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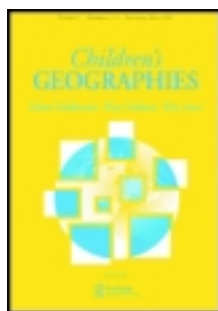
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Complex spaces of orphan care – a Russian therapeutic children's community

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Institutions of orphan care are immensely complex spaces imbued with social and cultural norms, and can exhibit intricate power relations and particularly severe examples of surveillance. While there have been numerous excellent quantitative studies of these institutions, they reveal little of the complexity and heterogeneity of the spaces, and there remains a need for more qualitative and particularly ethnographic studies of spaces of orphan care to reveal their nuances. Drawing upon the author's reflections on a highly unusual space of orphan care, this article makes two major contributions to *Children's Geographies*: (1) it employs a sorely neglected aspect of Foucault's work in *Children's Geographies*, Mettray, in analysing surveillance and discipline in an institution providing care to orphaned children and (2) It highlights the heterogeneity of these spaces and provides an example of best practice in spaces of orphan care.

Keywords: orphan; Foucault; Mettray; Russia; care; *Children's Geographies*

Orphaned children are a phenomenon present in every society across the world, and yet the best practice of care for these children remains debated and contested. Traditionally, orphans have been cared for in institutional settings; however, over the past 100 years in particular, the system of institutional care has come under intense criticism, with foster care often seen as better value and having better outcomes for the children cared for. However, residential care in some form continues to exist, being prevalent in a number of European countries, and predominant in many East European countries such as Russia (Browne et al. 2005; Francis, Kendrick, and Poso 2007).

There have been a number of excellent studies from various disciplinary backgrounds which have detailed the negative effects of institutional care on children, particularly in psychology, paediatrics and social work (O'Connor et al. 2000; Browne et al. 2005; Eluvathingal et al. 2006; Francis, Kendrick, and Poso 2007; Milligan 2007; IJzendoorn, Luijk, and Juffer 2008). However, there remains very little research which draws upon qualitative or particularly ethnographic research which can reveal the actual lived experience of these spaces of care, and this is particularly so in Geography.¹ While quantitative studies have often revealed the correlation between delayed development and quasi-autistic behaviours so often exhibited by orphanage children, it is not exactly clear 'which aspects of what is often a globally deficient environment may be implicated' (St. Petersburg-USA Orphanage Research Team 2005, 479). Qualitative, and

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ethnographic studies in particular, are invaluable to providing the actual lived experience of highly complex environments, where quantitative studies cannot.

This article makes a substantial contribution to *Children's Geographies* by illustrating the complexity of spaces of institutional care for children. In doing so, it challenges the simplicity of the orphanages' bad – foster care good binary which seems to have emerged through quantitative studies reporting the negative effects of institutional care (see Milligan 2007), by drawing upon my own work with a therapeutic children's community in Russia, and it will also draw upon my research into the state institutional care system in Russia.

The article begins with a discussion of the concept of the orphanage, its history and current usage. This is because the orphanage is often seen as the classic space of orphan care, and indeed in many countries these spaces remain the primary form of orphan care, however as this article argues, these spaces are increasingly diverse, and this article explores one of these diverse spaces in the empirical section, a therapeutic children's community. The main context of the article will centre on institutional child care in Russia, which is the focus of my own research. While discussing orphanages and spaces of orphan care I draw upon examples from the European, American and Russian contexts; this is to situate the concept of orphan care and illustrate its global reach and importance. This discussion of orphanages and spaces of orphan care will then be situated within two sub-disciplines of Human Geography; Geographies of Health and Care, and *Children's Geographies*.

This article makes two substantial contributions to *Children's Geographies*; firstly theoretical in following McIntosh et al.'s (2010) call for a more nuanced understanding of Foucauldian notions of surveillance, the discussion of the therapeutic children's community will be framed by the concept of surveillance and draw upon Foucault's theorising of Mettray. Interestingly Children's Geographers have neglected this aspect of Foucault's work, frequently employing Foucault's theorisation of the Panopticon instead, despite Mettray's more obvious application to children and youth.

Secondly empirical; understanding the heterogeneity and complexity of these spaces and the agents which inhabit them is integral to improving systems of orphan care in countries where the ultimate goal of deinstitutionalisation may be many decades away. By highlighting this complexity and drawing upon one particularly unusual case study, this article aims to present an example of best practice of institutional orphan care as midway approach where deinstitutionalisation is a long way off or simply unfeasible.

The orphanage

The issue of orphaned children is far from a novel phenomenon, and it is something which affects every society across the globe. A child can be single orphan (having lost one parent) or a double orphan (having lost both parents) (Daniel 2005). In 2008 UNICEF calculated that 132 million children worldwide can be classified as orphans, although only 13 million of these have actually lost both parents. In Europe and in Russia the majority of orphaned children are what would be termed social orphans; children who have a living parent unwilling or unable to care for the child (Khlinovskaya Rockhill 2004, 2010; Browne et al. 2005).

In European countries, as populations swelled so too did the need to create spaces of care for orphaned children; early examples of these spaces include places such as 'foundling hospitals' in seventh-century France and Italy which cared for abandoned children (O'Sullivan and McMahon 2006). These spaces were highly normative and imbued with religious ideals of parenthood and childhood, for example Christ's Hospital in England which was built in 1552 to care for abandoned children; however from 1600 onwards illegitimate children were no longer accepted (O'Sullivan and McMahon 2006). The first orphanage established in Russia was in 1706, and

these spaces of care for abandoned children were similarly highly normative and moralising spaces, described as shelters for babies 'born of shame' (Pantiukhina 2009, 40). These institutions became focal points for 'moral' work; saving the shameful and pitiful from their disgrace, with a particular emphasis on the 'moral development' of these orphaned children who have been tainted by their abandonment (Ball 1993; Pantiukhina 2009).

Orphanages and institutions of care for orphaned children perhaps reached their peak of usage in the USA and Europe in the nineteenth and early twentieth centuries; in France the penal colony for juvenile delinquents known as Mettray was founded in 1840 near Tours. Mettray's perceived success with its rural location, and emphasis on making its inhabitants work proved 'popular' and led to similar institutions appearing in Britain and the Netherlands (see Driver 1990; Ploszajska 1994; Dekker and Lechner 1999; Dekker 2007). Rural isolation was popularly believed to be beneficial to vagrant and orphaned children; in the USA orphans were dispatched from crowded urban environments to rural foster families (O'Sullivan and McMahon 2006). The belief that work could cure orphaned children of their social ills was similarly popular; in the Soviet Union Anton Makarenko set up labour communes for homeless and orphaned children, or as Makarenko described them, 'moral defectives' (Oushakine 2004, 410). Work in Soviet orphanages was an integral part of fighting this 'moral defectiveness' and becoming a functioning Soviet man or woman, as Misha Nikolaev describes:

I was first taught to work at a very early age indeed. In the first orphanage at the age of five, we were made to help in the kitchen and the dining room. We laid the tables and put out the bread. The children on kitchen duty would peel potatoes; we weren't trusted with knives, so we peeled them with our fingers after they had been boiled. I can still remember burning my fingers on hot potatoes ... In orphanage number four work was on an even more serious footing ... Every orphan had to work four hours a day in the workshop ... We had our quota, of course, two sweaters, if I remember correctly, in four hours. If you failed to fulfil the quota, you were punished ... It would seem that any material benefit the orphanage might have derived from our labour was unimportant; what mattered was that we should become habituated to physical labour from as early an age as possible. (Nikolaev 1990, 26–27)

There were significant numbers of orphaned and homeless/vagrant (*besprizornye*) children in the USSR, which eventually led to the Soviet authorities creating large numbers of institutions based upon Makarenko's Gorky and Dzerzhinsky labour communes for orphaned children. As Nikolaev (1990, 24) recalls in his village; '[t]his small town, a regional centre a hundred kilometres from Moscow, had five thousand inhabitants. And no less than five orphanages'.

The decline of the orphanage

The use of orphanages in nineteenth-century Europe and the USA declined rapidly in the twentieth century; Mettray, that icon of orphan care and philanthropic work was damned as 'children's hell' by the French intellectual and writer Jean Genet (Driver 1990).

In the USA, Henry Dwight Chapin, a paediatrician, argued that the institutionalisation of children in residential care settings was ineffective and harmful to the children, leading to the closure of many institutions and a move towards fostering (O'Sullivan and McMahon 2006). In the UK, the work of the psychiatrist Bowlby (1969, 1973, 1980) on attachment and loss in children proved particularly influential; Bowlby argued that from the age of 6 months to 3 years, children form attachments with familiar adults, and their development is strongly linked to these adults' (or adult's) sensitivity to their needs. More recently, neurobiological research has illuminated just how quickly an infant's brain develops:

the development of the brain in the postnatal period is truly staggering; the human infant is born with some 100-billion neurons and each neuron forms about 15,000 synapses during the first years of life ... [b]y the age of 3 the child has formed about 1000 trillion synapses. (Johnson, Browne, and Hamilton-Giachritsis 2006, 36)

These synaptic developments are nurtured by the presence of a caregiver; ‘a sensitive caregiver and a secure environment promote brain growth and development, while an impoverished environment has the opposite effect and will suppress brain development.’ (Johnson, Browne, and Hamilton-Giachritsis 2006, 36) Although it took some time for neurobiology to catch up with Bowlby’s theories, the effect of his work was hugely influential and led to the closure of many institutions. This is particularly so in the UK where there are now very few institutions of residential care for orphaned children; most children will only stay in one of these institutions for a short period of time before being housed with a foster family and perhaps eventually becoming adopted (see Browne et al. 2005; Francis, Kendrick, and Poso 2007).

Bowlby’s effect on some countries’ systems of care and not on others reveals the importance of geographical borders and the cultural and political significance of these borders in translating knowledge. For instance in Finland, Bowlby’s ideas initially received little attention, and the historical traditions of housing orphans in orphanages so as to avoid ideological contamination² from the Soviets after the Second World War meant that a system of institutional care continued far longer than in some other European countries (Francis, Kendrick, and Poso 2007). Finland’s system of care for orphaned children has since altered and has moved closer to other European fostering systems (Francis, Kendrick, and Poso 2007). But the iron curtain and cultural differentiation in Eastern Europe and the Soviet Union resulted in a larger system of institutional care continuing in these countries, even beyond the collapse of the USSR.

Large-scale institutional care for orphans still continues to be the dominant form of care in the Russian Federation; this has been confirmed in various studies including the work of anthropologists such as Creuziger (1997), Khlinovskaya Rockhill (2004, 2010) and Stryker (2000, 2012), and from my own research and working experience of institutions in Russia.

There is a tension that arises from the valuable quantitative studies from disciplines such as psychiatry, psychology and medicine that document the very apparent damaging effects of large-scale institutions and the fact that in some parts of Europe, and particularly in Russia, institutional care is still relatively prevalent (Browne et al. 2006). This tension emerges from the problem that while these institutions can indeed be extremely damaging for orphaned children, importantly they are far from homogenous spaces, in reality they can be far more heterogeneous than some research suggests.

While in no way discounting the damaging aspects of institutionalisation of children, there is a risk that an overemphasis on the negativity of residential care can lead to broad generalisations conceptualising residential care as always constituting this kind of mass institutionalisation which is so damaging (see McKenzie 1997). This is particularly so with regard to the former Eastern Bloc and Soviet Union, where numerous studies and documentaries have relayed appalling tales of neglect and mass institutionalisation (Human Rights Watch 1998; Rutter, Kreppner, and O’Connor 2001).³ The issue is that while these institutions can be incredibly damaging to a child’s development, they are not all the same, and it is important to develop an understanding of these different spaces in order to understand and adapt a system which in some places has not changed for decades.

Spaces of surveillance and agency

Institutional spaces of childhood such as the school have been researched effectively by Children's Geographers, often employing Foucault (see McGregor 2004; Brown 2007; Pike 2008). Spaces of orphan care, such as the standard orphanage and the less standard therapeutic children's community explored in this article, are comparable institutions that can and should be analysed along similar theoretical lines.

Geographers have typically employed Foucault's theorisation of the Panopticon to analyse institutional spaces of childhood; the Panopticon or Panopticism⁴ is 'often presented as the ultimate Foucauldian set piece' (Simon 2005, 2) and for understanding surveillance in institutional environments it is seen as '*the* spatial model of disciplinary power' (emphasis in the original, Philo 2011, 31). While it is a popular trope in Geography, actually as Philo (2011) points out, it is Mettray which appears more relevant to a study of childhood institutions, particularly the orphanage. It is strange that Mettray has received so little attention in particular from Children's Geographers, as it is an integral part of Foucault's (1991) seminal *Discipline and Punish*. The neglect of Mettray by Geographers, but particularly Children's Geographers is problematic; not only does Mettray represent a rare moment where Foucault deals directly with children and youth (see Philo 2011) and thus more directly relevant to this *Children's Geographies* than the Panopticon, it is also a very severe disciplinary institution which introduces new theoretical insights into *Children's Geographies*, specifically when thinking about youth in institutional spaces and how discipline and surveillance are internalised by children.

In fact Foucault saw Mettray, the colony for juvenile delinquents, as the definitive disciplinary institution, he saw it as the 'completion of the carceral system' (Foucault 1991, 293). For Foucault (1991, 293) Mettray represented the 'disciplinary form at its most extreme, the model in which are concentrated all the coercive technologies of behaviour'.

Following the rapid industrialisation of Europe, the divide between the urban and the rural gained a moral edge, developing what Ploszajska (1994, 415) terms 'moral landscapes', and we can see an interesting convergence between spaces of health and 'moral' spaces. Indeed spaces of orphan care can be seen as linked to what Gesler (1993) has termed 'therapeutic landscapes'; landscapes (or spaces) which are considered influential in the promotion of health and care, such as Epidaurus in ancient Greece or more recently meeting places for recovering addicts (see Wilton and DeVerteuil 2006) or children's health camps (see Kearns and Collins 2000).

As Driver (1990) and Ploszajska (1994) point out, urban spaces and the city were spaces where social ills and deviancy could spread and thrive, like diseases such as cholera. Social ills such as drunkenness, prostitution and insanity were mapped across the urban landscape as a kind of 'moral geography of the city' (Driver 1990, 273). Statistical information about these phenomena was gathered to support theories and the development of reformatory science which argued that people were vulnerable to infection from others suffering from these social ills. This was why, after all, these phenomena remained concentrated in specific locations, so the cure or answer lay in rural isolation away from urban contamination (Driver 1990; Ploszajska 1994). While many adults were seen as beyond saving, children were considered more malleable and thus isolated to distant rural institutions where through considerable hard work they could be saved from future social ills.

Mettray was first and foremost a colony for juvenile delinquents, but also housed a large number of orphaned and homeless/vagrant children, and its template proved so 'successful' that it was quickly adopted in other European countries (Driver 1990; Ploszajska 1994; Dekker 2007). Often the popular perception of an orphanage is that of, primarily, a dormitory which houses abandoned or neglected children. Mettray differed from this in a number of ways;

firstly children were organised into ‘families’ within the institution where they had two older brothers (Foucault 1991). Secondly there was a military aspect to life in Mettray:

each family, commanded by a head, was divided into two sections, each of which had a second in command; each inmate had a number and was taught basic military exercises; there was a cleanliness inspection every day, an inspection of clothing every week; a roll-call was taken three times a day. (Foucault 1991, 293)

Thirdly, strenuous manual work in the fields was seen as an essential tool to develop these morally deficient youths (Driver 1990).

What is particularly interesting about Mettray as an institution for Foucault, and for the purposes of this article, is that the children themselves were involved in the process of surveillance; the children and youths resident at Mettray were self-disciplined. Indeed Mettray was known as ‘the “prison” without walls’ (Driver 1990, 276), because the ‘moral training’ the children received meant that they would not try to escape. Frederic Demetz, the founder of Mettray, hoped to instil in each inhabitant a moral seed so that he would reform himself and thus be self-disciplined and no longer be so vulnerable to social ills and criminal behaviour (Driver 1990). The use of families in Mettray was integral to instilling this moral seed and critically, *loyalty* to the institution so that each child became an agent of surveillance (Philo 2011). Mettray’s success seemed conclusive when in 1848 there were uprisings in a number of prisons across France, yet Mettray and its inmates remained calm and untroubled (Dekker 2007).

Foucault, power and supervision

Although Mettray eventually fell into disrepute and was closed after a vigorous campaign against it (Driver 1990), the agency displayed by the young inhabitants in their supervisory roles is a good example of Foucault’s conceptualisation of power. Foucault saw power not as a binary relationship between a powerful ruling elite and a weaker, subdued group, but as something which is dispersed among and between groups of people (Dekker and Lechner 1999). Similarly while power can be repressive and exclusionary, it can also be positive and creative; ‘power organises experience and produces subjects and objects, in short, power generates reality’ (Dekker and Lechner 1999, 45).

Children are subjects of surveillance even from the point of conception; an embryo can be monitored to reveal any genetic abnormalities or determine the sex of the child (Marx and Steeves 2010). Parental surveillance of children has become increasingly extreme and intrusive, to the extent that parents can buy tools to reveal the Internet activity of their children, attach GPS tracking devices to them and use home drug tests among other tools to keep a close eye on their child’s activities (Marx and Steeves 2010). However, there is a tendency to oversimplify adult–child surveillance as one-sided and neglect the agency of the cared for, by focusing too much on the carer. Within *Children’s Geographies*, there has been considerable work to emphasise the agency of children, particularly in their relationships with their teachers or parents. As Bordonaro (2012) points out, acknowledging the supposedly unacknowledged agency of youth has become something of a paradigm in *Children’s Geographies* (see Valentine 1997; Holloway and Valentine 2000), however he found that often social workers and carers were well aware of the agency of the youths they were working to help. While the social workers strove to limit the agency of the children in Bordonaro’s study, the orphaned children of the therapeutic community see their own agency not only acknowledged, but also actively encouraged, which is symbolised by their (Mettray-like) implication in their own care.

The adult–child (carer–cared for) relationship in residential care settings is a space where surveillance is particularly important; ‘surveillance can be a crucial component of care, particularly in relation to vulnerable groups and individuals such as children or old people’ (McIntosh et al. 2010, 290). However, children in residential care have power and are also agents alongside the adults; McIntosh et al. (2010) explore the ways in which food practices in residential care reveal the ways in which not only adults, but also children are agents of surveillance and demonstrate the web-like nature of power. They note how children would use their money to buy food that was seen as unhealthy by the adults, or how they would hoard food and eat it in spaces where they were not supposed to. Similarly, McIntosh et al. (2010) note that surveillance is not uni-directional and that in the wake of several scandals in residential care settings staff are increasingly under surveillance themselves, meaning that it is in fact a multi-directional process. My own experiences corroborate this; in order to volunteer and work in the therapeutic children’s community I was required to undergo a Criminal Records Bureau (CRB) check and be interviewed; for the state institutional orphanage I was required to be tested for tuberculosis before gaining admittance.

Finally, McIntosh et al. (2010) raise an important point in their study; surveillance is often conceptualised as something negative and intrusive, and yet many of the children who come to live in residential care or orphanages are there because of neglect and an absence of supervision.

This reflects the way in which power is also sometimes understood in oversimplified terms; these are complex and multi-directional, often horizontal processes, rather than the vertical, uni-directional processes they are sometimes understood as.

Methods

This research is ethnographic, and is based upon two data-sets; first, observational data, which draws upon seven years of work as a trustee of a charity which works closely with the children’s therapeutic community. Throughout the seven years I have worked with this community and the charity, I have visited the therapeutic community on several occasions for several months at a time, and I am involved in determining the charity’s relationship with the therapeutic community including sending out consultants and helping to secure funding for specific projects. This illustrates the extent to which I am embedded within the systems and spaces which are the focus of this article.

Secondly I draw upon 10 semi-structured interviews conducted in the children’s community; these were very flexible and allowed participants to lead the conversation rather than following my direction. The interviews varied in duration, with some as short as 15 minutes, while others lasted for an hour. Participants included eight adult members of the community, including one former resident who had come back to work as a foster parent and teacher, and two of the younger members who were 16 and 17 at the time of the interviews.

This research also draws upon some of my observations of volunteering in a state-run institution. This institutional space of orphan care differs greatly from the therapeutic children’s community; it is vast and home to over 400 children with varying levels of disability, both mental and physical. Importantly it should be noted that this article does not intend to be a comparative piece, but simply uses observations from the state sector to inform the discussion of the therapeutic children’s community in order to enhance comprehension of the heterogeneity of spaces of orphan care. Thus it will only refer to the state sector sparingly.

The Russian state orphan care system is largely a closed system and network of different institutions. Gaining access to these institutions is notoriously difficult, and care for orphans is not standardised across the Russian state, with different regions responsible for the institutions in their own jurisdiction. Given it is not a federalised system (see Human Rights Watch 1998;

Khlinovskaya Rockhill 2010), and the obstacles to access, it is difficult to draw up any generalised structures for the system, or quantify the scale of institutionalisation in Russia. Complicating the picture is a complex web of NGOs working both within the state system and outside of it to improve the care of orphaned children in Russia. This article therefore makes a substantial contribution to *Children's Geographies* by providing a case study to enhance understanding of this phenomenon in Russia.

All participants were fully informed of the purposes of the research and their rights to withdraw, and that the research might eventually be published. In order to maintain my participants' confidentiality I do not include any of the names or the location of the community or state-run institution other than that they are both in Russia.

Complex spaces of care – a therapeutic children's community:

I think we are creating a new social institution here, because we are able to combine a lot of the traditional social institutions like a family, 'a collective' of children, an [informal] school and a kind of 'work collective' ... - Community Adult

The therapeutic children's community which is the primary focus of this article falls outside the standard definitions of what we might class as a children's home, or an orphanage. Indeed the adults who live and work in this community refuse to call it an orphanage or residential care home. The head teacher at the school who is quoted above felt that the community really represents a new institution and a break with past child-care practices, not only in Russia but also to some extent in other countries as well. The therapeutic community is essentially a group of foster parents who live together in a village-like setting and provide care to orphaned children; in this setting the children live in houses with their foster parents in an attempt to replicate the traditional family format. The adults come from a number of different professions (teachers, psychologists, builders, carpenters), and train in varying therapeutic methods such as play therapy, art therapy and drama therapy to help the children deal with various aspects of their past neglect or abuse. In some ways the community reflects the SOS children's villages set up across the globe,⁵ where children are housed in a village-like setting with an SOS 'mother' to provide them with 24-hour care, as in a standard family. However in the therapeutic community there are certain nuances which set it apart from these villages, as will hopefully become clear in the course of this section of the article.

As opposed to the dormitories, dayrooms and corridors of the state-run institution, the therapeutic community appears much like Mettray: a rural setting where the residents are grouped into families and children are encouraged to be involved in their own supervision. Unlike Mettray the children in the therapeutic community actually live in families with foster parents. In this community we can see the ways in which surveillance and power can be positive, constructive forces, in contrast to the negative and sharply hierarchical power relations and supervisory apparatus often within the state institution.

In many ways this therapeutic community challenges the traditional understandings of how surveillance and power operate in orphan care. At the most basic level the way in which children come to live in the community, in comparison to the state institutional system reflects the way in which power is dispersed between the adults and the child; the child initially visits the community, taking part in one of the summer camps. If the child enjoys the camp, fits in well and seems keen to be a part of the community, then the child is asked if he/she would like to come to live in the community:

Researcher: Then it's their choice? Do they decide themselves if they like [the community] and want to stay ... ?

Community Adult: Yes, it is very important that the child himself agrees to come here.

In the state system of institutional care, by contrast the child's agency is considerably more marginalised. For instance in the large children's home for disabled children I volunteered in, I learnt that many mothers are persuaded to give up their children if they are disabled, often because they are told that they will not be able to care for these children. The child's influence on this process is zero.

Indeed even upon reaching the age when they should technically be able to leave the orphanage, the children often have to go to an adult institution from which they never leave. During my time working with the large state-run orphanage I was only aware of one person who had successfully extricated himself from this system in the institution's history. The state-run orphanage offers little in the way of preparation for the outside world. The therapeutic community, meanwhile, empowers the child in the first instance by offering a choice, similarly following graduation from this care environment, the child is able to come back to the community; I witnessed many of the grown-up children returning during university holidays and several who had come back to live permanently in the community, taking on teaching and caring roles themselves.

The agency of children, so well documented in *Children's Geographies* (Valentine 1997; Holloway and Valentine 2000; Bordonaro 2012; Payne 2012) can thus be encouraged and promoted in a space designed for caring for orphaned children. Not all of these spaces need be so debilitating and damaging to the orphaned children who inhabit them.

Care relationships

One of the most interesting ways in which the residents of the therapeutic community demonstrate Foucault's conceptualisation of power and surveillance is through care relationships and practices. While often care relationships can be understood as uneven, with the care recipient disempowered and as the subject of the care provider's knowledge (see Pease 2002; Perron, Fluet, and Holmes 2004), in this instance (as with Mettray) the children are implicated in their own care processes. Throughout my time working with the community I have observed several examples of the children as co-carers alongside the adults. In particular one English lesson I was teaching was interrupted by a child outside the house I was working in, the child was screaming and sounded particularly disturbed. The lesson fell apart as we all went outside to find this child and see what was wrong. Interestingly it was the children I was teaching who took the lead in approaching the child, talking to her and addressing the problem at hand. Within a couple of minutes all of us were back in the house, and the lesson resumed with the young girl sitting happily and taking part in the activities. What is particularly of note is that my initial reaction, not knowing the child's history, was to try and see what was wrong and find a familiar adult to comfort her. I was later informed that this particular girl had experienced a great deal of trauma at an early age, and at times her way of processing this was to begin screaming without warning. In the orphanage she came from, this was her way of attempting to gain control of her environment. In the therapeutic community, where she has parents and a family, they were trying to address this habit and encourage her to stop it. The children I was teaching knew this and quickly reacted to her behaviour, offering her support but also reminding her that this behaviour was no longer acceptable.

The community actively seeks to include the children in the care process as a part of their own care:

Community Adult: the children [here] are very patient; they are very tolerant of each other and help each other a lot. I see when they talk to another child who has just arrived from the orphanage; they

explain [to them] ‘you are behaving like this because this is all you know, but you don’t have to scream and shout, you won’t get attention by screaming, try talking [normally].’

In contrast, the state system sees the children as passive; they are total recipients of care, and experience their agency by being restrained, both socially/psychologically and at times physically.

This dispersion of power and surveillance is similarly replicated in other subtle methods of care utilised by the residents of this community. In particular, it is interesting to note how within this community space, linguistic terms of respect that would be the norm in Russia are transgressed purposefully in order to symbolically address power differentials between the children and the adults. This is attempted by all residents referring to each other by the familial, informal ‘you’ (ты – ty).⁶ It would normally be quite unusual for a child to address an adult in this way in Russia, but for the residents it is now a standard form of address. When I suggested that this represented a form of equality to some of the members of the community, some of the adults were not convinced or unsure of how equal they really were with the children:

Community Adult: We have equality but we’re not exactly ‘identical’.⁷ [I mean] my responsibility is greater than any of the children’s, and my understanding of life is greater, but we’re equal in everyday work and in conversation.

Whereas others were keen to emphasise that certain aspects of life in the community were explicitly directed at creating a space where children from orphanages (who represent some of the most marginalised members of society) enjoy a level of respect and equality alongside adult carers:

Researcher: And the language used by adults and the children, I’ve noticed that the children often address you as ‘ty’ (‘you’ – informal)... is that done consciously?

Community Adult: Yes this is done consciously so that the child overcomes his fear of adults. Our children have had terrible experiences early in life, they are often afraid of adults and they find it hard to trust them, so it’s essential to break down this barrier and make us somehow equal so that he feels that he’s a person [too].

Mobility and space

Mobility is an interesting point of reflection when considering the state-run institution and the therapeutic children’s community; in the state-run institution the children were confined to their rooms, and were not permitted to leave (even to go to the toilet) without an adult (or an adult’s permission), meaning the children are restricted to movement only within the confines of certain spaces. In the most extreme instances, some of the children were physically restrained, with the result that they were essentially completely immobilised. This example (albeit a very extreme one) of the state’s institutional orphan care sees many of the children completely disempowered, with no options to explore or exercise their agency.

As previously mentioned, it is problematic to draw comparisons between such radically different environments, especially since the needs of the residents obviously do differ quite significantly as one institution is home to orphans with varying levels of physical and mental disability, whereas the other is home to orphans without any disabilities. However, on the issue of agency and mobility of the residents it is interesting to notice how sharp the contrasts are, and how power and surveillance can be distributed differently among the agents within a certain institution.

In contrast, the children of the therapeutic community are free to move without restraint and visit all spaces within the community; there are no locks on any of the doors, and no fence around the community. Indeed freedom of movement is actively encouraged:

Researcher: ... all the doors are open, they're not locked ... could you say a bit about that?

Community Adult: 'Open doors mean open minds.' We are open to the children and we want them to be open to us. It's the main thing we want to achieve with them; we want them to open up. All of them are closed because they have suffered so much, and all of them are closed when they come here. We need them to open up.

In Foucauldian terms, this freedom of movement sees the children as a part of the supervisory apparatus of the community. But as mentioned previously, Foucault's understanding of power (and I would argue supervision) is not simply as a destructive force in the hands of a dominant hierarchy, but as something dispersed among many different people, and with the potential to be a positive and constructive force (see Dekker and Lechner 1999; McIntosh et al. 2010). I noted this freedom of movement that is afforded to the children on a number of occasions, and this unrestricted movement was also noted explicitly as a positive aspect of life in the community:

Researcher: I also noticed that [in the community] there is a system of open doors ...

Community Child: Yeah, yeah. At any time, whenever you want, if you're depressed, or if you just don't have anything to do, you can just pop into any house, and I don't know, say 'I've come to drink tea.' And they will definitely welcome you and feed you and give you something to drink. That's very normal [here].

Again in this respect, the therapeutic community challenges the dominant vision of what constitutes what might be considered a traditional space of care for orphans (such as an orphanage), and how power relations and surveillance of the residents are played out. Through this freedom of movement the children are a part of the supervisory system, and thus empowered by their agency. Not all spaces need be as damaging and debilitating as the large state-run institutions.

Concluding remarks

This article examines the heterogeneity of spaces of orphan care, and the development of increasingly complex spaces of care for orphans such as the therapeutic children's community. Quantitative studies have provided huge amounts of statistical information to illuminate the damaging nature of the institutionalisation of orphaned children (see O'Connor et al. 2000; Rutter, Kreppner, and O'Connor 2001; Browne et al. 2005; Browne et al. 2006; Eluvathingal et al. 2006; IJzendoorn, Luijk, and Juffer 2008), but a lack of extensive qualitative, and particularly ethnographic studies, has meant that these spaces are seen in oversimplified terms. By examining the heterogeneity of these spaces, we can move to isolate the negative and positive aspects which are not necessarily clear at present (St. Petersburg-USA Orphanage Research Team 2005), and in doing so, we can advocate best practice for orphan care where de-institutionalisation is either unfeasible or a long way off. The therapeutic children's community represents an interesting hybrid of institutional and foster care for orphaned children, which should form the basis of creating new institutions for orphaned children where adoption or fostering is not possible, particularly in Russia where the state maintains a relatively large institutional system of care for orphaned children.

Furthermore, this article addresses a considerable gap in the theoretical literature of *Children's Geographies*: Mettray. While the Panopticon is often deployed as *the* Foucauldian disciplinary model, in fact Foucault saw Mettray as the ultimate disciplinary institution (Foucault 1991). Importantly for Children's Geographers, this is a rare instance of Foucault dealing directly with youth and children. Mettray thus represents a far more relevant Foucauldian theoretical position for Children's Geographers to adopt, and its neglect is strange. In beginning the process of addressing this neglect, this paper sets an agenda for other Children's Geographers, not only with

regard to research on institutions or spaces of orphan care, but also when examining other institutional environments for children.

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Notes

1. There has of course been some very informative qualitative research on institutions of residential child care (see Creuziger 1997; Khlinovskaya Rockhill 2004, 2010; Dorrer et al. 2010; McIntosh et al. 2010; Punch, McIntosh, and Emond 2010), but there remains a need to balance the large number of quantitative studies with further rich qualitative or ideally ethnographic data which can reveal the nuances of life in residential care.
2. During the Cold War there was considerable fear in ‘Western’ countries about possible ‘ideological contamination’ of youth by communism. In Finland orphans were seen as particularly vulnerable, and there was a fear that it may not be possible to guarantee the political leanings of foster families, thus institutions were a preferred method of care (see Francis, Kendrick, and Poso 2007).
3. See also, for example, the recent BBC (2012) documentary which looked at Ukraine’s state-run orphanages (available at: <http://www.bbc.co.uk/programmes/b01k2g45>).
4. The Panopticon was a prison structure first imagined by the philosopher Jeremy Bentham, in which prisoners were under constant surveillance. Bentham envisaged a central tower structure circled by several tiers of cells, all movement within the cells was to be visible to the guards, whereas the activities of the guards above the cells were completely invisible to the prisoners (McCorkel 2003). For Foucault this constant surveillance was gradually internalised by the prisoners as they learnt the futility of fighting against it (Philo 2011).
5. See <http://www.soschildrensvillages.org.uk/> for more information about SOS Children’s Villages (n.d.).
6. As in German and French, Russian has retained the formal and informal modes of address. Вы – вы (you formal), is the mode of address for people older than oneself and strangers. Ты – ты (you – informal) is reserved for talking to peers, friends and family.
7. The word used was ‘тождественный’/‘tozhdyestvennyi’.

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