defects;
 - chronic somatic and/or mental diseases;
 - gross violations in social behaviour (from hyperactivity to aggressiveness).
- B. Those related to disorders of the socialising process and defined as dependant on the functioning of the institutes of primary socialising:
 - disorders in the structure and functionality of the child’s family;
 - inadequacy of the nature of school impacts on the individual characteristics and needs of the child (adolescent);
 - insufficient or inadequate performance of compensatory socialising functions by extra-curricular institutes of childhood and adolescent socialisation.
- C. Those related to negative general societal processes and conditioned by the problems existing within society:
 - poverty;
 - homelessness;
 - uncontrolled issues, including forced migration;
 - national conflicts;
 - normalisation of different types of deviant behaviour (alcohol abuse, drug use, commercial sex work).

It is obvious that belonging to any of the abovementioned social groups does not imply social exclusion. In fact, the definition of belonging to a socially excluded group, in addition to the objective criteria listed above, should rest upon a subjective criterion – the experience by an

² The theory of stigmatisation (labeling theory) was first formulated in the ‘Outsiders’ by G. Bekker (1963). According to this theory, a teen becomes “bad” because he is termed so (labeled). After a teen has engaged in behaviour violating social norms and has been punished, he begins identifying with the label of difficult teen, offender, or deviant conferred on him. He loses the status of a student or worker, and is shunned and isolated by the rest of society. This deviant behaviour recurs as he/she recoils from the reaction of society. G. Bekker termed such a situation a “deviant career”. Thus, according to the theory of stigmatisation, a teen becomes “bad” due to the societal reaction to an individual, primary, deviant act.

individual of his/her position in society as isolated (excluded). Socio-psychological data on the problem demonstrates a close and sustainable link between the perception by an individual of his/her social status and the dominant societal assessment of that status. Based on this, one can assert that an adequate indicator of an individual's social inclusion is his/her social success, assessed in the context of the social norms existing within the community.

Reduction of social exclusion among young people as a governmental objective

Estimating the incidence of social exclusion at national level is in many ways defined by the selection of one of today's two social monitoring models. Each is built on a fundamentally different approach³.

1. The approach of "individual responsibility" and the strategy of punishment resulting from this approach. The lowest level of support is extended to difficult teens. Punishment is a key component in all solutions employed with regards to such teens. For example, expulsion from school is seen as a disciplinary tool needed to maintain the school regime. Key critics of this approach state that a teen does not choose his or her social environment, parents or even school. An important question then emerges – who should bear responsibility (punishment) for the situation?
2. Human rights approach and the strategy of prevention and re-socialisation of difficult teens resulting from this approach. The social exclusion of children and adolescents is seen as a result of the violation of the Convention of the Rights of the Child.

The number of teen convicts and age of criminal responsibility demonstrate the dominant approaches in countries and their ratings in terms of the attitude to social exclusion. The number of teen convicts varies across countries. According to data from 2002, the number of teen convicts in Europe fluctuated from zero (in Iceland and Sweden) to 2,754 in Great Britain, and in the USA the figure reached 10,303. The age of criminal responsibility varies from 7 years old (Ireland, some US states) to 18 years old (Belgium, Luxembourg). However, the higher the age of criminal responsibility, the greater the differentiation between difficult teens and adult criminals, and the "stronger" the strategy of upbringing and rehabilitation for such teens is⁴.

In Russia, teen convicts make up about 12–13% of all convicts. In recent years, the number of teen convicts has been falling (following the numbers of senior-age convicts). In 1995, there were 19,700 teen convicts aged between 14 to 17, in 2000 11,100 teens and, in 2003, 8,800 teens.⁵

The age of criminal responsibility commences in Russia at the age of 16 years, pursuant to Article 20 Paragraph 1 and 2 of the Russian Criminal Code. However, for some crimes, persons aged 14 are subject to criminal responsibility. These are homicide, wilful infliction of grave or medium-level harm to health, kidnapping, rape, theft, robbery, aggravated robbery, the misappropriation of a car or another motor vehicle with no intent to steal, knowingly giving false information about a terrorist act, committing damage to means of transport or the transport infrastructure, etc.⁶. Hence, Russia evidently tends to practice the former of the described approaches.

Educational attainment plays a major role in the problem of social exclusion since it is the key factor in an individual's entering the labour market and obtaining a position therein, while creating the basic prerequisites for the development of a personality and involvement in society.

3 Parsons, K. School exclusion: the will to punish // *British Journal of Educational Studies*. 2005. No.2. pp. 187–211.

4 See above

5 Russian Annual Statistics – 2004. M.: Goskomstat, 2004

6 Criminal Code of the Russian Federation of 13.06.1996 N 63-FZ (adopted by the State Duma and Federal Assembly of the Russian Federation on 24.05.1996) (revision of 05.01.2006).

In particular, the share of young people who leave school with a low educational level is an important indicator of the effectiveness of social exclusion prevention and reveals a society's capacity to fight poverty and achieve social homogeneity in the future⁷.

According to an international survey of the workforce performed in 2001, 19% of Europeans aged 18 to 24 years had an educational background no higher than basic secondary level (level of education or professional training according to the International Standard Classification of Education of 1997 – 0, 1, 2), and had not studied anywhere or received professional training for at least a month before the survey. This indicator varied across countries from 10% in Austria to 45% in Portugal. Among males, the scope of the indicator was wider – from 11% in Sweden and 12% in Germany up to 52% in Portugal, and among females the figure was lower: from 7% in Finland to 22% in Italy and Spain, and 38% in Portugal.

Comparative data on Russia can be found from the material of the Russian National Census of 2002⁸. By and large, among the population aged 15 years and older, 1% had no primary school background, and 7.7% had been educated no higher than basic secondary level and yet, in the 20 to 24 year-old age group, 33.2% had been educated no higher than basic secondary level, and in the 25 to 29 year-old age group, 26.5% were educated to basic secondary level at a maximum. This means that over a quarter of Russian youths failed to obtain professional training which would have ensured their competitiveness in the labour market.

It is obvious that one of the marked indicators of social exclusion is the number of homeless and neglected children. And the key indicator here is the number of school-age children who do not attend school. In early 2002, the Russian Ministry of Education conducted a survey among Russian children and adolescents aged from 7 to 17 years old. The outcomes of the survey were that 368,000 of them were not officially attending educational institutions. The survey took account only of Russian children who lived permanently, and were registered as resident in a Russian region⁹.

According to the survey of 2002, among homeless children kept in temporary placement facilities (police departments, shelters, hospitals) only half were residents of the town in which they were detained while the other half were migrants¹⁰.

Furthermore, the survey gives three leading reasons for children and adolescents being involved in vagrancy. The main reason stated by children as the cause for escaping from their home/placement facility (40.5% of the respondents) was parental alcoholism. The second leading reason was absence of one or both parents. The third was physical abuse by the parents. Other reasons mentioned by street children were: for 13.3%, the low income of the family, given no food; for 16.5%, conflicts with parents, siblings and relatives; for 8.5%, being turned out of the home; for 3.2%, the absence of housing; for 2.1%, sexual harassment by the stepfather, father, mother's cohabitants (including rape - 0.5%); for 10.8%, parents being divorced, and the mother or father inviting lovers home; for 1.4%, parents being deprived of custody rights and, for 1.1%, being forced to steal. Even the smallest children are turned out of home (8-20% at the age of 7 to 11 years old). Compared to the listed reasons, personal reasons for escaping are seldom characteristic: for 8.2%, looking for a free life and travel; for 1.3%, seeking to earn money and, for 4.1%, escaping under the influence of friends. Only 3.6% mentioned "problems at school" as a cause (truancy, scolded by teachers, parents called to school). In addition, 1.4% claimed they were lost, including 18.2% of 7-year-old children, most probably meaning that their parents had "lost" them.

Street children are mainly recruited from single-parent families. Over one third (36.2%) of street children have lived in two-parent families, and 52.6% in single-parent families, of whom

7 "Poverty and social exclusion in the EU after Laeken-part 1 and part 2"; Eurostat, Statistics in focus. Population and Social Conditions. Theme 3 – 8–9/2003; Eurostat News Release N 43/2003.

8 Russian Annual Statistics – 2004. .: Goskomstat, 2004

9 Arefjev A. Unnecessary children of Russia // Population and Society. 2003. No 113–114.

10 See above.

42.4% had only a mother and 10.2% only a father. Some 1.9% of street children had no relatives, although 9.3% took up residence with relatives.

Indicators of social exclusion

Academic failure

Knowledge, skills and qualifications obtained in the educational process are acquisitions fostering involvement in societal life. Many surveys show that school attainment is an accurate predictor of success and failure in adult life. Those who do not complete their schooling are at high risk of social exclusion.

According to a survey carried out in Great Britain, the unemployment level among the population aged 25 to 64 years old was 13% for those who finished only primary and secondary education, 8.3% for those who graduated from college, and just 3.9% for those who had a higher educational level, including university. This relationship is similar in the populations of other countries, though they may have different educational systems or labour market situations¹¹.

The tie between academic performance and truancy is well known. Those who play truant often have the worst grades. A cohort survey of British youths born in 1970 found that, among the worst truants, 38% failed at GCSE level in comparison with 3% of schoolchildren who did not play truant. The earlier a schoolchild became an absentee, the stronger the impact of school attendance on further difficulties in job seeking¹².

Another study carried out in Great Britain showed that, by the age of 23 years, former truants were divorced three times more frequently and were 0.5 times more likely to smoke over 30 cigarettes per day, and three times more frequently suffered from depression than their peers with a similar social origin, capacities and school performance.¹³

School truancy is also connected with involvement in a criminal career. The British Home Office conducted an anonymous survey on the spread of unlawful activity among youths aged between 14 and 25 years old. The finding was that such behaviour characterised truants three times more often than those who did not cut classes¹⁴.

The findings of the conducted surveys reveal the huge potential input of school into the formation of social capital and the reduction of social exclusion among young people and adults.

Runaways from home/exclusion from school

According to a survey carried out in Great Britain¹⁵, 77,000 children aged under 16 years old run away from home every year. Of these runaways, one fifth reported that they had to escape from home because of unbearable living conditions.

The definition of young runaways in the survey refers to children or adolescents who have stayed overnight or more often outside their parent's home without the permission of the parents, or who were forced by the parents or guardians to leave home. Of the runaways, 1/8 were multiple-time runaways. Running away from home is often combined with other problems in children and adolescents. In comparison with children who never ran away from home, young runaways

11 Sparkes, J. (1999) Schools, Education and Social Exclusion. CASEpaper 29. London: London School of Economics.

12 Hibbert, A. and Fogelman, K. (1990b), "Future lives of truants: family formation and health related behaviour", *British Journal of Educational Psychology*, 60(2): 171-179.

13 Ibid.

14 Sparkes, J. (1999) Schools, Education and Social Exclusion. CASEpaper 29. London: London School of Economics.

15 Youth Runaways. Report by Social Exclusion Unit. London: SEU. 2002.

used drugs 5 to 10 times more often and used alcohol 3 to 6 times more often. Young runaways were 3 to 7 times more frequently arrested on charges of offending, drug trafficking or drug use and were excluded from school 3 to 5 times more often. When compared with non-runaways, youth runaways were 17 times more often exposed to physical abuse at home.

Thus, running away from home is a manifestation of deep domestic and school problems in a child. However, running away from home aggravates the child's situation even more. Some children become street children, which inexorably leads to involvement in a criminal career, the sex industry and drug use. According to the survey data, one third of young runaways committed minor thefts, begged for money or offered commercial sexual services in order to survive. One seventh were exposed to physical and/or sexual abuse after they had run away from home. Another survey performed among the homeless showed that running away from home during childhood was a strong predictor of homelessness in adulthood¹⁶.

The problem of running away from home is very much relevant to Russia. The Chief of the Public Order Department at Russia's Ministry of Interior, General-Mayor of Militia Mr. Vladimir Golubovsky, informed the media that over 60% of all adolescents wanted by the police were children who had run away from home¹⁷.

Isolation or bullying by peers

Bullying is repeated physical or psychological intimidation that is unprovoked and harmful. Bullying can be direct, through verbal or physical attacks, or indirect, through exclusion or rejection. A bully attempts to establish superiority and exclude others, especially on the basis of differences in colour, language, class, or physical differences, including size and disability.

Peer rejection constitutes a severe psychological trauma. Children accepted by a group have high self-esteem, enjoy communication, are respected, trusted and supported by peers. Children rejected by their peers become aggressive in their inter-personal contacts¹⁸.

On the basis of various surveys, it is evident that bullying at school is widespread in all countries. According to A.M. O'Moore and B. Hillery, the frequency of bullying in correctional classes or comprehensive schools is twice as high as at conventional schools. Despite widespread bullying at school, until recently the problem was not treated as a special school problem. Schoolchildren and teachers tolerated bullying situations and considered them as "normal".

Bullying is an interactive situation which touches upon everyone involved. The actors take one of four social roles: aggressor, victim, defender of the victim or onlooker. Experiences of each of these roles have a strong impact on personality development and the formation of the Me-concept of a child, the child's self-esteem and self-perception, and its system of values and communication strategies. As a result of bullying, the victim may develop various psycho-somatic syndromes, asthenia, anxiety, depression, low self-esteem and diffidence, the dominance of non-constructive strategies of coping in complicated situations, a decline in learning motivation and multiple communication problems.

As young people or adults, former victims of bullying will most likely encounter difficulties in establishing close, particularly sexual, relationships. The absence of responsiveness and sympathy with a victim in onlookers develops into apathy towards someone else's suffering. For example, these people do not call the police when someone is killed or raped under their

16 Ravenhill M, Routes into Homelessness. CASE and Camden Housing Department. 2000.

17 Время регионов. 26.08.2005 г. www.regtime.ru

18 Wheeler, E., Stomfay-Stitz, A. Confronting Social Exclusion and Bullying // Childhood Education. 2004, Vol. 81 Issue 1, p32-L-32-M.

windows¹⁹. Bullying also has negative consequences for the aggressor. A study by D. Olweus²⁰ demonstrated that most former aggressors had problems with the law; were more often placed under compulsory psychiatric therapy and, in the families of these people, cases of domestic violence occurred more often.

Reasons for social exclusion

Factors related to personality

The actualisation of problems relevant to social exclusion most often occurs during the teen years. This age span has a series of features specific to this stage of the lifecycle, which account for the enhanced sensitivity of teens to experiencing difficult life situations.

The health of teens is distinguished by inequality in the physical and psychological systems of the personality. The frequency of unhealthy behaviour patterns – alcohol use, smoking, promiscuity with the risk of unwanted pregnancy and sexually transmitted disease – accelerates. Moreover, the frequency of accidents grows, and school non-attendance and running away from home begin. All of these are the result of the mastering by teens of adults' common behaviour patterns, with the anticipated dangerous consequences for their health.

The teen years can be defined as a stressogenous period or a crisis characterised by non-compliance with earlier learnt behaviour patterns, high levels of confusion and the loosening of earlier sources of social aid. This age span's stressogenous nature is determined, above all, by the content of biological changes at pubertal age.

The transfer to senior classes is linked with the drastic growth of academic requirements. Intellect becomes a less important factor in success than motivation. A peak in egocentrism and a strong reaction to peers are observed. The manifestation of stress among boys is often manifested as non-conformity in terms of intolerance towards teachers and the emergence of other forms of deviant behaviour. Self-esteem lowers, especially among girls, because of extra social and sexual pressures. Many teens are involved in deviant groups of teens, others become isolated and alienated.

In the case of many teens, adopting a new role status is attended by a feeling of diffidence. The central harmful agent is age segregation, which leads to a reduction in communication with significant others. This is conditioned by urbanisation and the high mobility of the family, divorce, the mother's workload and the smaller size of the urban family.

Yet, the impact of the family remains stronger than the impact of peers, although parents often feel helpless because of poor preparedness for personality and behaviour changes in their child. The impacts of peers may vary widely, from providing adequate support to constituting threats, if groups are established around drugs and violence. Due to the crisis nature of the teen years, this age also provides excellent opportunities for mastering new skills and competence development²¹.

According to research, academic performance and truancy are affected by out-of-school factors. Here, factors linked with the child's personality come to the fore.

According to a British national survey among young runaways,²² the causes of around one third of runaways were of a personal nature, such as depression and problems in peer-to-peer

19 Gilmartin, B.G. (1987) Peer Group Antecedents of Severe Love Shyness in Males // *Journal of Personality* 55: 467–89.

20 Olweus, D. (1996) Bully/Victim Problems at School: Facts and Effective Intervention. *Reclaiming Children and Youth* // *The Journal of Emotional and Behavioral Problems* 5(1): 15–22.

21 From: Hamburg B.A. Early adolescence as a life stress. // *Coping and health.* / Ed. by: S.Levine, H.Ursin. NY a. L. Plenum Press. 1979. pp. 121–143.

22 Youth Runaways. Report by Social Exclusion Unit. London: SEU. 2002.

communication, including bullying and abuse. In about half of these cases, children who had run away from home felt deeply depressed. In cases of peer-to-peer problems or bullying, children ran away in order to avoid going to school next morning.

Poor health in teens is closely connected with poor school attendance and low academic performance. The implementation of health promotion programmes in schools, according to some surveys, improves attendance and academic performance and reduces the frequency of school bullying²³.

The impact of stress on children's health was studied by R. Coddington²⁴ in the USA based on a sample of 3,526 children. Social stress was understood as the frequency of critical life events. The "peaks" of event frequency were observed at the onset of school and, particularly, at the age of 12 to 14 years. In this respect, the number of events experienced by a child was positively related to the child's mental and physical health. The most crucial life events with respect to a child's health were identified – a change of accommodation (move) and the acceleration or reduction of the frequency of conflicts with siblings.

Learning difficulties and behaviour deviations often find a connection with the hyperactivity syndrome. This syndrome includes attention disorder, impulsiveness, anxiety, motor "clumsiness" and unsuccessful schoolwork²⁵. Socio-psychological studies of hyperactive children identify a "vicious spiral", i.e. the child's difficulties are aggravated due to social ostracism and the related stress. Consequently, self-esteem decreases, the child's self-image is damaged and increases in anxiety are stimulated. Mothers of such children are more frustrated and more often apply corporal punishment.

Hyperactivity is found in complex relations with other factors in children's health – complications in pregnancy and childbirth, low birth weight, low socio-economic status and family instability.

Activity of socialisation institutes

Socialisation is the process of mastering, and the active reproduction by an individual, of social experiences. During this process and as a result of socialisation, an individual learns the social norms of settings and values, and masters societally approved behavioural patterns needed for normal functioning in society. According to modern science, socialisation continues throughout life, but is most intensive during childhood, adolescence and youth. The primary sources of socialising impacts in these periods are the so-called institutes of socialisation – the family and educational facilities. Western studies recognise the church as the third institute of socialisation.

Family

Many psychological studies have been prepared on the impact of family composition, family educational practices and the features of child-to-parent relationships on the development of a child's personality. An upbringing in an alcoholic's family is one of the most common and harmful

23 McInnes, C. and Toft, M. (1998), Healthier schools partnership project, monitoring report, London: Lewisham Education and Community Services.

24 Coddington R.D. The significance of life events as etiologic factors in the diseases of children. I. – A survey of professional workers.// *Journal of psychosomatic research*. Vol. 16. No. 1. Febr. 1972a. pp. 7–18; Coddington R.D. The significance of life events as etiologic factors in the diseases of children. II. – A study of a normal population.// *Journal of psychosomatic research*. Vol. 16. No. 3. June 1972b. pp. 205–213.

25 Werry J.S. Organic factors in childhood psychopathology.// *Psychopathological disorders of childhood*./ Ed. by: H.C. Quay, J.S.Werry. NY. John Wiley a. Sons. 1972. pp. 83–121.

impacts of the parental family model. Since this problem has been thoroughly studied in respect of cases in which one or both parents abuse alcohol, we will not dwell on this issue.

A less scrutinised problem, closely tied with alcohol abuse in the family, is the very high level of domestic abuse experienced by children in such families. Below are some figures from a review by German researcher, M. Klein²⁶.

Every seventh child in Germany is brought up in a family where one of the family members suffers from disorders due to alcohol use. Thus, the total number of such children reaches 2.65 million. Of children with both parents being alcoholics, 34% suffered emotional neglect, 19.8% (boys) and 47.5% (girls) suffered from sexual abuse, 49–51% suffered from physical abuse and 45–47% observed the abuse of their mothers. These figures were a little lower if only one of the parents suffered from alcoholism.

According to a survey carried out in Canada in 2002, which examined the impact of alcohol use on mortality due to accidents, poisoning and injuries, it was found out that among deaths at the age of 15 to 18 years old, 36% used alcohol, and 26% had alcohol abusers in their close social environment.

According to a study completed in the USA in 2000, death due to road accidents was a leading cause of mortality in children and young people aged between 1 and 24 years. In 64% of such accidents, a deceased child was in a car with the drunk driver.

In the USA in 1993, the medical impact on alcoholics' children was studied, based on requests for medical aid from 1.6 million people. Children of alcoholics (COAs) were referred for hospital treatment 24.3% more often, 61.7% had a longer residence in hospital, and therapy costs were 36.2% higher than in the case of non-COAs. COAs are more susceptible to diseases such as mental disorders, addictions, injuries and poisoning.

In his research, M. Klein compared alcoholics' children with children from non-alcoholised families based on a personal questionnaire form. It was found out that COAs are more inclined to break social norms in situations when punishment is least probable, more apt to do crazy things and take risks. Dangerous situations related to violence are most often associated in such families with the father.

The author arrives at the conclusion that children living in families with alcohol problems are exposed to a higher risk of accident and injury. There are several causes of this: a high level of domestic violence, travel in a car driven by a drunk parent, an inclination to risk and "novelty-seeking".

Few studies have been conducted in Russia on violence directed towards children in families with alcohol problems. However, due to widespread alcoholism in Russia, the number of children suffering from parental alcoholism must be much higher than the figures presented by the German researcher.

The negative influence of a family situation on children can be vividly traced based on the frequency of runaways from home. According to a British national survey of youth runaways²⁷, which encompassed 13,000 such children, 80% of all runaways had been caused by problems in families, while personal problems had triggered around 40%, and problems at school around 30%. The most common in-family causes of runaways were the departure from the family by one of the parents or the appearance of a stepfather or stepmother. Children living with only one parent or with a non-biological parent ran away from home three times more often than those who lived with both parents.

In his review of the family structure's impact on truancy and absence, J. Sparkes²⁸ sets forth the following survey results. The best attendance is marked by children who have grown up in

26 Presentation of M. Klein / "Coping with Parental Drinking" Symposium, Cologne 14th & 15th May 2004. Germany. <http://www.encare.info/index.php>

27 Youth Runaways. Report by Social Exclusion Unit. London: SEU. 2002.

28 Sparkes, J. (1999) Schools, Education and Social Exclusion. CASEpaper 29. London: London School of Economics.

two-parent families then, respectively, those raised by the mother, by the father, and those with no parents. A strong positive effect on school attendance is registered through the involvement of parents in the educational process and their interest in the child's attainment.

The phenomenon of violence and domestic abuse towards children has drawn the attention of researchers since the early 1960s. H. Kempe was one of the first to conduct such research and, based on clinical characteristics, he defined the so-called "child abuse syndrome"²⁹. Today, this syndrome includes the following outcomes of domestic violence on child health: physical injuries such as scars, contractures, skeletal deformations; neurological, often spasmodic disorders or intracranial haematomas as a result of cranio-cerebral injuries; physical and intellectual development disorders both at the moment of examination and further on; emotional and behavioural disorders – anxiety and fear of loss, aggressiveness, inclination to self-destructive behaviour, low school attainment and, consequently, a low level of aspiration, and criminalisation with involvement in delinquent groups³⁰.

The impact of divorce on children was studied in a survey by J. Wallerstein³¹. The first stage of the survey was an intensive clinical survey of 131 children and their parents from 60 divorced families within 5 years of the separation. Over 10 years, 86% of the children were surveyed repeatedly. Divorce was considered as a high stress event. Although a divorce means marital separation, the conflict between parents is long-term, i.e. the child continued experiencing the discordant marriage.

If the father was inclined to violence or caused lower self-esteem in the child, his absence produced a positive impact on the child's development, but the stress experienced by the child was the same regardless of what kind of father he was. Divorce would always be unexpected for a child, and its disorientating effect arose in the shape of complicated requirements imposed on the child, rapid life changes and the need to adapt to them.

A firm link was traced between family separation due to divorce and delinquent behaviour (in the case of boys). As a result of three studies, M. Rutter³² concludes that a parent's death does not invoke such a high level of delinquency as divorce. A disharmonic marriage has a weaker effect on the asocial behaviour of children than divorce. The duration of family disharmony increases this risk.

Defects in cognitive development are observed in families led by single mothers, especially in the case of boys. Their ability to solve problem-oriented tasks reduces. Boys from the lower social classes and reared without fathers have marked compensatory masculinity, often overdeveloped into caricatures, marked by both aggressiveness and dependence features. Among girls, this effect develops later in the form of unsatisfactory sexual relations.

Mothers in such families are apt to restrictive child-rearing practices and over-protectiveness. The formation of self-control deteriorates among boys. They are less able to postpone gratification, are inclined to non-conformity, do not master moral standards of behaviour and are unable to feel responsible for their actions. For girls, such effects are not observed, which may be accounted for by the cultural typing of their social role. It should be noted that children reared in conflicted two-parent families, or families with low participation in child-rearing by the father, often display worse adaptation and intellectual development than children from well-functioning families led by lone mothers.

29 Kempe H.C. Foreword./ / The abused child: A multidisciplinary approach to developmental issues and treatment./ Ed. by: H.P.Martin, C.H.Kempe. Cambridge. Mass. Ballinger Publ. 1976. pp. XI–XIV.

30 Lynch M. The Consequences of child abuse./ / Early prediction and prevention of child abuse./ Ed. by: K.Browne, C.Davies, P.Stratton. Chichester. John Wiley a. Sons. 1988. pp. 203211.

31 Wallerstein J.S. Children of divorce: the psychological tasks of the child./ / Coping with life crises: An integrated approach./ Ed. by: R.H.Moos, J.A.Schaefer. NY a. L. Plenum Press. 1986. pp. 35–48.

32 Rutter M. Parent-child separation: psychological effects on the children./ / Early experience: myth and evidence./ Ed. by: A.M.Clarke, A.D.B.Clarke. L. Open Books. 1976. pp. 151–186.

According to M. Rutter³³, if, after divorce, a child experienced the repeated marriage of the remaining parent, the level of the described disorders was twofold higher. Children would show more behavioural difficulties than in families with no father, there was a greater tendency to a reduction in their level of thinking, and to non-conformity and delinquency.

The impact of child-rearing in a socially vulnerable family on a child's socio-psychological characteristics was studied in a pilot project on introducing a system of early detection for families in need of statutory social aid, which was run by the Kaliningrad City Centre for Social Assistance to Families and Children³⁴. Altogether, 264 schoolchildren from Kaliningrad schools were examined, all aged between 7 to 10 years. An experimental group of children from socially vulnerable families was selected and then compared with other children. Below are the outcomes that statistically distinguished children from socially vulnerable families from their peers.

The sociometry data showed that 47.6% of children from socially vulnerable families were rejected by their peers, and 61.9% had a restricted circle of communication, i.e. most children were socially isolated. The observation chart of D. Scott (methods of examination of the behaviour of children not adapted to school conditions) led to the discovery that the dominant syndrome in the psychological non-adaptation of children from socially vulnerable families was a hostile attitude towards adults (55.6% of children), aggressiveness towards peers (54%), an inclination to affects (41.3%), high anxiety (66.7%), inclination to withdrawal in stress situations (30.2%), impulsive behaviour (36.5%) and neurotic symptoms (41.3%).

An analysis based on the "Kinetic Picture of Family" method found that a feeling of inferiority within the families was experienced by 58.7% of children from the experimental group, and raised emotional tension was experienced by 49.2% of such children. A family situation based on difficult socio-economic conditions obtained in 52% of such families. To a large extent, economic difficulties affected multiple families and families with alcohol problems. Besides, the parents of socially vulnerable families are inclined to use physical methods of punishment – 92.1% of children were from such families. Upbringing approaches and the emotional rejection of a child did not accord. An unfavourable family situation resulted in major disorders in the child's emotional, cognitive and intellectual spheres.

School

Since family and school demonstrate a close mutual influence with regards to the social exclusion of children, children whose parents are deprived of custodial rights and who are placed in boarding schools are at the highest risk of poor educational and skills attainment. Causes include stigmatisation by teachers and widespread bullying which traumatise such children, and the priority of welfare over education peculiar to the activities of social workers.

A review by J. Sparkes³⁵ shows that children reared alongside many siblings have low academic attainment. The link between large family size and poor academic performance is particularly strong in terms of reading and the development of the verbal intellect, weaker in terms of mathematics, and absent with regards to the non-verbal intellect. This can be interpreted as meaning that, in multiple (with many children) families, children suffer a shortage of verbal contact with adults.

The effect of class size on attendance was studied within the STAR Project conducted in 79 schools in Tennessee (USA) from 1985 to 1989. Children were randomly placed in classes of three

³³ Ibid.

³⁴ Model of early detection of families with children in need of statutory social aid (from the experiences of Kaliningrad City Centre for Social Assistance to Families and Children / revised by Vorontsova N.N., Toropov P.V., 2006. – 30 p.; Centre of Social Assistance to Families and Children. Working with families in hard life situations / Centre of Social Assistance to Families and Children. Team of authors; revised by Vorontsova N.N., Toropov P.V. Kaliningrad, 2004. – 152 p.

³⁵ Sparkes, J. (1999) Schools, Education and Social Exclusion. CASEpaper 29. London: London School of Economics.

sizes – a small one (13-17 children), an average one (22-26 children) and an average one with an extra teacher. Teachers were randomly distributed among the classes. At the end of the academic year, the children had to take standard exams. The best academic performance was marked in small classes, boosted by higher attendance among other factors. The biggest positive effect from learning in a small class was found among Afro-American children, who considerably improved their performance and reduced the academic attainment gap with Caucasian schoolchildren.

The impact of the teacher's personality is important both with respect to academic performance and attendance. The results of a cohort study of British youths born in 1970 showed that more experienced teachers are more effective in the development of students' personal characteristics. Truancy was low in schools with teachers with a higher educational background and low turnover of teaching staff.

Negative social processes

The major negative social process that leads to the social exclusion of large population groups is poverty, against a background of growing differentiation by income level. Studies demonstrate that a low level of academic achievement is tied to low family income. Low attendance is not always dependent on a child's personal choices. Often, a child has to start working and, thus, cuts classes. According to data from Great Britain, about 10% of absences from school are connected to chores performed by children for their families³⁶.

The impact of poverty on a child's socialisation was studied as part of the Boston North Point Project (USA) with a clinical orientation³⁷. The Project covered 13 families with 45 children selected on the basis of social and psychological pathology, reluctance to work with social services, and children aged under 5 years. The children were followed up both at home and through a specially established trial class, and systematically examined by a psychiatrist and psychologist.

All of these children were distinguished by their motor activity. Only a few used "struggle" as a coping strategy, while the others tried to "withdraw" from problems they failed to cope with. With respect to their self-image, the children were characterised as having low self-esteem and low self-worth, and displayed low self-assuredness. Role reversion was detected in the parent-child relations, the children often assuming responsibility beyond their age capacity.

The main coping reaction in the children was passiveness, daily duties being fulfilled with explicit negativism and fear of punishment. They encountered adults with suspicion and wariness. All aspects of their school life were filled with fear and the expectation of disaster, i.e. they treated their environment as something fearful and unpredictable.

Their attitude to adults was demand-oriented and the children were distrustful and superficial in contacts. Their relations with peers were also characterised by fear, distrust, rejection of inclusion and aggressiveness. Aggression would be substituted for communication in such families. The children did not fear separation from their parents, which means they rejected them. They had no concern or worries about their bodies. Learning difficulties were triggered by incapacity to concentrate, and the absence of interest or initiative. Their thinking was immature.

The families were distinguished by a variety of forms of disorganisation and pathology – in all of the families, adult members displayed alcohol addiction, criminalisation, mental retardation, prostitution and child neglect. There was no normative framework either for parents or children. Behavioural disorders in parents preceded behavioural disorders in their children. Mothers satisfied children's healthy needs in a minimal fashion. Major similarities in behavioural characteristics and methods of coping were noted between the parents and children.

³⁶ Ibid.

³⁷ Pavenstedt E. Overview of the North Point project.// *The drifters: children of disorganized lower-class families.*/ Ed. by: E.Pavenstedt. Boston. Little, Brown. 1967. pp. 33–49.

The impact of economic difficulties, as experienced in childhood, on adaptation during adulthood was studied in a survey by G. Elder and R. Rockwell³⁸ (USA). The authors compared the level of adaptation of 93 males born in Berkley during the Great Depression (1928-1929) with the level of adaptation of males born in 1920–1921 in Auckland. The Depression had a significant impact on males born in Berkley because their early childhood coincided with the peak of the economic crisis, which had a greater impact on working class families. Those whose childhoods coincided with the Great Depression exhibited low aspirations, low self-esteem, poor academic performance, indecisiveness and passivity in adulthood.

³⁸ Elder G.H., Rockwell R.C. Economic depression and postwar opportunity in men's lives: a study of life patterns and health.// Research in community and mental health: An annual compilation of research. Vol.1./ Ed. by: R.G.Simmons. Greenwich. Conn. YAI Press. 1979. pp. 249–303.

Chapter 2

Empirical survey of the social exclusion of children and adolescents in an urban municipality

Goals and objectives of the survey

Poor health and inadequate access to educational and social care services in St. Petersburg make the problem of social exclusion among children and adolescents a burning issue. Health promotion programmes have been run in the city for several years and the empirical survey was carried out as part of the project, “Prevention of Social Exclusion among Children and Young People at Risk in 2005 to 2007”, running in the schools of Nevsky District and aimed at the better performance of professionals and authorities in terms of the prevention of social exclusion among children and adolescents³⁹.

Nevsky District is a “typical” district of St. Petersburg. It includes nine municipalities, one of which has become a pilot site for the project’s research and implementation components. The population of Nevsky District is around 451,300 people, 80,000 of whom are under 18 years old. There are 60 schools in Nevsky District attended by around 50,000 schoolchildren. A large number of socially deprived families and families at risk live in the district. Among these are families where a child is reared by one parent/caregiver, the families of migrants, and families where one of the members has served a prison sentence.

One of the key reasons for selecting this district for the implementation of a project on the prevention of social exclusion among children and young people was a relatively poor social situation and, consequently, a high need by local residents for projects and programmes aimed at tackling such a problem.

The objectives of the project were: 1) the improvement of collaboration amongst the appropriate authorities on the prevention of social exclusion at all levels; 2) better performance of school personnel, public sector organisations and NGOs in relation to the prevention of social exclusion; 3) the formulation and implementation of a model for the prevention of social exclusion; 4) collaboration between experts from St. Petersburg and Finland in working with at-risk children; 5) better public sector – NGO collaboration.

To ensure the achievement of the project’s aims, the decision was taken to investigate the current situation with respect to the prevention of social exclusion. The goal of the survey was to identify tools for enhancing the effectiveness of activities performed by schools, governmental organisations (GOs) and non-governmental organisations (NGOs) partnered under the project for the purpose of social exclusion prevention. The objectives of the survey were:

1. Development of tools necessary for performing the survey:
 - creating an interviewer’s guidebook for studying the key activities of organisations in terms of the support of at-risk children and their families;
 - drawing up an interviewer’s guidebook for describing the activity of organisations’ personnel in handling the most common problem situations, i.e. situations that jeopardise the physical and mental health of a child and a child’s social status.

³⁹ The project is being implemented by the Finnish National Research and Development Centre for Welfare and Health (STAKES) together with the St. Petersburg NGO working on the “Stellit” social projects with the support of the Finnish Ministry of Foreign Affairs. The Project involves experts from the Labour and Social Welfare Committee, Education Committee, Healthcare Committee, Committee on Justice, Law Enforcement and Security, and other organisations subordinate to these committees and to the Administration of Nevsky Municipality, and also NGOs of Nevsky District.

2. The identification of personnel from schools, and the GOs and NGOs most involved in handling the problems of social exclusion among children and young people.
3. Based on the obtained results, the development of guidelines for schools, GOs and NGOs for enhancing the effectiveness of social exclusion prevention.
4. The development of a working model for schools, GOs and NGOs in the sphere of social exclusion prevention.

Guidelines resulting from the outcomes of the survey and the prepared social exclusion prevention model are considered the foundation of a training programme for schools, GOs and NGOs. Seminars and trainings will allow professionals to test their practical skills in using elements of the model and to further embed them into everyday work with at-risk children and their families.

Methods and procedures

The survey of social exclusion consisted of two phases, the first phase surveying the activity of organisations working on the prevention of social exclusion in the Nevsky district of St. Petersburg. As a result a list of organisations and their hierarchical scheme was developed. Based on the survey, descriptions of organisations' activities were collated through a series of interviews with representatives of the organisations (the interviewer guidebook is attached in Annex 1). The technique of using "key" informants was employed, i.e. representatives most competent in the problem of social exclusion were interviewed.

In the second phase, cases of social exclusion from Nevsky District were studied. The examination methods for tackling cases of social exclusion were founded on a qualitative research method – the critical incident technique by D. Flanagan.

American psychologist, D. Flanagan, was the first to describe the critical incident technique (CIT) for the evaluation of organisational behaviour, his findings being published in the July 1954 *Psychological Bulletin*⁴⁰. The author described the technique as a set of procedures used for the collection of data from observing "what people do" in an organisational environment. These observations' outcomes were used for solving practical tasks and the development of psychological principles of organisational management. As a method of psychological research, the key feature of the CIT is that it detects the qualities of successful and unsuccessful actions in a variety of professions.

D. Flanagan divided the CIT into five steps. The first and most important step comprises defining the general aim of the survey, while the second is to define how factual incidents, which correspond to the general aim, can become accessible to observation. It is then necessary to formulate criteria on what incidents are to be collected, and what should be missed. The third step is data collection, which can be carried out through interviews or immediate observations, while the fourth is data analysis. Data should be described so that it is suitable for practical purposes. Flanagan wrote that this step was the least objective of the four, since its objectivity criteria can only be derived from the "similarity of descriptions of several independent observers". The fifth and last step is data interpretation⁴¹.

The CIT shares some features with another qualitative method – the case study. Like the case study, the CIT differs from quantitative surveys of large samples with a rigid protocol and restricted number of variables. These two methods constitute the collection, observation and classification of data methods. The main difference between Flanagan's method and a typical case study is that the CIT presumes the regular observation of certain behaviour in certain cases (i.e. case groups) and never examines individual cases.

40 Flanagan J. C., "The critical incident technique," *Psychological Bulletin*. 1954. No. 51. pp. 327–358.

41 *Ibid*, p. 335.

The analysis of results obtained through a qualitative method is one of the least examined issues pertaining to methods of socio-behavioural research in modern science. In the given survey, the data analysis was performed in line with the available guidelines on data analysis, based on Flanagan's method. "Data analysis includes examination, classification, entering data in a spreadsheet and possible recombination in accordance with the original hypotheses of the survey"⁴². When selecting an approach to interpreting obtained data a researcher mainly relies on personal experiences and the relevant literature. The use of statistical parameters for the analysis of such data is not always possible. As the primary statistical method, it is most often advisable to use the calculation of frequencies and cross-tabulation tables assessed based on χ^2 criterion.

In the described survey, the data was collected based on a single form in interviews with professionals working with children and adolescents (the interviewer guidebook attached, Annex 2). To analyse the obtained data, all responses were entered into a spreadsheet whose columns correlated to the items of the interviewer guidebook, and whose rows corresponded to the cases described by respondents. Responses to the interview questions were classified afterwards.

The statistical processing of data meant the creation of a statistical matrix, where the questions for the interview were variables, and categories of answers to these questions acted as definitions. To assess the impact of the personal and family factors that characterise a child, the correlation tables were used, with the following evaluation based on χ^2 criterion. Provisionally, two groups of cases were formulated – a group with high success in solving a problem situation, and a group whose solution was inadequate. Afterwards, all the groups were statistically compared. All statistical calculations were performed using the SPSS package, ver. 13.

In total, 63 cases of a difficult life situation involving children were described. Forty cases were described by schools, eight cases by the Service for Support to Families at Social Risk, five cases by the St. Petersburg Charity NGO "Children's Crisis Centre", four cases by the Centre of Psychological Medico-Pedagogical Support, three cases by the Socio-Rehabilitation Centre for Teens "ALMUS", and three more cases by the Department on Minors. As for the school cases, 20 were described by class teachers, 12 cases by vice heads of schools responsible for rearing activity and extra-curriculum activity, five by social workers and three by psychologists. The cases that came to the attention of the Service for Support to Families at Social Risk were described by social workers and social work specialists of the institution. All cases from the shelter were described by a social worker. Of the cases from the Centre for Psychological Medico-Pedagogical Support, two were described by a psychologist and two by the chief of the addictive behaviour prevention office. At the Children's Crisis Centre, two cases were described by a psychologist, and three by the chief of the day-care centre. The description of the cases from the Minors Department was presented by the Chief of the Department.

Most of the described cases were identified in the 2005-2006 academic year. Only a few cases were three to five years old. As a rule, the identification of difficult life situations takes place during the school year – from September to May, which corresponds to the composition of the respondents, most of whom were from schools. Only in three cases were problem situations detected during the summer holidays.

Specialists from different organisations described the following types of problem situations:

- School (40 cases): truancy, poor academic performance (10), distorted relations with peers (10), distorted norms of behaviour (5), delinquent behaviour (5), psychological problems (4), absence of parents (4), ran away from home (1), neglected parental duties (1).
- The Service for Support to Families at Social Risk (8 cases): absence of parents (2), alcoholisation of parents (2), truancy, poor academic performance (2), distorted norms of behaviour (1), ran away from home (1).
- "ALMUS" (3 cases): in all of the cases, parents/caregivers neglected their duties.

42 Yin, R. (1994). *Case study research: Design and methods* (2nd ed.). Thousand Oaks, CA: Sage Publishing.

- The Centre for Medical Psycho-Social Support (4 cases): truancy, poor academic performance (2), ran away from home (1), delinquent behaviour (1).
- The Children's Crisis Centre (5 cases): truancy, poor academic performance (2), parents/caregivers neglected their duties (1), distorted norms of behaviour (1), delinquent behaviour (1).
- The Minors Department (3 cases): ran away from home (2), parents/caregivers neglected their duties (1).

Outcomes of the empirical survey

Activities related to the prevention of social exclusion performed by organisations working with children and adolescents

Nevsky District of St. Petersburg has a well-developed network of governmental organisations working with children, including organisations providing assistance to families and children in difficult life situations and found to be at risk of social exclusion. These are institutions subordinate to governmental systems of healthcare, education, social welfare and social care, and NGOs. A concise hierarchical organisation for governmental organisations working with children is given in Figure 4.

The organisations working with children in Nevsky District can be divided by several criteria:

1. Territorial coverage:
 - 1.1. Urban
 - 1.2. District-level
 - 1.3. Municipal (providing services to residents of a certain borough)
2. Sectoral qualities:
 - 2.1. Governmental
 - 2.2. Non-governmental
3. By target group of assistance:
 - 3.1. Children and adolescents
 - 3.2. Children and adolescents at risk
 - 3.3. Street children
 - 3.4. Families with child/children.

Below is a more detailed description of these organisations from the viewpoint of how they provide assistance to children at social risk (the hierarchical scheme of services working with children and young people in the Nevsky district of St. Petersburg is given in Figure 5).

Secondary schools in the Nevsky district are subordinate to the Education Department of the administration of the Nevsky district. As regards “difficult” children and adolescents in difficult life situations, schools perform the following functions: organisation of extra-curricular activities for children, such as amateur organisations, clubs and leisure activities. For children from families with low incomes, placement into labour teams is organised, in which children can earn money. The schools have psychologists on their staff, who consult parents and children. In one of the schools in Nevsky District, work with parents is arranged as conferences where parents do not only listen to the professionals but make presentations and share their experiences of bringing up their children, while asking each other questions.

Upon the request of the class teacher, a child's problems are referred to the School Board on Prevention. Children and their parents are called before the Board, and based on the results of the meeting, a decision is made about the placement of the child on the school's antisocial behaviour order. A conversation is held with the parents to inform them about the child's behaviour, his/her academic attainments or about the need for the child to repeat the grade. Sometimes, the Board is attended by an inspector of the District Department on Minors.

A social worker visits the child at home and keeps a diary containing information on what activities were performed with the child, visits to families and information on missed classes. The class teacher writes a report on the missed classes and the reasons for missing them. If truancy becomes regular, meetings with the parents are held. Visits to the family are also made regularly with respect to those children who are placed under foster care or if the parents do not appear at the school.

If a case is complicated, the school refers it to the Centre for Psychological Medico-Pedagogical Support, the Commission on Minors and their Rights, the guardianship authorities, the City Centre for Prevention of Child Neglect and Drug Addiction among Adolescents (the Nevsky District outlet), and the Service for Support to Families at Social Risk.

The Service for Support to Families at Social Risk is a unit of the Social Care Centre of Nevsky District, which, in turn, is subordinate to the Social Welfare Department of the Administration of Nevsky District and the Labour and Social Welfare Committee of the Government of St. Petersburg.

The Service works with families with children under 18 years old. These are mainly families at social risk. The Service provides support (foster care) to such families, which may last from 1–3 meetings to one year and more.

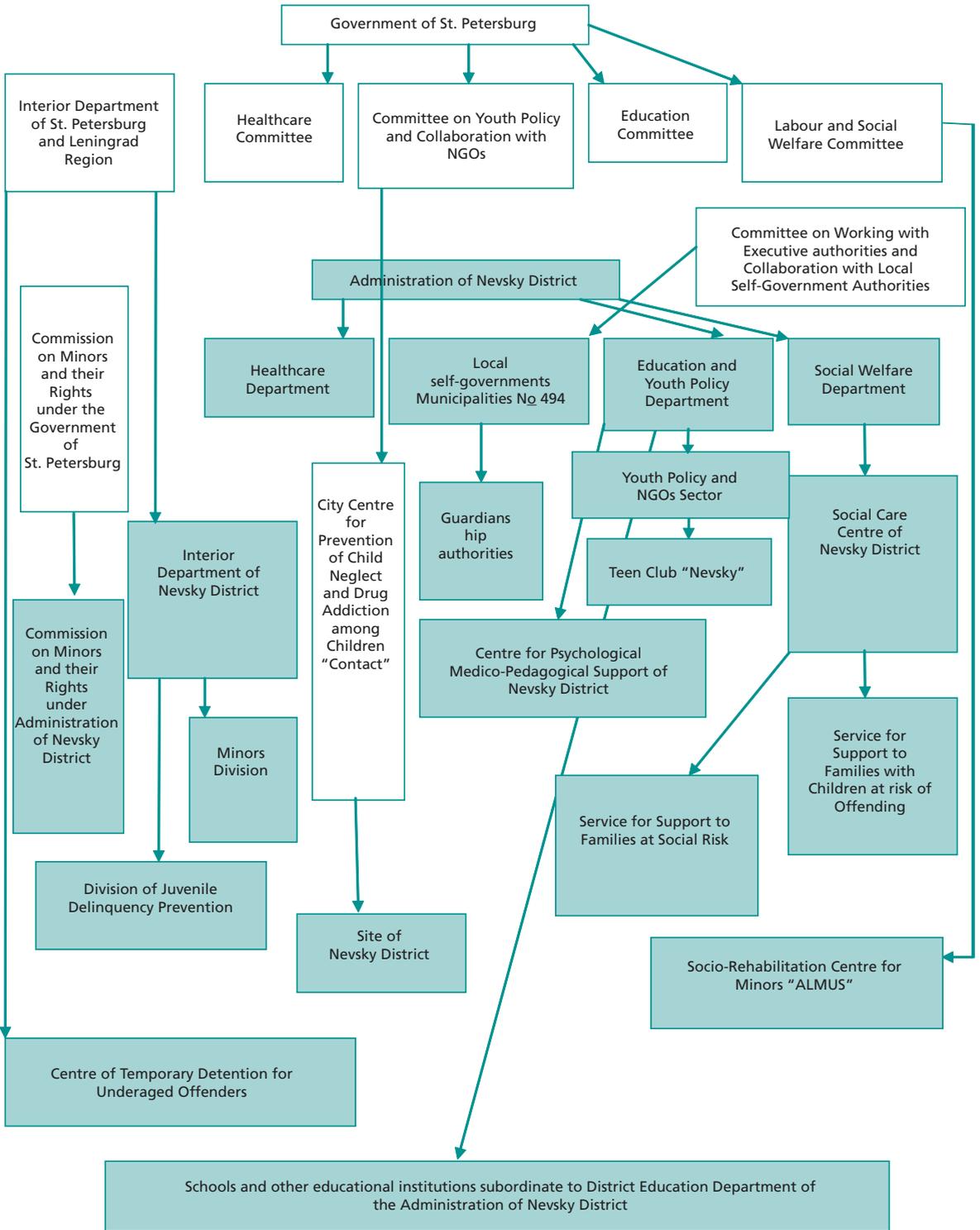


FIGURE 4. Hierarchy of services working with children and young people in Nevsky District of St. Petersburg (highlighted with colour)

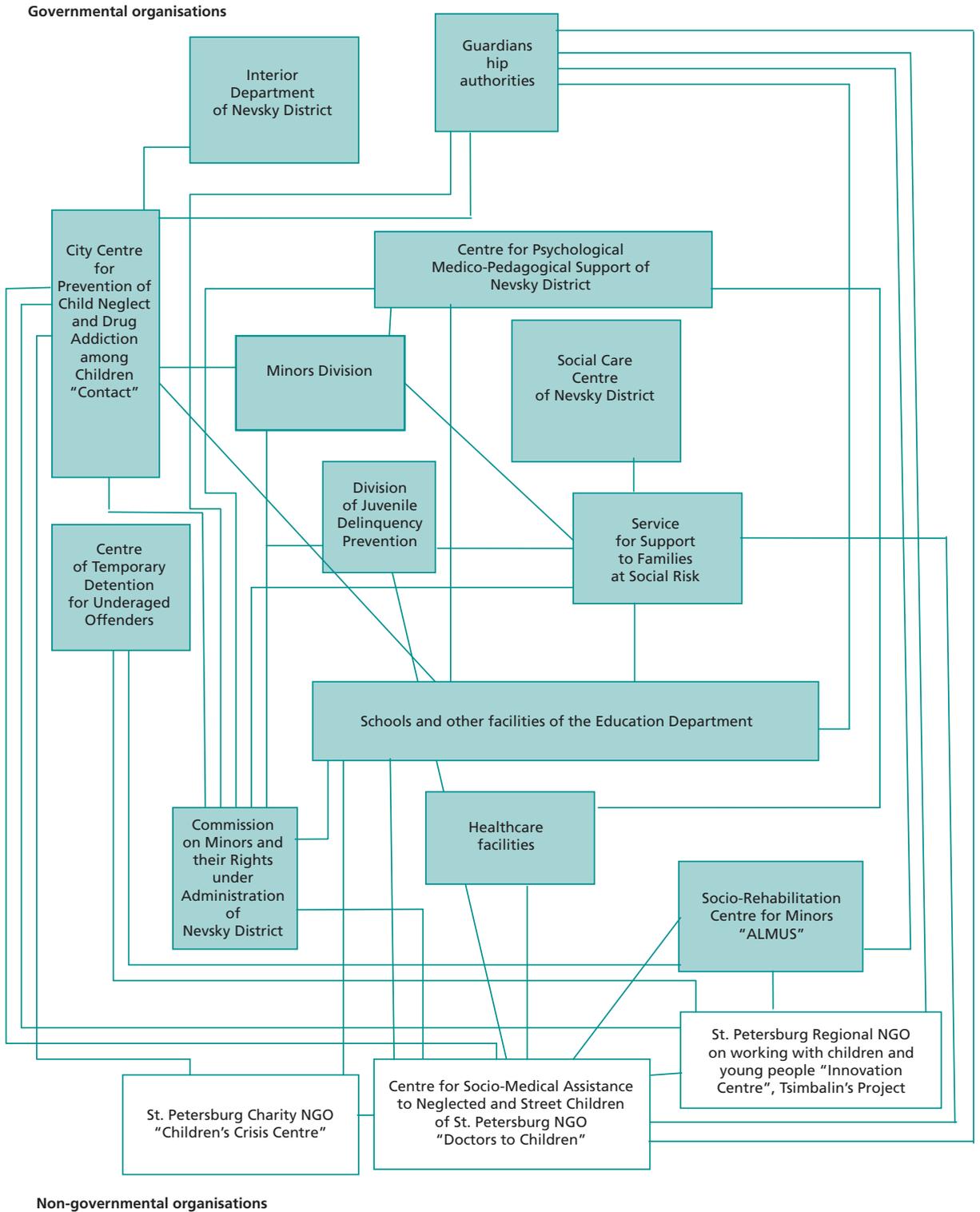


FIGURE 5. Collaboration between GOs and NGOs working with children and adolescents in Nevsky District of St. Petersburg

The work of the Service for Support to Families includes assistance in getting cash benefits (child benefits, housing benefits, extra social benefits to families with income below subsistence level), urgent social support to families in crisis situations (meal tickets, assistance in obtaining medication, extra one-off cash benefits), assistance for parents in job seeking, assistance in the placement of children in kindergarten or school, and legal assistance in the recovery of lost documents or obtaining citizenship. The Service arranges face-to-face psychological counselling and group counselling with families. Furthermore, the involvement of families in societal life through training, festivals, going to the theatre etc. is another kind of activity practiced by the Service.

Clients either visit the Centre themselves or are referred by organisations such as the Social Welfare Department of Nevsky District, the District Commission on Minors and their Rights, the Juvenile Delinquency Prevention Department, school social workers, municipal guardianship authorities, or through applications from citizens. Lists of families at risk are also forwarded by kindergartens and polyclinics.

The Service cooperates vigorously with all social educational and healthcare institutions in Nevsky District. In practically all cases, the Service, and not other institutions, initiates collaboration.

The State educational institution for children in need of psycho-pedagogical and medico-social support, the “Centre of Psychological Medico-Pedagogical Support of Nevsky District/St. Petersburg” is subordinate to the Education Committee of the St. Petersburg Government. The Centre works with children who demonstrate inadequate behaviour at school and do not correspond to the requirements of the learning process.

The Centre performs the following functions with regard to children at risk:

- Selection of an educational path (assistance in choosing the school and type of learning).
- Assistance in overcoming learning difficulties.
- Handling problems in personal development.
- Teaching a healthy lifestyle.
- Complex psychological medico-social diagnosis and counselling.
- Development of individual programmes of psychological correction.
- Parents’ club, which unites parents who want to learn to communicate with their children.

The Centre pursues work with a family as a whole – the child and both parents, although in practice the work is performed with the child and his/her grandmother, or the child and mother. Clients are referred to the Centre by applications from parents, referrals from school, the Commission on Minors and their Rights, and the Juvenile Division of the District Department of the Interior. If necessary, children referred to the Centre are referred on to the special healthcare facilities of the city.

St. Petersburg Urban Institution “Centre for Prevention of Child Neglect and Drug Addiction among the Underaged”, Nevsky District branch, is subordinate to the Youth Policy and NGOs Committee of the St. Petersburg Government. The Centre works with children entered into the records of the Commission on Minors and their Rights and the Juvenile Division of the District Department of the Interior.

Children come to the Centre by referral from the Commission on Minors and their Rights and the Juvenile Division of the District Department of the Interior. In cases where clients visit in person and are referred by schools, one-off aid is delivered. For further work with a child, the child should be placed on the records of the Commission on Minors and their Rights and the Juvenile Division of the District Department of the Interior

An individual supportive plan is designed for a child for a three-month period. The plan is drafted by the Centre's site manager, lawyer, social worker and psychologist and is revised in the middle of the implementation period. When the plan is completed, a decision is made on the discharge of the child from supportive action or the extension of the support for up to 6 months. Each case is documented in order to describe, in detail, the problem situation and the work done for the child.

The Centre provides assistance such as the recovery or execution of documents, psychological counselling, referrals to social care institutions, including non-governmental institutions, testing for career-guidance purposes and counselling by lawyers.

The Centre has established cooperation with the following organisations in Nevsky District:

- St. Petersburg Regional Non-Governmental Organisation on working with children and young people, "Innovations Centre", project "Tsimbalin's Centre".
- Interior Department.
- Guardianship authorities.
- Mobile school of St. Petersburg NGO "Children's Crisis Centre".
- Centre for Socio-medical assistance to neglected and street children of St. Petersburg NGO "Doctors to Children".
- Employment centre.
- Passport offices of district departments for the interior.

The Centre for Temporary Detention of Underaged Offenders of the St. Petersburg and Leningrad Region Headquarters for the Interior takes in children who have committed offences. Children are referred to the Centre of Temporary Detention from district divisions on juvenile delinquency prevention. Those received are medically examined, including HIV and STD tests. If a disease is detected, the child is referred to a healthcare facility for outpatient or inpatient treatment.

While resident at the Centre, the children meet with psychologists and social workers. This individual and comprehensive counselling is focused on remodelling the non-adaptive behaviour of the children, while social workers provide consultations on social and legal issues with respect to them. A training station is provided from evening school #133 of the Nevsky district, giving remedial classes on the basic subjects of the secondary school curriculum. Children can attend amateur clubs, libraries and sporting events.

When the duration of the residence expires (maximum 45 days), children are placed with:

1. Citizens of St. Petersburg – in a family, children's home, children's correctional facility (if so decided by a court), or a temporary shelter.
2. Citizens of other Russian regions or countries are deported to their places of permanent residence. If the process of deportation is delayed for over 45 days, the child is referred to the shelter "Fedor" intended for children from other regions.

The Centre cooperates with Tsimbalin Hospital and shelters.

The Commission on Minors and their Rights of the Nevsky District Administration is subordinate to the St. Petersburg Commission on Minors and their Rights of the St. Petersburg Government. The members of the Commission are subject to approval by the Administration of Nevsky District and come from the Education and Youth Policy Department, Labour and Social Welfare Department, Centre for Psychological Medico-Social Support, and the Chief of the Minors Division of the Nevsky District Department for Interior. The manner of the Commission's work is as follows:

1. The Secretary of the Commission declares a reason for the consideration of a case by the Commission, reads a tentative protocol of the case under consideration, a description of the child, and the conditions in which the child lives.
2. The floor is then given to the inspector from the Juvenile Delinquency Prevention Division of the police department which referred the child in question to the Commission.
3. The floor is given to representatives of the district childhood protection authorities working with the child, if such work is being done.
4. The floor is given to a representative of the child's school, if such a representative is present.
5. Members of the Commission ask the child, child's parents and school's representative questions.
6. The Secretary of the Commission suggests a solution for the case. The Commission makes its decision.

The Commission works together with the Minors Division and Juvenile Delinquency Prevention Division, the Service for Support to Families at Social Risk, the Centre for Psychological Medico-Social Support and guardianship authorities.

St. Petersburg State Institution "Socio-Rehabilitation Centre for Teenagers "ALMUS" is subordinate to the Labour and Social Welfare Committee of the St. Petersburg Government. The target group of the organisation is children and families at risk.

The organisation has a round-the-clock inpatient block and a day-care centre for children at risk. Children are referred to the Centre by their schools. The Centre provides social, medical and psychological assistance and supportive measures are rendered to children who go through rehabilitation in the Centre and return to the biological family at social risk. The Centre also has a service for providing socio-legal and psycho-pedagogical services to foster families. Socio-psycho-pedagogical and socio-legal counselling is delivered to families in difficult situations who apply to the Centre for help. The Centre organises the delivery of socio-material and material aid to families in need of state assistance.

The foster family group of the Centre deals with the placement of children into foster families in order to facilitate the child's rehabilitation and socialisation in a family context. Foster parents who take in such children are considered personnel of the Centre and receive a salary equal to one third of the normal salary of a teacher plus cash compensation for meals given to the child.

The Centre works closely with schools located in Nevsky District, NGO "Doctors to Children", and the guardianship authorities.

Centre for medico-social assistance to neglected and street children of St. Petersburg NGO "Doctors to Children". From 2001 to April 2004, this Centre was managed by the "Doctors of the World" (USA), which then handed over its management to "Doctors to Children". Based on the experiences of the Centre in Nevsky District, a foundation has been created for an emergency station for neglected and street children, set up in October 2005 in the Frunzenskiy District with the financial and technical support of Doctors of the World. The establishment of the station is a good example of innovative partnerships between non-profit organisations, private donors and governmental structures, primarily organised by the Administration of Frunzenskiy District and District Department of Social Welfare.

The Centres are open to all children regardless of availability or place of residence. Centre personnel employ an inter-disciplinary approach in working with children, which helps them individually and comprehensively meet the needs of each child. The personnel are tasked with the following: the socio-psycho-medical diagnosis of children, health promotion, return to the

family or placement in shelters, the prevention of HIV, STDs and other socially related diseases, the organisation of leisure and assistance in education, and many other children's needs for the purpose of re-socialisation and improving quality of life.

The Centre offers street children social, psychological, medical and educational services. This is an opportunity to obtain sanitary and hygiene services, to have clothes washed or purchased, and for educational support (volunteer teachers are involved), leisure for children (movies, TV programmes, classes on the Basics of Tourism and Mountaineering), psychological counselling, first aid and, if necessary, assistance in institutionalisation, referral to sanatorium therapy and other services.

The reason for referring children to the Centre is often academic failure in certain subjects on the school curriculum. Each case is examined psychologically and physically. Children are admitted to the Centre if they apply themselves, or are referred by their parents, or referred by the school or the City Centre for the Prevention of Child Neglect and Drug Addiction among Young People, Nevsky District branch.

The Centre cooperates with the following organisations:

- Labour and Social Welfare Committee of the St. Petersburg Government.
 - Administrations of Nevsky and Frunzenskiy Districts of St. Petersburg.
 - Municipal guardianship authorities.
 - St. Petersburg state institution "Centre for Prevention of Child Neglect and Drug Addiction among Young People "KONTAKT".
 - Governmental socio-rehabilitation centres for teenagers "ALMUS" and "Charity Home".
 - AIDS Centre.
 - Healthcare facilities.
- and NGOs' Children's Crisis Centre, Innovations Centre.
- Service for Assistance to Families at Social Risk.

The St. Petersburg regional non-governmental organisation on working with children and young people, the "Innovations Centre", under the "Tsimbalin's Centre" project, provides help to children aged from 2 to 14 years with no parental custody. This is a joint programme run by the "Innovations Centre" and Children's Hospital 115 of Nevsky District. At the moment, this is the only hospital in the city that has a ward for neglected and street children aged from 0 to 14 years old.

The personnel of the Centre deliver complex socio-educational support to children staying in the social (orphans') ward of the hospital. Moreover, the project's key goal is to assist healthcare personnel in supporting children, since such children often escape from the hospital while under therapy. The project staff identify the reasons for the child being on the street, and provide social, psychological and material support. The project cooperates closely with shelters and guardianship authorities. After being examined and identified, the children are placed either with their families, or in shelters and children's homes.

The St. Petersburg Charity Non-Governmental Organisation "Children's Crisis Centre" provides assistance to children in crisis situations. The functions that the Centre implements for children in difficult situations are as follows:

- Phone-in service.
- Day-care centre for children from families with low income and socially deprived families. A teacher and a psychologist help children to overcome the consequences of educational neglect, identify and develop creative characteristics, and handle problems in the family and at school. Parents in difficult situations are provided with social assistance and psychological support. Clubs are established and excursions arranged for the children.

- Social rehabilitation station for street children. Leisure activities are organised, documents recovered, and help extended in seeking jobs and education. Psychologists and social workers do their best to repair the tie between the child and family or to refer the child to social facilities. Work is performed with the parents. Personnel remain in proactive contact with district social welfare authorities. The key task of the station is to create a genuine alternative to street life for the child.
- Charity lunches for street children and children from socially vulnerable families, and neglected children.
- The project, “Mobile School,” is intended for working with groups of neglected children and children from families in crisis and aged from 10 to 18 years old, who do not attend school. The goal of the project is to continue secondary education provision to a child. The child must re-enter school, at the grade appropriate to its age, or be given the opportunity to finish school on a distance-learning basis, enabling the child to enter college thereafter. The project “Space of Happiness” for families with children with communicative disorders, is targeted at providing them with help based on art-therapy methods, music therapy, joint festivities and trips to the countryside, alongside psychological support to parents.

The Centre is closely associated with School 336, although teachers test schoolchildren through a mobile school. Besides, the Centre interacts with social welfare authorities.

Further information on organisations is available in Annex 3.

Conclusions

1. Most organisations work with children and young people, who are not just in difficult life situations but who have already committed offences, been detained by law enforcement agencies, and are under supervision orders issued by the division on juvenile delinquency and drug addiction prevention.
2. The Commission on Minors and their Rights is more of an educational authority, with the key task of reviewing specific cases, informing parents and making referrals to social welfare authorities for assistance. Decisions made by the Commission are of an advisory nature, since there is no regulatory tool for impacting on the family, school or child.
3. Information on children at the first stage of social exclusion is recorded at school and, as a rule, is not passed onto social services of the district, due to problems in inter-sectoral cooperation.
 - a. Firstly, there are no regulatory mechanisms for collaboration between the Education Committee and the Labour and Social Welfare Committee and, respectively, their district-level branches.
 - b. Secondly, the attitude of governmental organisations to NGOs is *a priori* negative, and collaboration occurs only if specialists from governmental organisations personally experience the usefulness of such a partnership. Even if such a relationship of trust exists, to refer a child to an NGO it is necessary to comply with more formalities than when referring a child to a GO. The rationale of such a partnership must be provisionally proven and a situation is usually positively handled if a representative of a GO is personally assured of the professional competencies of the NGO personnel.
4. Work with children in difficult life situations is usually organised through informal relations established between organisations, since there is no algorithm for collaboration, which would regulate the place of each institution in providing support to a child. Because of this, any help extended to a child fully depends on how well the responsible professional is informed and how well the responsible organisation is resourced. Information on social facilities located

in a district (as a rule, this information is easily available) is not as important as the personal contacts of a professional with professionals from other services.

5. Schools would rather cope with such situations by using their own resources than ask for help from other institutions.
 - a. The reasons for this are that, first, a child and parents must form a contact with a school regardless of whether they wish to or not, while the child may never go to other professionals, since there are no means of forcing the child or parents to do so.
 - b. School staff check that their pupils are not enlisted by other organisations since this “spoils their performance” and worsens the school’s image.
 - c. School staff often do not trust in their colleagues from the social services having the appropriate level of professionalism. At the municipal level, there is only one service with which collaboration is formalised: City Centre for Prevention of Child Neglect and Drug Addiction among Children “KONTAKT”. However, one organisation is insufficient for handling all issues related to social exclusion among children and young people. Besides, this organisation works only with children placed on the records of the Commission of Minors and their Rights or the Minors Division of the Interior Department. Nonetheless, this service is trusted, and its city-level status makes its accessible to cooperation with schools.
 - d. While underlining the efforts of schools in using their own resources to help children, it is worth noting that, while the survey was in progress, only one out of three schools in the project had filled their child support positions, while the other schools had serious problems due to staffing shortages.

The focus of specialists was drawn to situations in which there was no opportunity to affect a family which did not assume full responsibility for child rearing. As a rule, all efforts by professionals on behalf of a child are of an advisory nature with respect to the parents. Eventually, even intense attempts to provide social or psychological support to a child will fail, if the endorsement and participation of the parents is not ensured.

Cases of social exclusion

Child’s personality

Among the cases described by professionals, 44 are boys and 19 girls. The most common age group was children aged from 12 to 14 (30 children, or 47%). Children aged from 7 to 11 years old made up 25% of all of the children (16 children), and adolescents aged from 15 to 18 years old made up 28% (17 people). Most children (49 children) were schoolchildren from the 5th to 9th grades, and nine children attended the 1st to 4th grades. Three more children went to the 10th to 11th grades. One boy was a freshman from a professional school, and one girl had completed school but had not continued her education.

The mental and physical health of almost half of the children (29) was characterised as good or fair, with no obvious pathology. Some 10 children had mental and physical health disorders, and six more children had only physical health disorders, while 18 children had only mental health disorders.

With respect to physical health disorders, the following were detected: kidney diseases, hepatitis, asthma, stomach and intestinal diseases, head and birth-related injuries.

Most disorders were detected in children’s mental health. A psychiatric diagnosis was confirmed or suggested for seven children (symptoms of schizophrenia, treatment or supervision

at a mental clinic, diagnosis of retarded mental development, heroine addiction). Two children displayed symptoms of retarded mental and physical development. One child showed symptoms of hyperactivity and attention disorder. Two children had psychological problems manifested in symptoms of depression – depression and bad moods. One child showed signs of physical and psychic asthenisation. Six children had behavioural disorders: irascibility, aggression, secrecy, inappropriate behaviour in class, exhibitionism, mendacity and disorders in the volitional regulation of their behaviour.

School performance was poor rather than good. Some 25 children showed poor performance levels, 19 fair and 15 good performance levels. With regards to some schoolchildren with low academic attainments, it was said that their performance had been better but had then deteriorated. According to the interviewed professionals, the performance of many children with low attainments is characterised by wave trends and improves when adults start working with the child on his/her academic performance, encourage high attainment and control how homework is done.

In communication with teachers, over half of children (38 children) behaved quietly and appropriately in terms of the situation. Three children exhibited introversion and withdrawal in communication with teachers. In the case of 15 children, expressed behavioural disorders in communicating with teachers were marked: lying, outbursts of fury, impudence, rudeness, disorderly behaviour in class, attraction of attention through noise etc. Five more children exhibited fluctuating and unstable behaviour with respect to teachers; their behaviour depended greatly on the personality of the teacher and the situation.

Among the basic features, sociability, emotional behaviour, hyperactiveness (17 children) and quietness, equanimity (10 children) were recorded. Eight children were characterised as shy and unsociable, and 11 as introspective, withdrawn and aggressive. Six children displayed lying and egocentrism.

The nature of communication with peers was characterised as normal in over half of the cases (36), with the children communicating with most of their classmates. Fewer cases had problems in relationship with classmates. Five children were characterised as reluctant to communicate, with a maximum of 1–2 friends in the class. Ten children demonstrated aggression in communication with peers – started fighting, used derogatory words and were in conflict with peers. Some 12 children had their “own” circle of friends, usually not from the class.

Deviant behaviour was widespread among the surveyed children. The most frequently encountered forms of deviant behaviour were tobacco smoking, theft and truancy. Truancy, as a form of deviancy, was recorded in the case of 13 children, and smoking and alcohol use with respect to 12 children. Delinquent behaviour, usually manifested as theft, was registered in seven children. Two children displayed a combination of several signs of deviant behaviour – smoking, alcohol use, drug use, commercial sex, vagrancy and begging. Three children demonstrated marked signs of addictive behaviour, such as substance use and drug use. Runaways from home were recorded in five cases. Four children were placed on a police supervision order in connection with hooliganism and theft; one had already served a sentence in a correctional facility.

Family situation

Eighteen out of 63 children lived in relatively “happy” and two-parent families. In most of these families, the education of parents was either secondary – general or professional, or higher, and the incomes and housing conditions were good or satisfactory. In most two-parent families, children received the maximum attention, and the style of upbringing was democratic and rather affectionate. Distant relationships with the child and a severe style of upbringing was characteristic of only one of these “happy” families. In three cases, the income level was low and

little attention was paid to the children, and the style of upbringing could be defined as lenient or *laissez faire*. The parents of one of the children from two-parent families were in the process of being deprived of parental custody.

Five children lived in two-parent families where the parents suffered from alcohol abuse. Primary, incomplete or a general secondary educational background, very low income and poor living conditions were characteristic of such families. The children were given practically no attention. In three cases, parents ignored their children, and in two cases the children were regularly exposed to physical abuse.

Other children in difficult life situations lived in single-parent families. More detailed information is given below:

Twenty two children lived with just the mother, with the mother and grandchildren and/or siblings. In three cases, the mothers had many children. All multiple families were distinguished by the low educational background of the mothers and low incomes. The education and income level of the other women was usually secondary (general or professional) or higher. In nine cases, mothers paid enough attention to their children, showed affection in their upbringing, and in some cases even excessive care. In the other cases, mothers paid little attention to the children and used severity or *laissez faire* methods in their upbringing.

Four children were educated solely by their fathers. Their income and living conditions were usually fair or low. In three cases, the fathers cared about the children and showed affection in their upbringing. In one case, the father was cruel towards the child while in two the fathers abused alcohol.

Nine children took up residence with the mother and stepfather, i.e. the mother's cohabitant. The income level of such families varied. For six families, a low level of intra-family control and severe or *laissez faire* style of upbringing was common, while in three families the children were given a great deal of attention and the style of upbringing was affectionate.

Eight children were either raised by caregivers or relatives due to the death of their parents or withdrawal of their custody rights, or took up residence with their relatives because of a difficult situation in their biological family. Such relatives or caregivers were grandmothers or grandfathers, aunts, uncles or sisters. In one case, a girl had a formal caregiver, but actually lived alone. Although grandmothers and sisters cared about the children, a *laissez faire* style of upbringing was characteristic of such families.

In 18 cases, parents or other family members exhibited different forms of deviant behaviour: in 12 cases this was alcohol abuse, in four cases relatives were serving prison sentences, in two cases children were witnesses of their mothers' promiscuity. With regards to two children, no description of the family situation was available.

Indicators of social exclusion

This chapter addresses the problems occurring in children's lives which fell within the scope of professional duties and helped in judging that the child was in a difficult life situation.

These problems can be classified as follows: absence of parents due to death or withdrawal of custody rights (six cases), neglect of parental duties by parents, including severe and systematic alcohol abuse (eight), truancy and low academic performance (16), disrupted peer-to-peer relations (conflicts, aggressive behaviour, isolation) (10), runaways from home (five), behavioural disorders (aggressive, addictive behaviour) (seven), psychological problems (depression, stress as a result of physical abuse, difficult relationships with parents) (four), delinquent behaviour (thefts, behaviour hazardous to surrounding people) (seven).

In terms of their localisation, all of these problems can be divided into three groups: 1) situations linked to the child's personality (25); 2) situations caused by family situations (22); and 3) disorders in school socialisation (16).

Situations connected to the child's personality include deceit, aggressiveness, conflicts and fights with peers, addictive behaviour, delinquency (thefts, hazardous behaviour), victimhood (post-abuse stress) and psychological problems caused by somatic diseases.

Situations related to family problems include the withdrawal of custodial rights, the alcohol addiction of the parents, the death of one or both parents, failure to perform duties by a caregiver, absence of control from parents/caregivers, runaways from home, conflicts with parents and poor upbringing.

Disorders in school socialisation include truancy, low academic performance, conflicts with teachers, aggression by classmates, behaviour inappropriate to situations at school, exclusion from school and the return to school after serving a sentence in a correctional facility.

In a few cases, the difficult life situations were one-off and short-term. In the other cases, they were long-term and family problems combined with problems at school and the psychological problems of the child.

Professionals were asked to characterise the circumstances or causes that led to the child's difficult life situation, poor upbringing of children in the family (32 cases) and the child's personal characteristics (difficulties during the pubertal period, personality changes due to brain damage, lower level of motivation (laziness, lack of interest)) (17 cases) being mentioned. The other causes were conflicted relationships with parents, peers, parental alcohol addiction and negative impacts by peers.

It is worth noting how professionals identify the causes that have led to various types of difficult situations for children. Poor upbringing was cited by professionals in over half of cases as a cause of truancy and low academic performance. Although the child's personal characteristics were mentioned in fewer cases, they were cited as the priority cause of distorted peer-to-peer relationships. Poor upbringing is often understood as a cause of running away from home, disorderly behaviour and delinquency.

Specialists from various organisations encountered different situations on an everyday basis, and the difference between these situations was accounted for by the professional activities of their organisations. When compared with other organisations, schools meet with such problems as *distorted peer-to-peer relations* and the *child's psychological problems* rather more frequently, while other organisations more often encounter *problems related to the child's family* – parental alcohol addiction, neglect of parental duties and running away from home. *Truancy and low academic performance* frequently feature, both in the work of schools and that of other organisations working with children.

Solution strategies for problem situations

For the purpose of further analysis, separate professional actions (or strategies) aimed at solving problem situations were singled out. In practice, most professionals apply several strategies in tackling a problem situation. These strategies and the frequency of their utilisation by professionals are given below:

- Notification of the district-level Education Department (1).
- Placement under school's antisocial behaviour order (2).
- Arrangement of joint solution by professionals from different organisations (2).
- Referral to crisis centre (2).
- Withdrawal of custodial rights (3).
- Referral to social worker (4).

- Placement in a summer camp (4).
- Notification of the district-level Commission on Minors and their Rights (5).
- Transfer to another school (5).
- Material aid (5).
- Work with teachers or school administration (5).
- Referral to a specialist (psychiatrist, psychologist, etc.) (6).
- Notification of relevant guardianship authorities (6).
- Pronouncement of a rebuke to child (6).
- Face-to-face tutoring, working on academic performance (6).
- Notification of the police authorities (7).
- Involvement of a child in leisure activities (7).
- Support for a child provided by a psychologist or social worker (7).
- Visit to a family by a social worker (9).
- Placement in a shelter or children's home (9).
- Consultations with parents/caregivers; calling parents to school for counselling (9).
- Educational conversations with a child (10).

It is worth noting that the most frequent methods are educational conversations, consultations with parents and calling parents to the school, placement of a child in a shelter/children's home and a visit paid to a family by a social worker.

Effectiveness of the solution

The interviewed professionals were asked to evaluate the success of solutions from the perspective of the child's well-being in each of the described cases. A five-score scale was applied and 21 situations were resolved "excellently" (33%). The solution of 19 more situations (30%) received a "good" grade. In 12 cases (19%) the situation was tackled "satisfactorily", and in nine cases the intervention failed. In two more cases information on the result was not available. Below is a comparison of the basic features of problem situations with successful (excellent grades) and insufficiently successful or unsuccessful outcomes (satisfactory and poor grades), and the applied solution strategies.

Effectiveness of solution vis-à-vis the child's personality

A successful outcome was observed slightly more often in the case of boys rather than girls in problem situations. Besides, successes were recorded more often for children of 12 to 14 years old in comparisons of younger and older children.

Physical and mental health disorders in children had a statistically important impact on the effectiveness of the solution. Among the cases with negative outcomes, physical disorders were present in 33% of cases and in 10% of positive outcomes ($\chi^2 = 4.19$; $p \leq 0.05$). With regards to mental disorders, the ratio was 55% to 24% ($\chi^2 = 5.43$; $p \leq 0.05$).

The academic attainments of the children were not connected to the frequency of successful outcomes.

From the viewpoint of behaviour towards teachers, the most successful outcomes were observed when children demonstrated a breach of behaviour rules towards teachers (for example, "a child is rude and insolent towards teachers, does not react adequately to comments, grunts behind the desk, feels free to leave the classroom, uses bad language"), and less successful outcomes were recorded when children were introspective and withdrawn and felt reluctant to communicate

with teachers (for example, “a child does not initiate verbal contact, is deeply introverted, does not greet the teacher, “has become wild”). In terms of communication with peers, the best outcome was observed in cases where a child had a tendency towards displays of aggression and conflict rather than in cases where the child was introspective and unsociable.

A link between a successful solution and the child’s personal characteristics was traced, although it did not reach the level of statistical importance. Cases of failure tend to be among shy and unsociable children, those who are both “deceitful” and “egocentric”. Successful cases tend to occur among communicative, emotional, active but also quiet and even-tempered children.

The widespread nature of deviant behaviour among the examined children has already been mentioned. There is a link between the effectiveness of the solution and the type of the child’s deviant behaviour, but this does not achieve statistical importance. Nevertheless, in successful cases, truancy was the dominant type of deviant behaviour, and in unsuccessful cases computer game-mania, drug use and substance use prevailed. Children who demonstrated deviant types of behaviour such as smoking, alcohol use, running away from home and delinquent behaviour, as well as those who demonstrated no deviant behaviour, are equally present in the group of successful cases and the group of failures.

In cases characterised by professionals as successfully resolved, the children were more often found to be under a police supervision order (2% in unsuccessful cases and 14% in successful cases, $\chi^2 = 3.34$; $p \leq 0.1$).

Effectiveness of the solution vis-à-vis the family

To some extent, the success of the solution depends on the family situation. The effectiveness of the solution was different depending on whether children lived with both parents, with just the mother, or with the mother and stepfather. Yet, in successful cases, when compared with failures, children more often took up residence with the father and more rarely with caregivers or relatives.

Deviant behaviour in close relatives only influences the success of a solution if it goes so far as to incur a prison sentence. In all four cases when a child had a relative who was serving, or who had served, a prison sentence, the problem was never resolved.

Problem solving was more effective in cases where the parents of a child had a low educational level or high level of income.

As for the style of upbringing, the following tendency has been noted. In cases with a successful outcome, the parents were more often either lenient or neglectful in raising their children. No success was achieved in working with children towards whom severity, physical abuse, excessive care or a controversial style of upbringing was applied.

Effectiveness of the solution vis-à-vis the type of problem situation

Although the link between the effectiveness of the solution and the type of situation does not achieve the level of statistical importance, certain tendencies can be noted. Problems due to the absence of parents were more successfully resolved, as were cases of truancy, low academic performance and delinquent behaviour. Problems involving behavioural disorders and psychological problems in the child were less successfully tackled. In cases involving psychological problems, none were tackled “excellently” well. By and large, situations connected with the child’s personality involved fewer successful outcomes than situations connected with family problems and disorders in school socialisation.

The link between the effectiveness of the solution and the problem's origins did not achieve the level of statistical importance but was nevertheless marked. A poor upbringing was often mentioned as a cause of situations with an unsuccessful outcome, while the child's personal characteristics, conflicts with parents and peers, and the peers' impact were often mentioned among the causes of situations with a successful outcome.

Effective problem-tackling strategies

Among the described problem situations, which were resolved "excellently" well, as well as among other cases, over two thirds were described by school personnel. Statistical analysis revealed no link between the success of the solution and the post of the school employee involved.

A detailed description of strategies for working with difficult life situations, which have led to a successful outcome for a child.

In situations in which a child went beyond the control of the biological family (for instance, due to the withdrawal of custodial rights, the severe alcohol addiction of the parents or the death of one of the parents), a placement in a shelter or children's home was organised. In the case of the death of one of the parents (the mother), educational conversations with the child and consultations with the father were held, and the family was attended by a social worker. In cases of severe alcohol addiction amongst the parents, measures were taken to deprive them of custodial rights and transfer caregiving to a close relative. Extra professionals were involved in all cases (shelter workers, police and inspectors of minors' affairs).

In one case, a child was deprived of care and attention by its parents. The following strategies were used: placement in a shelter in a stationary bed, organisation of leisure activity, face-to-face teaching, working on the child's academic performance, material aid, placement in a children's summer camp. Professionals from other organisations took part in the problem solving, such as the school personnel and municipal authorities.

In dealing with truancy and low academic performance, the following strategies were used: individual counselling of a child by a psychologist or social workers, face-to-face teaching or working on the child's academic performance. Visits to the family by a social worker, conversations with parents or placement under a school's antisocial behaviour order were undertaken in cases in which a child was experiencing family problems. School personnel worked with the problem situation (school principal, vice principal, teachers, psychologist and social worker) alongside the involvement of the police and shelter staff.

If a child had conflicts with its peers, then the parents would be called to the school, with an inspector on minors' affairs and a police officer involved. In one of the cases, the cause of conflict was the child's personal characteristics. Individual work with the child by a class teacher and vice principal through extracurricular activities emerged as an effective strategy. The parents were responsible for tackling any health problems.

In cases of runaways from home, various professionals were engaged: a police officer, psychologist, social worker and other school personnel. In the case of a runaway from home due to a conflict with parents, the situation was resolved successfully by school personnel. In another case, a child was under excessive control within the family and had speech difficulties. Professionals from the Centre for Psychological Medico-Social Support, a doctor and a psychologist were involved in tackling the problem.

In yet another case, in which a child violated school rules - in the form of alcohol use - effective interventions comprised educational conversations with the child and calling parents to the school for counselling. Other professionals were not invited, since the situation was successfully resolved by school personnel.

In cases of delinquent behaviour, the following strategies were employed: conversations with the parents, a formal rebuke to the child, placement under the school's antisocial behaviour order or a transfer to another school. As in cases of deviant behaviour, no other professionals were involved and the problems were handled by school personnel.

Strategies that did not lead to an entirely successful outcome for the child

Situations in which the child was left with no parental care were due to the death of the parents in the first case (and the caregiver's failure to carry out his/her duties), and in the second case due to the mother dying and the father abusing alcohol. School personnel (in the first case) and family support services (in the second case) participated in solving the problems. As strategies, notifications to the Commission on Minors and their Rights, consultations with the father and visits to the family by a social worker were used. The latter two strategies turned out to be relatively successful (a "good" grade was given) and the child took up residence with the grandmother. According to professionals, the lack of authority vested in the Commission on Minors and their Rights, the passiveness of municipal authorities and lack of information on powers and authorities or organisations working with children prevented the optimal handling of the situation.

In cases in which the parent abused alcohol, action was taken to deprive the parents of their custodial rights, the families were visited by a social worker and material aid was granted. Only a relative success was achieved (a "good" grade). According to professionals, lack of time and authority prevented the achievement of the best result for the child.

In the situations in which parents/caregivers did not provide due care for their children, referrals to the crisis centre, visits to the families by a social worker, the withdrawal of custodial rights, the placement of children in a shelter/children's home, material aid, organisation of leisure time, face-to-face teaching, working on academic performance and placements in children's summer camps were used. Specialists from various organisations were widely involved – an inspector on minors' affairs, personnel from children's homes, guardianship authorities, social welfare authorities, educational authorities, shelters and a crisis centre.

Situations in which parents/caregivers did not demonstrate due care for their children were resolved well or fairly well in three situations out of four. In one case only, these efforts failed completely – the situation was aggravated by the deviant and delinquent behaviour of both the child and the parents. According to the interview, the failure was due to certain features of the organisations working with children, "...lack of finances and other resources, including human resources". Also, according to professionals, the result could have been improved if the actions of various organisations had been better coordinated or they were better aware of the related powers of relevant organisations and the regulatory framework.

Truancy and low academic performance were tackled by calling parents to the school or through consultations with parents/caregivers, educational conversations with the child, referrals to specialists (psychologist, psychiatrist), individual work by a psychologist or social worker with the child, one-to-one teaching, working on academic performance, visits to families by a social worker, notifications to guardianship authorities or transfers to other schools. As a rule, a psychologist and sometimes a social worker were involved in solving problems of truancy and low academic performance.

Truancy and low academic performance were resolved "well" or "fairly" in seven out of ten situations. Difficult family circumstances usually prevailed in situations involving truancy and low academic performance, which were never successfully resolved. According to the professionals interviewed, individual support in such cases and knowledge of the psychology of a difficult child and of the basics of psychological work would have enhanced the effectiveness of the action taken.

Lack of effectiveness was due to the professional involved not being present in the educational system or not having enough time to handle the problem successfully.

In cases of distorted peer-to-peer relations due to aggressive behaviour and conflicts, strategies such as the individual counselling of a child by a psychologist or a social worker, consultations with parents, educational conversations with a child, notification of the police, referrals to specialists, one-to-one teaching and working on academic performance were employed. Additionally, a psychologist and police officer were involved in dealing with the problem. In five out of seven situations, the problem was handled “well” or “fairly” well. According to the professionals involved, knowledge of psychological techniques and experiences of dealing with such situations would have helped them achieve better results. Nevertheless, all of the cases with a “poor” result were aggravated by family problems, such as living separately from the parents, parental alcohol abuse or physical abuse by the parents.

In three cases of runaways from home, professionals from the Department for Minors’ Affairs and Centre for Support to Families at Risk used the following strategies: notifications of the police, the referral of a child to a specialist (psychologist or psychiatrist), one-to-one teaching, working on academic performance, material aid, placement in a children’s summer camp, involvement in leisure activity and conversations with parents/caregivers. Of outside professionals, specialists from the City Centre of Child Neglect and Drug Addiction Prevention “CONTACT” were involved in one case, and a psychologist was hired in another. According to the respondents, lack of experience and skills, especially in psychology, prevented them from achieving the best result for the child. Generally, the runaways were handled “well” and “fairly” well.

In cases of antisocial behaviour in the form of addictive behaviour, or drug or substance abuse, intervention strategies such as consultations with parents, educational conversations with the child, involvement in leisure activities and referral to a specialist were used. These situations were resolved “well”, except for a case of drug addiction. In order to achieve a better result in the drug addiction case, the professionals would have needed sufficient experience of working with drug addicts, and knowledge of Russian laws and the psychology of working with such clients. Lack of motivation in the child and parents was another barrier to achieving the best outcome.

In cases where professionals encountered problems in the child’s personality, they used strategies such as educational conversations, the involvement of a child in leisure activities and the engagement of a psychologist in the solution. No professionals were used other than school personnel. The situation was handled well in three cases out of four and all attempts failed in one case, involving a severe somatic disease due to psychological problems. As mentioned by the professionals, psychological skills and knowledge of child psychology in cases of severe somatic disease would have been required in order to achieve a better outcome.

Consultations with parents, educational conversations with the child, referrals to a specialist (psychologist, psychiatrist), involvement in leisure activities, one-to-one teaching or working on academic performance were employed in cases of delinquent behaviour. Specialists from the Commission on Minors and their Rights and the City Centre of Child Neglect and Drug Addiction Prevention “CONTACT” were involved. The situations were tackled “well” and “fairly” well. Psychological knowledge would have been helpful in dealing with these problems more effectively.

Potential effectiveness of the solution

In unsuccessful interventions, the respondents are apt to blame circumstances (86% of all cases), particularly the child’s family situation. In 6% of cases the respondents believed that errors were made by the professionals involved, and in 7% both the professionals and circumstances were to blame (the distribution model differs from the randomised one, $\chi^2 = 5.04$; $p \leq 0.1$).

Unsatisfactory performance by professionals as a cause of failure was more often recognised in those cases where a child had mental handicaps. Thus, mental disorders were detected in 45% of cases when responsibility for failure was placed on circumstances, while professionals were considered as a decisive factor in 83% of such failures ($\chi^2 = 2.93$; $p \leq 0.1$).

Responsibility for the unsuccessful solution of a problem situation was connected by professionals with the child's family situation. In cases where the parents were the caregivers, even this implies material care only, the responsibility for the failure being placed on the parents. In cases when a child receives no care from the family, the respondents usually placed equal blame on the professionals involved and parents. Where the circumstances were blamed, parents cared about their children in 52% of the cases, and where professionals were blamed or responsibility was equally distributed between professionals and parents, parents did not care about their children in 68% of the cases ($\chi^2 = 10.66$; $p \leq 0.01$). In cases where responsibility for failure was placed on circumstances, parents tended to employ a lenient approach to upbringing (in 50% of such cases), while in cases where responsibility was placed on the professionals or equally on professionals and the circumstances, parents were apt to demonstrate cruelty (30%), neglect (30%) or abuse (17%) towards the children or employed a controversial style of childrearing (17%) ($\chi^2 = 11.27$; $p \leq 0.05$).

According to professionals, a more proactive approach by professionals (30%) and consultative support of the family, particularly parents (27%), would lead to better results in most cases. Consultative support would be most fruitful in situations that did not yield a good result for the child.

In reply to the question as to why these actions had not been undertaken, most answers (42%) concentrated on the nature of the current educational system and lack of resources ("not enough effort and time for everyone", "did not work due to technical causes", "there are no vacancies in the school", "no time and motivation"). One fifth of the respondents referred to the fact that the parents were opposed to the measures undertaken, 12% to the absence of experts with the required qualifications in the educational system, 8% to a lack of the required experience and qualifications in the case of the professionals involved, and 4% to insufficient identification of the problem situation, the absence of an individual approach and the absence of a necessary professional nearby when the need arose.

Among the knowledge and skills required for handling such situations, the first place belongs to psychological knowledge and skills (56%), followed by information on organisations working with children and organisations' powers (19%), experience of cooperation with organisations working with children (8%), and the processes required when a problem situation arises (8%). Only professionals who referred to situations with an unsuccessful outcome mentioned the necessity of processes.

Although no simple conclusions can be arrived at, it is obvious that, despite the negative impact of various external circumstances, the role of professionals in the successful handling of a child's problem situation could be greater. This is confirmed by the answers of the respondents to the question, "If the situation were repeated, would your actions be the same?" An affirmative reply was given in 64% of the unsuccessful cases and in 85% of the successful ones ($\chi^2 = 2.81$; $p \leq 0.1$). In half of the cases, the respondents remarked that in a similar situation they would more actively collaborate with other professionals, in 29% with the family and, in 21%, with classmates and peers.

Conclusions

1. Half of the children identified as being in a difficult life situation had demonstrated health disorders or behaviour disorders.
2. Low and middle academic performance typifies most such children, but this can be enhanced if monitored by adults.
3. About half of the children could barely establish a rapport with the teacher, or breached the norms of communication with the teacher.
4. Professionals detected distorted peer-to-peer communication in the form of estrangement or unsociability, aggression towards peers or selectiveness of communicating partner.
5. Deviant behaviour was widespread, most often in the form of truancy, smoking and alcohol use. Severe forms of deviant behaviour were characteristic of one fourth of the teens: drug abuse and being detained by the police for offences.
6. About one third of the children lived in relatively “successful” families. The other children had various family problems: single parent, availability of father-in-law, alcohol abuse by parents, loss of parents and being raised by a caregiver.
7. A low level of income was a common feature for many families. Many families employed a permissive style of upbringing.
8. A successful outcome was observed more often in cases in which boys rather than girls were in trouble, possibly because girls suffered more often from the types of psychological problems most challenging for professionals.
9. The activity of the interviewed professionals was focused on children aged from 12 to 14 years old rather than infants or high school children. This was confirmed by the frequency of success in cases where a child was 12 to 14 years old, as opposed to other age groups.
10. The presence of mental or somatic health disorders is a huge factor in the effectiveness of professional performances. The existence of such disorders caused the greatest difficulties in working with a problem.
11. Other factors connected with a child’s personality have an impact on the effectiveness of problem solving. For example, introspective and unsociable children, who are reluctant to communicate with teachers and peers, have lower chances of receiving successful help from a professional.
12. Severe types of deviant behaviour – gaming-mania, drug abuse, substance abuse – cause the biggest problems in working with children’s difficult life situations.
13. The family situation impacts on the success of the solution. Success in handling a problem is related to childraising within the parental family, even if a step-parent is involved, compared to childraising by a caregiver or relatives.
14. Delinquent behaviour in a child’s relatives is a crucial factor in the failure of the solution (based on the current strategies).
15. The greatest success in tackling a problem situation can only be achieved in cases where sufficient attention and care is paid to a child by the family or, if no such attention is paid to the child, responsibility for the child is assumed by professionals.
16. In cases where a child was exposed to cruelty, abuse, excessive supervision or a controversial childraising style, the outcome was worst. In such cases, it is likely that neither professionals nor parents assumed responsibility for the child, bringing about the lowest success rates.
17. Situations connected with the child’s personality were less successful compared to those involving family problems and disorders in school socialisation.
18. An analysis of strategies employed in overcoming problem situations showed that they were all adequate and justified. The decisive factor in their effectiveness was presumed to be active involvement in handling a problem and active cooperation with other professionals who were able to support the child. The factors described above and connected with the child’s

personality and family have a large impact on the measures' effectiveness. No strategies are employed corresponding to the existence of these factors.

19. Where parents took care of their own child, even if such care was high quality in material terms, professionals placed responsibility for failure on the parents. Exceptions were cases in which a child suffered from mental disorders. In cases of neglect within the family, the interviewed specialists tended to place responsibility for the failure on professionals. Thus, situations with the greatest potential difficulty in terms of their successful handling are those in which parents are formally present but do not care about the child, or in which they are one of the sources of the problem.
20. According to the respondents, working with the families, peers and more proactive efforts to solve the problem are possible and could yield a better outcome. There is potential for enhancing the effectiveness of work aimed at solving children's difficult life situations.

Chapter 3

Effective intervention for the prevention of social exclusion among children and adolescents

The conclusions of the survey on the risk of social exclusion lead to a series of recommendations aimed at the greater effectiveness of activities in this important sphere of societal life which, in their turn, can be implemented by using the proposed model of social exclusion prevention.

Recommendations for improving preventative activities

- A. Recommendations on organisation of social exclusion prevention
 - The Commission on Minors and their Rights should be given extra powers within the sphere of its primary activity by issuing it with the relevant regulatory tools.
 - Schools should have profile specialists and involve NGOs on a wider basis for the purpose of providing support to families with children at risk.
 - There should be an annual evaluation of district-based NGOs working in the area of the social welfare of families and children, probably carried out by The Commission on Minors and their Rights, resulting in official status being granted to approved NGOs and the notification of governmental organisations thereof.
- B. Recommendations on the organisation of inter-sectoral collaboration in interventions aimed at the prevention of social exclusion among children and adolescents
 - Unified documentation on children and adolescents at risk of social exclusion should be developed and implemented, initially on city district level at a minimum.
 - Based on this documentation, a database of children and adolescents at risk of social exclusion should be developed and maintained.
 - Access to the database should be granted to all organisations officially authorised to work with children and adolescents at risk of social exclusion, regardless of these organisations' position in the public sector hierarchy, or the type of organisation concerned.
 - Entering a child (adolescent) into the database should be clearly separated from the current mechanism of placement under a police or mental supervision order, in order to avoid the child's stigmatisation.
 - The manner of collaboration among establishments subordinate to the Education Committee and the Labour and Social Welfare Committee should be clarified, particularly with respect to the development and utilisation of the database of children at risk of social exclusion.
 - Broad opportunities must be ensured for informal communications on professional activities by professionals from GOs and NGOs working on the prevention of social exclusion among children and adolescents, by organising joint training events – training, seminars, meetings and conferences.
 - It is necessary to supply professionals from related organisations in the district with information on organisations dealing with the problems of children at risk and their families. This information should include data on the powers and capacities of an organisation, the organisation's staff, and the manner of child referral involved.

C. Recommendations on working with target groups

1. Working with a child/adolescent

- Interventions in terms of children at high risk of social exclusion should occur at the possibly earliest stage, unlike current the practice. The critical age for intervention is 12 to 14 years of age, when the child is still sufficiently amenable to intervention.
- When intervening, wider use should be made of the potential offered by collaboration with other professionals and opportunities to influence the child's social environment: family, classmates and peers.
- The emphasis of interventions should be placed on problems related to the child's personality since problems with the family and school environment are secondary and easier to correct.
- Compared to boys at risk, girls at risk require a more individualised psychological approach. In working with girls, a more cautious approach is needed since they seldom tend to manifest their psychological difficulties, probably due to gender social norms.
- Medical, and particularly psychiatric, intervention should become an integral part of the support extended to a child and should be carried out at the earliest possible stage, as soon as a problem is detected.
- In many interventions, it would be advisable to involve the relevant police officers at an early stage in monitoring the child's behaviour.
- Since many children in need of intervention suffer from communicative difficulties, communicative training should be included in the support given to such children, advisably as early as possible.
- Computer-game addiction, drug addiction and substance addiction hampers the effective handling of a child's problem. Any addictions should become a separate target of interventions in any given context.
- If a child resists correctional interventions, consultations with the family should be set up.

2. Working with the child's close social environment

In addition to the types of family life conventionally associated with the risk of a child's social exclusion, the following categories of children should be included in the risk group:

- children brought up by caregivers and relatives (adoptive family);
- children brought up in families where at least one member is serving a prison sentence.

The upbringing style of families where cruelty, physical abuse, excessive supervision or a controversial upbringing style is applied should be corrected, although working on this issue is extremely complex in terms of the success of the measures employed.

- Another complex area is working with families on low incomes and those where the adults have a high educational background (families inconsistent with the risk categories).

D. Upgrade of professionals' qualification

1. Forms of training

- For professionals working on the prevention of social exclusion, the preferable forms of training are active and practice-oriented, implying the development of diagnosis and correctional tools, such as training sessions and case studies.
- Additional training of professionals working on the prevention of social exclusion, based on active training methods, should be fully supported with methodically assembled material.

2. Content of the training.

- Training of professionals working on the prevention of social exclusion should, above all, be provided on the following subjects:

- a. Psychology of a difficult childhood/adolescent.
 - b. Psychological basics of correctional work with children/adolescents.
 - c. Methods of individual psychological support.
- The following themes call for special consideration and mandatory inclusion in the curricula:
- a. Runaways from home.
 - b. Drug use by children/adolescents.
 - c. Psychological problems of children and adolescents with somatic diseases.
 - d. Delinquent behaviour of children and adolescents.

These recommendations can be realised within the proposed district-level model of social exclusion prevention among children and adolescents.

City district-level model of effective social exclusion prevention

The basic principles of the proposed model for organisations working with children and adolescents on the prevention of social exclusion are:

- The key role in the early diagnosis of cases of social exclusion and the identification of a problem that has led to the social exclusion of a child/adolescent belongs to secondary schools. The primary task of schools at this stage is to identify the child's problem and refer him/her to professionals who are able to provide the necessary support.
- A database on children/adolescents at risk of social exclusion should be established and kept up to date. When a child contacts a district organisation working with children/adolescents for the first time, the organisation should check the availability of data on this child in the database and make updates or create a new entry if the child is not entered. Through a unified database on children/adolescents at risk of social exclusion, professional collaboration would be facilitated in working on a specific case. To this end, the entry in the database should contain the contact data of the professionals who have worked with the family and child/adolescent at an earlier stage. Due to the availability of such data, they will be able to define the status of the problem and conduct consultations with one another.
- The running of the database is monitored by the Commission on Minors and their Rights. The Commission should focus on matters which have been ignored or which have yielded no positive results over a long period.
- The personnel of organisations participating in training and attending joint events on a regular basis should receive information on new, or the most effective, methods. Informing organisations of such events should be performed by the Commission on Minors and their Rights by e-mail, phone or presentations at meetings of the Commission. A reference book on the relevant organisations and professionals should be disseminated and regularly updated. The reference book should be supplied to psychologists, social workers and the vice principals of secondary schools in the first instance.

Each organisation working with children and adolescents is obliged:

- to have a specialist responsible for running the database on children/adolescents at risk of social exclusion;
- to disseminate information on useful organisations and professionals, with whom contacts should be established, and also on effective working methods;
- to collaborate with the parents or caregivers of a child/adolescent at risk of social exclusion.

The model's general diagram of the child's progress from the moment a difficult situation is identified is presented in Figure 6.

Below is the list of functions of the organisations that take part in the identification of children/adolescents at risk of social exclusion, and organisations responsible for interventions.

Among organisations taking part in the identification of children/adolescents at risk of social exclusion, the key position, as mentioned above, is given to secondary schools. Their functions are as follows:

- Monitoring of children at risk, with special attention paid to children in the junior and middle grades. Monitoring is performed by a psychologist or social worker, and primary information on children is provided by a teacher, in the first instance a class teacher. The psychologist attends parents' meetings, conferences and the workgroups of parents' meetings to identify parents inclined to cruelty, excessive supervision, or a controversial upbringing style.
- Entering information on children into a database of children/adolescents at risk of social exclusion. The children placed on the school's antisocial behaviour order should be entered into the database first.
- Children and adolescents with severe and/or long-term somatic diseases, placed under guardianship or in an adoptive family, or raised in a family with one member serving a prison sentence, should draw extra attention from the school's psychologist and social worker, who should control their psychological health and situation in the family.
- For the identification of children/adolescents at risk of social exclusion, school personnel should rely on the subjective feeling that "there is something wrong with the child", i.e. be guided by the method of "subjective zones of concern" developed by Finnish experts.
- All cases that cause concern should be reported at sessions of the Teachers' Board or any Health Boards meeting at schools.
- In all cases where concerns are raised about a child/adolescent, a social worker or school psychologist should thoroughly examine the family situation.
- The psychologist or social worker should report any child/adolescent at risk to the relevant specialists dealing with such problems. If there is a combination of problems, each problem should be reported to a specialist with a relevant profile. An important selection criterion for referring a child to the relevant specialist involves a tentative competent identification of the cause of any problem situation which has occurred.
- In cases of disrupted school socialisation, for example truancy related to peer-to-peer relations, conflicts with teachers, aggression and bullying by classmates, fights, and difficulties in adaptation to a new class, the school's psychologist should conduct group work with the class. If one-to-one teaching is needed, the specialist will turn to NGOs which provide this kind of support. If resistance towards interventions occurs in cases connected with disrupted school socialisation, the specialist should request family counselling by the Service for Support to Families at Risk, Centre for Psychological Medico-Social Support, and the Charity NGO "Children's Crisis Centre".
- In situations linked with the child's personality, such as psychiatric symptoms, addictive behaviour, delinquency (thefts, behaviour dangerous to the surrounding people), the school psychologist should turn to the Centre for Psychological Medico-Social Support and Division for Minors' Affairs followed by a referral to the City Centre for Prevention of Child Neglect and Drug Addiction "CONTACT" and the Service for Support to Families at Social Risk, and forward cases of such children/adolescents for consideration to the Commission on Minors and their Rights.
- In situations due to family problems, such as the withdrawal of parental custody, parental alcoholism, the death of one or both parents, failure to fulfil the duties of a caregiver, absence of proper control by parents or caregivers, runaways from home, conflicts with parents, or a poor upbringing, the child should be referred to specialists:

- for social support – to the Service for Support to Families at Social Risk or the Socio-Rehabilitation Centre for Minors “ALMUS”,
- to day care or inpatient centres – to the Socio-Rehabilitation Centre for Minors “ALMUS” and the Charity NGO “Children’s Crisis Centre”,
- for family counselling – to the Service for Support to Families at Social Risk, Centre for Psychological Medico-Social Support, or the Charity NGO “Children’s Crisis Centre”,
- information on a such cases should be sent to the guardianship authorities and the District Commission on Minors and their Rights.
- After the case is handed over, the psychologist (social worker) of the school will monitor changes, being guided by the principle that “a child or family should not be left alone with the problem”.

Generally speaking, the school’s functions in working with children/adolescents at risk of social exclusion can be formulated as follows:

- identification;
- entering the related information into the database;
- establishing a contact with the family and the evaluation of the family situation;
- determination of the required types of support;
- handover of the case to the relevant professionals;
- primary correctional actions;
- monitoring of changes.

The school’s basic working principles in this activity involve taking responsibility and making proactive efforts.

Organisations responsible for interventions:

- when information on a child/adolescent arrives or if a child or members of the family arrive in person, information is fed into the database accompanied by a check on whether any action has already been taken with respect to this child/adolescent;
- monitoring of the school situation. When a family at social risk is in question, junior members of the family are also monitored. For this purpose, contact is established with the school psychologist, social worker and class teacher. It is established whether the child/adolescent suffered from behavioural disorders, difficulties in peer-to-peer relations, truancy, low academic performance or was exposed to bullying. In cases of distorted school socialisation, the potential of the school psychologist is harnessed in influencing the social environment of the child, i.e. classmates and teachers. Data on children/adolescents raised in families at social risk is entered into the database of children/adolescents at risk of social exclusion.
- if mental or behavioural disorders or somatic diseases are detected in a child during family counselling, the child is referred to the Centre for Psychological Medico-Social Support. In cases of addictive or delinquent behaviour, the files on such children are submitted for consideration to the Commission on Minors and their Rights or the Division on Minors’ Affairs, followed by a referral to the Centre for Prevention of Child Neglect and Drug Addiction “CONTACT”. The issue of one-to-one teaching can be addressed at the Centre for Psychological Medico-Social Support, the Socio-Rehabilitation Centre for Minors “ALMUS”, the Socio-Medical Care Centre for neglected and street children of the St. Petersburg NGO, “Doctors to Children” and the St. Petersburg Charity NGO, “Children’s Crisis Centre”.
- collaboration with organisations which possess information on families at social risk: women’s clinics, maternity hospitals, kindergartens, children’s polyclinics, hospitals, secondary schools, social care settings, NGOs, etc.

The key working principles with respect to this activity are mutual assistance and cooperation.

The District Commission on Minors and their Rights:

- accumulates data on social exclusion prevention projects running in the district, and disseminates information on projects to the relevant professionals;
- coordinates the actions of professionals in complex cases of support for a child/adolescent and its family;
- supports and supervises how the database of children/adolescents at risk of social exclusion is updated;
- monitors actions undertaken to solve a child’s difficult life situation;
- takes part in the organisation of training and experience-sharing fora for professionals.

The key principles in this activity are supervision and awareness-raising.

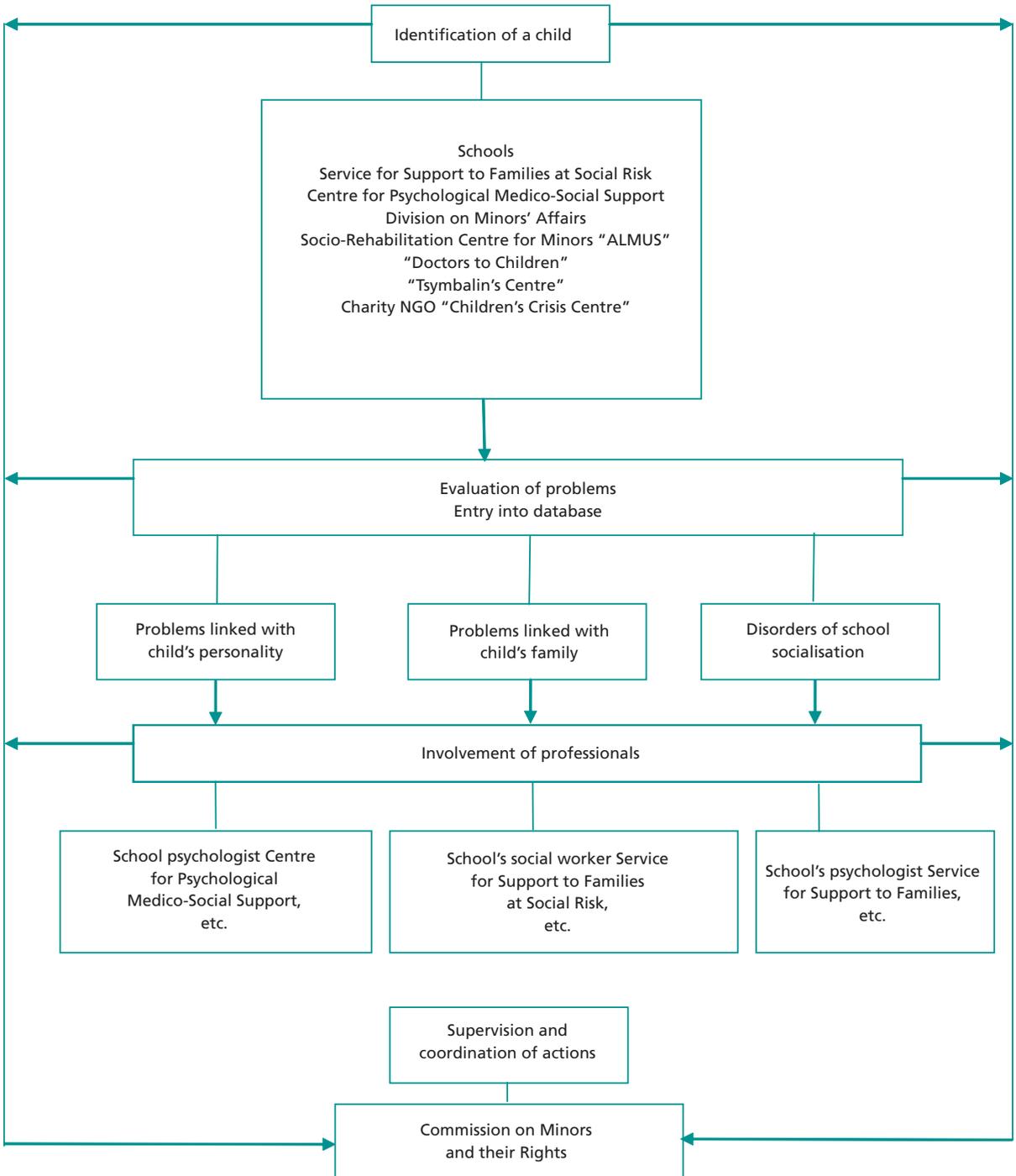


FIGURE 4. Diagram of progress of a child (adolescent) at risk of social exclusion

Conclusion

The material presented in the report allows us to state confidently that, while theoretically and from the point of view of macro-sociology, the problem of social exclusion is far from being solved, in the practical dimension, i.e. in the process of social activity, considerable positive experiences have been accumulated in providing effective care to groups at risk.

It is obvious that children and young people are the priority target group in terms of handling problems related to social exclusion. Early intervention minimises the social and physical costs of the neutralisation of, and compensation for, harms resulting from problems related to social exclusion. The best examples here are the crime rate, disability rate, and the absence or low level of professional qualifications.

Small wonder that many developed countries have a well-established system of early intervention aimed at the prevention of social exclusion. In the current Russia, through the reorientation of the higher education system in the last 15 years, the problem of personnel shortages has been overcome in practical terms, although staff qualifications require further upgrading. Multiple governmental and non-governmental organisations have been established, sometimes with overlapping functions, which declare the provision of support to families and children as their primary goal. This means that the issue of the effective prevention of social exclusion in the Russia is a question, in the first instance, of the establishment of new, or the restructuring of existing, institutional tools needed for success in early interventions.

The results of the analysis of the social exclusion system in one of the municipalities of St. Petersburg clearly demonstrate that effective interventions drastically diminish the three key problems with respect to this issue. These are:

- A. The apparent lateness of an intervention.
- B. Lack of coordination of the actions of different organisations and their professionals.
- C. An insufficient level of external monitoring of both the child (adolescent) and the child's family.

In practice, late intervention means that no positive outcome can be achieved when an intervention is initiated. In addition to clear social and economic harm, moral damage is also sustained.

Above all, this involves the demoralisation of the target group, with the growth of the steady and rapidly developing belief that specialist organisations are impotent in rendering efficacious support in specific, difficult life situations. In turn, this belief reduces the frequency of applications for support to special organisations or, if an application is made, the level of commitment to the recommendations made.

Aside from this, late and therefore ineffective intervention demoralises personnel in specialist organisations. If one's efforts seem uselessness, a feeling of hopelessness develops which lowers professional motivation, including the urge towards professional growth. This manifests itself in the form of cynicism and indifference towards the target group. Such an entrenched psychological state is sometimes defined by professionals as "burnout".

The problem of uncoordinated actions is in some way linked with late interventions. This problem results from the tool for assessing the performance of governmental organisations created in the Soviet era and peculiar to a centralised bureaucracy. The said tool is designed to assess performance based on intermediate results rather than the ultimate results, and encourages the concealment of any sign of institutional failure. Thus, the referral of a child to a specialist organisation is considered a hallmark of the lack of success of the referring organisation rather than an optimal decision in a complex situation.

The principle of “departmentalism” in management is a survivor of the Soviet era. On the one hand, this principle calls for the maximum autonomy of any governmental organisation from organisations in other sectors and, on the other, the minimisation and formalisation of horizontal collaboration by such an organisation with organisations from other sectors.

Non-governmental, special organisations, which began appearing in the country recently, do not at all fit into the current system of departmentalist management, which explains the low demand for their services from governmental structures. This contradiction can be resolved only through territorial management, implying the prioritisation of territorial management over departmentalism.

The improved supervision of a child/adolescent and their family raises a very serious ethical question about the permissible boundaries of intervention by the state and society into the private life of a family. In traditional patriarchal societies, intervention is minimal, while in totalitarian societies it is maximal. Generally, people’s concept of permissible intervention depends on the level of socio-cultural development and cultural traditions of a society. Thus, it is impossible to take a unified approach across Russia and it would be necessary to establish the boundaries of intervention by local legislative bodies.

The model of effective intervention proposed for the prevention of social exclusion and designed for a major city like St. Petersburg, which possesses a variety of special research and academic institutions and, consequently, many highly-qualified experts, and a well-developed network of international contacts and vast resources, could not be transferred to other regions of Russia without limitations or changes.

The practical implementation of the suggested model requires a special regulatory framework, which should be designed by local legislative bodies to fit into the context of the locality. In terms of resources, an important feature of the model is that it does not entail major extra costs, provided that relevant profile organisations and sufficient personnel are available. The content of the model involves the cost-effective use of existing local resources aimed at enhanced performance in the prevention of social exclusion.

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Key Partner

- Finnish National Research and Development Centre for Welfare and Health (STAKES)

Administration of St. Petersburg and municipalities

- Labour and Social Welfare Committee
- Education Committee
- Healthcare Committee
- Committee of Law, Order and Security
- Commission on Minors and their Rights of the St. Petersburg Government
- Administration of Nevsky District/St. Petersburg
- Commission on Minors and their Rights of the Administration of Nevsky District
- Department of the Interior of Nevsky District
- Division on Minors of the Department of the Interior of Nevsky District
- Social Welfare Department of the Administration of Nevsky District
- Healthcare Department of the Administration of Nevsky District
- Education and Youth Policy Department of the Administration of Nevsky District
- Social Welfare Department of the Administration of Krasnogvardeiskiy District/St. Petersburg

Governmental and non-governmental organisations

- State educational institution of additional pedagogical professional training of the Qualification Upgrade Centre of Nevsky District/St. Petersburg “Research and Methodical Centre”
- Secondary School №331 of Nevsky District/St. Petersburg
- Secondary School №336 of Nevsky District/St. Petersburg
- Secondary School №342 of Nevsky District/St. Petersburg
- St. Petersburg State Institution “City Centre of Child Neglect and Drug Addiction Prevention “CONTACT”, particularly the branch of Nevsky District
- Social Care Centre of Nevsky District/St. Petersburg
- Centre for Support to Families at Social Risk of the Social Care Centre of Nevsky District/St. Petersburg
- St. Petersburg State Institution “Socio-Rehabilitation Centre for Minors “ALMUS”
- State educational institution or children in need of psychological, pedagogical and medico-social support “Centre of Psychological Medico-Social Support of Nevsky District/St. Petersburg”
- St. Petersburg Regional Non-Governmental Organisation “Innovation Centre”, particularly Project “Island” and “Tsimbalin’s Centre”
- St. Petersburg Non-Governmental Organisation “Doctors to Children”
- St. Petersburg Charity Non-Governmental Organisation “Children’s Crisis Centre”
- Complex Social Care Centre of Krasnogvardeiskiy District

- Complex Social Care Centre of Frunzenskiy District
- Non-Governmental Educational Institution of Additional Professional Training “Karitas Social School”
- Regional Non-Governmental Organisation of Social Support and Mutual Help “Doverie (Trust)”
- St. Petersburg State Institution “Socio-Rehabilitation Centre for Minors “Charity Home”
- St. Petersburg State Institution “Socio-Rehabilitation Centre for Minors “Malohtinskiy Home of Diligence”
- Temporary Detention Centre for Underaged Offenders of the Central Department for the Interior of St. Petersburg and Leningrad Region

And also

- Network of Finnish-Russian NGOs
- EU Tacis funded Russian-Finnish Project “Nests – families and children at risk”

ANNEX 1

Guidelines of the interview for the description of organisational activity

1. State the full name of the organisation.
2. State the type of organisation (governmental, non-governmental). Describe the position of the organisation in the hierarchy of St. Petersburg governmental organisations (for representatives of governmental organisations).
3. State the funding source of the organisation. Are any difficulties experienced in funding the organisation?
4. What are the target groups of the organisational activity? Briefly describe the target groups.
5. What is the composition and staff of the organisation? Are all posts filled, or is there a need for new personnel?
6. What are the areas of organisational activity? What organisational functions are problematic? What are these problems?
7. Does the organisation take part in the implementation of social exclusion projects?
8. What methods does the organisation use in working with socially excluded children?
9. Does the organisation practice collaboration with other organisations; does the organisation have difficulties in running this collaboration? With what other organisations does the organisation cooperate?
10. Qualitative features of the organisation (adequacy of premises, availability of equipment needed for running the declared activity, education and experiences of personnel, socio-psychological climate of the organisation)?
11. Extra information (what impressed, seemed interesting, exciting, shocking from the viewpoint of the interviewer?)

ANNEX 2

Guidelines of interview for describing cases of social exclusion

1. State, at least approximately, the year and time of year when the child (adolescent) faced a difficult life situation.
2. Give basic data on the child (adolescent) who faced the difficult life situation.
 - a. Sex, age and school grade.
 - b. Physical and mental health (serious illnesses, behavioural characteristics conditioned by health, physical and mental development).
 - c. School performance.
 - d. Behaviour towards schoolteachers.
 - e. Relationships with the class and peers.
 - f. Salient features of temperament.
 - g. Deviant behaviour (absenteeism, running away from home, tobacco smoking, use of alcohol and drugs, abnormally high level of sexuality, bullying and other criminal actions).
3. Give basic data on the family of the child (adolescent).
 - a. Two or single-parent family (single mother); do grandparents or siblings live together with the child and how do they impact on the child (adolescent)?
 - b. Educational background of the parents; income and living conditions of the family.
 - c. Level of care for the child (adolescent) within the family.
 - d. Strictness or lenience of the dominant approach to upbringing in the family; contradictions among family members about the upbringing of the child (adolescent).
4. Describe the most difficult life situation for the child (adolescent).
5. Describe the circumstances, i.e. what, in your opinion, provoked this situation.
6. Describe your actions in this situation.
7. Describe the actions of other professionals who participated in resolving this situation.
8. What was the outcome of the situation? Was this outcome the best from the viewpoint of the child (adolescent)? Try to assess the outcome of the situation for the child (adolescent) according to a five-grade scale.

If the situation did not have the best outcome for the child, then ...
9. To what extent was this the impact of objective circumstances, and to what extent was it the fault of the professionals who took part in resolving the situation? Try to respond in percentages, i.e. percentage of circumstances and percentage of professionals' input, so that it totals 100%.
10. What actions, from what professionals, could, in your opinion, lead to the best outcome for the child (adolescent)?
11. Why, in your opinion, were these actions not undertaken by the professionals?
12. What should the professionals involved have known and been able to do in order to ensure the best outcome for the child (adolescent)?
13. If this situation were repeated, would your actions be the same?

If the actions were different....
14. What would you do in a similar situation now? Try to justify your position (Why would you act differently?)

ANNEX 3

Description of organisations working on the prevention of social exclusion in the Nevsky district of St. Petersburg

1.	Name	SECONDARY SCHOOL (1)
	Size and structure	Children are admitted based on personal applications by the parents. The number of schoolchildren is 769. About 60 teachers work in the school.
	Qualitative characteristics (time of establishment, views of personnel about goals, attitudes to cooperation, etc.)	Attitudes of the personnel: "if parents have no time to devote to their children, this must be compensated by the school. It is important that every child has the chance to fulfil themselves in their social environment. Children should be kept occupied to the maximum extent, preferably at school." The posts in the school are filled. Most personnel have certificates attesting to additional qualification upgrades based on basic professional training. It was noted that 22% of the school's personnel are men. The school receives extra funding from municipal and city programmes.
	Functions problematic for implementation	–
	Problems in implementation of functions	–
2.	Name	SECONDARY SCHOOL (2)
	Size and structure	Children are admitted based on personal applications by the parents. The number of schoolchildren is 671.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	Seven schoolchildren are under guardianship. At the time of the interview, 16 schoolchildren were on the school's antisocial behaviour order. The school principal has occupied the position for about 20 years. There are few young teachers. The schoolchildren must go to school in school uniform, particularly in elementary school. Makeup is prohibited.
	Functions problematic for implementation	–
	Problems in implementation of functions	–
3.	Name	SECONDARY SCHOOL (3)
	Size and structure	Children are admitted based on personal applications by the parents. The number of schoolchildren is 480.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	Until recently, the school was considered a "school of remedial education." Very difficult children who could not study at other schools were referred here. Currently, almost half of the children are from socially deprived families, 2/3 come from single-parent families, and 12 are under guardianship (parents died, or were deprived of custodial rights). National and ethnic diversity. According to the school's personnel, the school should have a support service consisting of: a social worker, psychologist, valeologist, speech therapist, full-time medical worker. The teachers know their children and their problems well, and are able to define the support required. Other special institutions should be involved in very complex cases only.
	Functions problematic for implementation	– involvement of external experts in handling of difficult life situations – control of truancy

	<p>Problems in implementation of functions</p>	<ul style="list-style-type: none"> – understaffing (posts of psychologist and nurse unfilled), not all teachers have teacher training. – truancy (the most common child’s problem faced by teachers) is not sufficient justification for placing a child under the order of the Commission on Minors and their Rights or the Division on Minors. According to the teachers, placement of a child under an order is a necessary condition for inviting professionals who could help in working with these children. – regulatory gaps – there are no regulated ways to return a child to school. Teachers have no legal right to search for children. The militia is obliged to search only for those children who have committed an offence or been declared by parents as missing. – difficulties with the official referral of children to non-governmental social care services. Many formalities related to the non-governmental status of an organisation require fulfilment. – scarce funding of the activity aimed at the support of children from socially deprived families.
<p>4.</p>	<p>Name</p> <p>Size and structure</p> <p>Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)</p> <p>Functions problematic for implementation</p> <p>Problems in implementation of functions</p>	<p>Service for support to families at social risk</p> <p>The staff of the Service: Director, nine social work specialists (one for each municipal district), psychologist, social worker.</p> <p>The Service was set up in November 2003, and 2004 the Service began providing services to the population.</p> <p>Observations made by the personnel: if a family was in a difficult life situation for a long time then, in the first instance, the family would be “familiar” and sooner helped and, secondly, it would be more adaptive (i.e. know how to apply for benefits, where to go). If a family was doing well and the situation worsened quickly (loss of job, loss of the income-provider in the family, etc.), then people would not be adaptive and would require help. One of the Service’s tasks is to identify such situations. However, most neglected and complex cases of social exclusion of children and families fall under the purview of the Service.</p> <p>Establishment of clients’ database.</p> <p>Lack of telephone complicates the activity of the personnel and hampers the growth of clientele.</p>
<p>5.</p>	<p>Name</p> <p>Size and structure</p> <p>Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)</p> <p>Functions problematic for implementation</p>	<p>Centre for psychological medico-social support of Nevsky District/St. Petersburg.</p> <p>Psychologists, neurologist, correctional teacher, speech therapists, psychotherapists.</p> <p>According to the personnel of the Centre, one difficulty in identifying the children lies in the fact that a school social worker often refers a child to the Centre because the teacher is unable to provide adequate support, and it is unlikely that a child will come to the Centre of his/her own accord. A criterion for the social worker’s performance is the number of children placed under a police supervision order: the fewer children there are on the order, the better a social worker is performing. For this reason, a child is entered into the database only if he/she has been placed under a police supervision order. If a child is removed from the order, then the social worker will request that this child be immediately removed from the database. Thus, information is received from schools, but often in critical situations only.</p> <p>Information is presented by a social worker in writing in free form. The personnel of the Centre attempt to organise roundtables on inter-sectoral collaboration in municipal districts of the city. Specialists from the districts are reluctant to attend such meetings.</p> <p>The goal is working with the whole family – the child and both parents. In reality, the work reaches a child and grandmother, or the mother in the best case scenario.</p> <p>One problem lies in running a database on children who have committed offences. Problems exist in collaboration with schools, the Commission on Minors and their Rights and the Division on Minors.</p>

	Problems in implementation of functions	It is possible to request information from schools. Children arrive at the Centre through referrals of the Commission on Minors and their Rights and the Division on Minors. The available information on children is neither accurate nor complete. This information often contradicts the information coming from the schools, even at the level of names and birth dates. The personnel of the Centre place greater trust in the school information. Information on children available in the Centre is strictly confidential and not submitted anywhere. Only statistics can be presented if requested by city committees.
6.	Name	centre for socio-medical assistance to neglected and street children of THE St. Petersburg ngo, "doctors to children"
	Size and structure	Director of the Centre, project coordinator, highly-qualified nurse, psychologist, two social workers, educator.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	Nine tenths of clients live in single-parent families. Children became involved in street life for the following reasons: mother works and cannot spare time for her child; mother seeks a job and has a low income; parents are alcoholics. The personnel of the Centre prepared a manual entitled "Basics of Tourism and Mountaineering", which, in addition to the physical development of the children, helps satisfy their inclination to risky behaviour.
	Functions problematic for implementation	–
	Problems in implementation of functions	–
7.	Name	St. Petersburg city centre of child neglect and drug addiction prevention "CONtact", branch of Nevsky District
	Size and structure	At the moment of the interview, 7 people worked in the Centre and there were plans to hire three more. The staff includes a lawyer, psychologist- psychotherapist, office manager and a social worker. Each specialist works with 10 children.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	–
	Functions problematic for implementation	It is impossible to provide counselling to children upon a school's request. This is connected with difficulties in the fulfilment of such tasks in terms of constant support for a child, assistance in a case of abuse, the institutional placement of a child after a supportive period is over and the early identification of cases.
	Problems in implementation of functions	<ol style="list-style-type: none"> 1. A precondition for a child's referral is the child's placement under an order of the Commission on Minors and their Rights and the Division on Minors. 2. Public transport reimbursement is needed, not just for social workers but also child attendees: often such children have no school card, or the parents do not buy monthly public transport tickets for them, or the children are entered on the school database because they do not attend school. 3. In cases of abuse or sexual depravation, there is no chance of initiating legal proceedings in the absence of a personal application by the mother or child. 4. Short duration of the supportive period. Problem handling usually requires a longer period. 5. No job placements for child. The youth employment office works seasonally. 6. There are no structures for re-socialising children with low education levels but who are intellectually well-developed. 7. Information from schools arrives late: "Hidden exclusion" lists take years to appear".

8.	Name	St. Petersburg regional non-governmental organisation on working with children and young people "Innovations Centre", Project "Tsymbalins' Centre"
	Size and structure	Project manager, educators, two psychologists, one social worker.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	The principal goal of the Project is to assist the hospital's medical personnel in supporting children. The Project began in 1997. The social service for the admission of children left with no parental custody (governmental structure under the hospital) was established in 1993.
	Functions problematic for implementation	–
	Problems in implementation of functions	At the moment, funding is diminishing: psychologists have had to be laid off and the numbers of social workers and educators reduced.
9.	Name	Socio-rehabilitation centre for minors "ALMUS"
	Size and structure	Educators, social workers, social workers, a psychologist.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	Estimated for 45 children. In the 2004-2005 academic year, 21 children attended the Centre.
	Functions problematic for implementation	Low level of referrals by schools.
	Problems in implementation of functions	"Reluctance" of schools to cooperate (refer children)
10.	Name	St. Petersburg charity non-governmental organisation "children's crisis centre"
	Size and structure	Telephone line service. Day care centre. Social rehabilitation centre for street children. Social service. Charity meals for street children and children from socially deprived families. "Mobile school". "Space of happiness" (description in the text above).
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	–
	Functions problematic for implementation	–
	Problems in implementation of functions	–
11.	Name	Temporary detention centre for juvenile delinquents of the Central Department of the Interior of St. Petersburg and Leningrad Region
	Size and structure	Educators, psychologists, medical workers.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	The Temporary Detention Centre is a closed institution.
	Functions problematic for implementation	–
	Problems in implementation of functions	–

12.	Name	Commission on Minors and their Rights under the Nevsky District Administration
	Size and structure	Representatives of the Education and Youth Policy Department, representatives of the Labour and Social Welfare Department, representatives of the Centre for Psychological Medico-Social Support, Chief of the Division on Minors of the Nevsky District Department of the Interior, Executive Secretary, Chairperson.
	Qualitative characteristics (time of establishment, views of the personnel about goals, attitudes to cooperation, etc.)	-
	Functions problematic for implementation	-
	Problems in implementation of functions	-

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