

The existing system of ‘correctional pedagogy’ is often criticised by activists due to its inability to bring children in line with supposed norms of child and cognitive development, but *not* for holding such ideas. Thus the discussion of Kristina’s case argued that ‘the term “correctional” is quite Orwellian – because nobody has ever made institutions focus on “correction”, which means restoring a norm, compensating weaknesses by reinforcing strengths’. Such a belief in developmental norms means that inclusion may be seen as instrumentally important – as an education tool rather than a guarantee of well-being and equality: ‘Various contacts are needed for development and it is particularly important for a child with developmental problems to have an idea and examples of what is normal’ (Stepina 2009).

The retraining of staff within the system is often seen as a way to reduce arbitrariness and violations of children’s rights:

all cases of supposedly inadequate behaviour among children are simply instances when adults could not cope with such behaviour. It would make sense to increase staff skills rather than “medicating” the children in their care (Petranovskaya 2009).

Similarly, ‘a sore lack of professionals in residential settings, especially outside big cities’ (Tulchinskaya 2009) is regarded as a key problem.

Indeed, work with disabled children continues to be seen as highly distinctive: ‘it is a paradox: even potential foster parents with degrees in pedagogy have to attend special classes and this is wise ... but a caregiver working with a whole group of orphans can start straight out of school (Petranovskaya 2009).

Some of the most intriguing critiques of the existing system concern the professionalism and accuracy of diagnosis procedures for disabled children. This was admittedly an issue in Kristina’s case, prompting Altshuler to state that ‘it is crucial to reassess children in order to check whether their diagnosis of “mental retardation” matches their real mental development’ (Altshuler 2009). Campaigners are correct that misdiagnosis by the PMPK is a concern for multiple reasons: inflexible procedures, crude criteria and lack of up-to-date training about certain conditions.¹

Another element of critique in relation to PMPK assessments of disability is prompted by fears that non-disabled children, for example orphans or victims of neglect, have been mistakenly diagnosed as mentally disabled: ‘the PMPK easily doom neglected (but normal) children to a lifelong vegetative existence in children’s homes and then in residential settings for adults’ (Tulchinskaya 2009), thus failing to question the diagnoses and fates of children who have developmental.

Despite seeming to accept certain tenets of defectology, there is also a striking wish to abolish residential care among reformers. Yet, their ideas often promote over-simplistic visions of reform. Criticisms often focused on attainment: ‘even if staff [in an institution] want to promote children’s development, it is practically impossible ... as a result, children will have degraded by their teenage years’ (Tulchinskaya 2009).

¹ The diagnosis of cerebral palsy during the Soviet Union was notably problematic with children often being seen as ‘oligophrenic’ or mentally disabled by PMPK who equated communication difficulties with cognitive impairment.

Critiques of residential care as threatening the privacy and autonomy of children do exist, but are much rarer, for example: 'A child's right to privacy is not recognised in the system of residential care... a child in an orphanage is part of a machine that must appear successful' (Stepina 2009).

More frequently, residential care is associated with harsh, ineffective treatment as well as the abuses of psychiatry in the Soviet period: 'The understanding of all challenges in children's behaviour and learning as medical rather than pedagogical concerns is firmly rooted in the punitive practices of Soviet psychiatry' (Petranovskaya 2009). Indeed, residential care is viewed as a gulag or labour camp for children: 'this system of exterminatory settlements for children ... is unequipped to help families [and] will flourish in our country as long as such people as Larisa Brycheva [a government official who blocked the inspection of the residential setting in which Kristina was placed] can undermine or dilute any legislative attempts to intervene' (Altshuler 2009).

Altshuler (2009) commented that 'How can we make the Russian welfare system truly support children instead of grading them? It is not difficult. It would be enough to create family support workers that help individual cases ... and subordinate the interests of the authorities to the interests of child and family.'

The replacement of residential care by foster and adoptive families has become the ultimate goal of reformers despite being recognized as unrealistic in the current Russian context: 'even the best residential setting is not a substitute family for the child. The best way to destroy punitive psychiatry would be the widespread development of family placements. However, this task will clearly not be achieved in the next few years' (Petranovskaya 2009).

In Kristina's case, public campaigns regarded a substitute family as the only option guaranteeing her best interests. One website set up to raise awareness of her case asked 'Where are you, Kristina's future mum? Answer! We will arrange all necessary medical treatment and collect however much money is needed ... Yes, she will always be blind ... but your family will rescue Kristina, otherwise she will die' (Devochka Kristina: online). Key activists similarly viewed a family placement as Kristina's salvation: 'In the majority of family placements, "hopeless diagnoses" become irrelevant and children improve ... hysterics, aggression, and depression disappear' (Petranovskaya 2009). Conversely, placement in a residential setting was seen as a critical obstacle to her development: 'if Kristina is not adopted, she has little chance of receiving professionally supported care that meets her real mental and physical needs' (Tulchinskaya 2009).