

## GENESIS OF INSTITUTIONALIZATION AND DEINSTITUTIONALIZATION OF SOCIAL SERVICES FOR CHILDREN

**Abstract:** This report attempts to shed light on the genesis terms "institutionalization" and "deinstitutionalization" in the direction of overcoming the existing problems related to the restructuring of care for disadvantaged children in Bulgaria. It is difficult to give a general definition of "institution" or "institutional care", mainly due to different cultural and legal frameworks in Member States. By clarifying the genesis of institutionalization and deinstitutionalization states and the historical course of these two processes both nationally and globally.

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Twenty years after the beginning of the political changes, the institutionalization of childcare in Bulgaria continues to be an unresolved problem that can not be explained only by the totalitarian past. The lack of clear political will to close down homes has led to their "reforming" and "restructuring", which are often seen as a repair of the building and do not lead to a significant change in the way of care and the lives of children. The current report attempts to highlight in genesis the notions of "institutionalization" and "deinstitutionalization" in the direction of overcoming the existing problems related to the restructuring of the care for disadvantaged children in Bulgaria.

It is difficult to give a common definition of "institution" or "institutional care", mainly due to the different cultural and legal frameworks in EU member states. For example, in some countries, even non-resident service providers in the community are classified as "institutions" due to the legal framework. In other countries, the institution is defined only on the basis of the number of persons accommodated - a residential object with a capacity of 30 or more places.

Further, in the report, the term "institution" is considered in the light of the nature of the services performed in the institution, rather than considering the external characteristics of the buildings and the number of persons accommodated.

Typical characteristics of "institutional culture" are consumer isolation, depersonalisation (deletion of personal belongings, signs and symbols of individuality), lack of flexibility, routine in work (fixed wake schedules, nutrition and activities, regardless of personal preferences or needs), block treatment (group activities, without individuality and privacy), social exclusion, passive "institutionalized" behavior, lack of significant activities. Staff in institutions most often have a fixed, not interactive, attitude towards consumers. The overwhelming presence of healthcare professionals and healthcare professionals without experience and qualifications in social work maintains high levels of staff-to-consumer distance. Consumers feel socially isolated, they do not have sufficient control over their lives and decisions that affect their future.

A special place in the social policy of each country - incl. and Bulgaria, takes the policy towards children most in need of protection, care and provision of conditions for normal development and quality life. Special attention is paid to the so-called disadvantaged children, incl. and children with disabilities.

Historical data show that organized care for children with disabilities in the country began at the end of the 9th and the beginning of the 10th century. "The Church - as a religious, social, and largely enlightening institution in the Middle Ages, is the one that organizes the first care of disabled children in our country by bringing this care to the attention of society." [4]

Besides the church, the family and the family had a great role to play in the treatment, care and development of children with disabilities, especially during the Ottoman rule. [9, 10, 11]

After the Liberation in 1878 and the restoration of the Bulgarian state, care for disadvantaged children gradually passed from family to state. As early as 1891, the "Law of National Enlightenment" provides for the education of children with physical or mental deficiencies. However, the implementation of this decision is much later, and it is the result of the efforts of individual enthusiasts - well-trained doctors and educators. The medical-pedagogical care for the seven, then basic, categories of anomalous children was born in our country in different years.

Ferdinand Urbich opens a private school for deaf children, of which he is a director, and in 1906 it is reorganized into the Deaf State Institute.

An expression of the increased interest in the education and training of children with intellectual disabilities is the medical college in Varna in 1907, where a report on "Care for the defective children" was published. In 1921, on the initiative of Dr. Shumanov in Bulgaria was founded "Medico-pedagogical society" with Prof. Dimitar Katsarov. The main purpose of the company was to take care of mentally retarded children. In this connection two assistant classes are opened in the capital, and soon afterwards the discovery of other ones in the country - Kazanlak, Plovdiv, Rousse. In 1930 in Sofia, the pediatrician Professor Dr. Stefan Vatev founded the first Children's Advisory Center for Mentally Deficient Children. Three years later a special regulation for organized care for these children is also issued. At the initiative of "Care for the slow-growing children in Bulgaria" on 22.02.1937 in the Zaharna Fabrika district of Sofia opened the first Pomorie school with a boarding house called Educational Institute "Development". "It is characteristic of the development of oligogrone pedagogy that the idea of introducing support training belongs to the doctors to the schools, to which later pedagogues join."

Special care homes for children with disabilities in Bulgaria - in cases of abandonment by parents, were intensively revealed after the 1950s. As a rule they are created "far from the eyes of the people", so as not to affect the emotional state of the healthy ones. These social facilities are built on the basis of a medical philosophy that children with disabilities can receive adequate medical, pedagogical and educational care only in specialized establishments of the respective specialists. The same is true of abandoned healthy children in need of socialization and preparation for independent living. They have also been institutionalized in the relevant social institutions.

For the last twenty-four years in Bulgaria there has been a dynamic transition from a socialist society to an integrated European society. The overall state policy is also changing. Bulgaria - already a member of the European Union - is making efforts to create more and more real conditions for the protection and implementation of the fundamental rights of the child enshrined in the UN Convention on the Rights of the Child. How successful is the state social policy in the area of child care, especially for disadvantaged people; is it protected, what else is to be desired, expects and requires? The answer to these questions can be found in and through the subject areas of various scientific disciplines, in and through the analysis of social policy in the field of child care and the actions for its implementation from different starting point of view.

The term "institution" is described in the works of Abercrombie, Hill, Turner [11] as "socially regular practices that are regularly repeated over time, sanctioned and maintained with the help of social norms and important in society."

In Bulgarian sociology the subject is analyzed by S. Mihaylov [3], according to which the social institution is defined as "one of the main subjects in the public reality", in which "a certain activity is done for the creation of material and spiritual goods, servicing the people in meeting their needs, in the management of society. " According to him the social institution includes a certain number of people,

social objects and "a set of social prescriptions, norms and rules (written or not) that regulate the performance of the functions of the institution, its behavior, the work of the people in it" [3, 175]. Among the people within an institution there are "relations of coordination and subordination according to the specific system of social roles" [3, p.175] and social statuses.

There is a peculiarity of meaning and meaningful meaning between the concepts of "institution" and "institutionalization". Usually, institutionalization means the process and the outcome of the process in which social action is transformed into sustainable socio-structural relationships and interactions. At the same time, "institutionalization" is also seen as the process, and as the emergence - as a result of this process - of a state of social actors in which they become incapable of or unfit for an independent social life outside the institution. In other words, the process of institutionalization "... presupposes more or less continuous growth and crystallization of relatively stable norms, values and rules of behavior in different social and organizational forms" [3, p.174].

An example of a similar meaning of the term "institutionalization" - ie. social actors are inadequate or unfit for independent social life outside the institution are Homes for Children from 7 to 18 years of age. Such institutionalization usually takes place in the so- by Goffman's "totalitarian institutions," where a key sign is that "managing a large number of people leads to the necessity of their administrative-bureaucratic reunification in groups, whether effective for the social organization" [13].

According to Goffman, "Total Institutions are creating and constantly maintaining tensions between social - children in the domestic and institutional world, and this tension is being used as one of the mechanisms of governance as an instrument, a social technology of power and domination." In fact, the individual - in our case the child - enters the institution with some "ego" built on the basis of his home world, or at least with the genetically formed foundations of the future self. Under the conditions of the institution, the "I" usually develops or undergoes radical changes compared to its potential development in a natural social environment. Goffman reveals the mechanisms by which the self of the individual is suppressed in the conditions of the total institution: a break from previous social roles, positions and status, and a strong limitation, resulting in the deprivation of the right to individuality. The total institutions are characterized by the destruction of the usual relations and connections between man and his activities. For the individual, some or all of them become unacceptable, uninteresting, imposed "from the outside" - by the rules and norms of the institution applied by the staff group - and, in extreme cases, even adverse. Every occurrence of a defensive reaction most often becomes the target for a new attack and pressure (power domination) by the staff to strictly implement the unclear and unacceptable rules created by some or all subordinates. This, in turn, inevitably leads to an increase in the rift, the social distance between the large group of subordinates (or subordinates) and the controlling (power-dominating) few personnel. Each of these groups tends to accept the other within the framework of the built negative stereotypes for it, thus forming the "them" (subordinates) and "us" (the staff, the authorities, the supervisors, the educators, etc.). In formal communication in the total institutions two different social and cultural worlds are formed, developed and collided, not always intersecting, and when there is a crossing, it is insufficient and insignificant. This phenomenon is particularly pronounced in Children's Homes. The lives of these children, their daily lives, are simultaneously in two total institutions - the social one (Home for Children) and the educational (the school), and they never (or almost never) had and did not reside in the usual, social / home world. Moreover, children in institutions fall into two different groups of obedience - on the one hand, this is the group of subordinates in the Home and on the other - that of the school. There are many vague and unacceptable rules to each of these groups. In this way, children from the Homes are subjected to much stronger external pressure and power domination. The natural consequence of this is the greater social distance between them and the staff (teachers and educators) and, therefore, the much more difficult educational process. These processes are at the root of the emergence and development of the so- social pathologies in children that turn them into "victims" of power domination, institutionalization, making them incapable of independent living and dependent on the total institution itself - in other words, domination of power and institutionalization of children can be seen as a process of social victimization.

In addition to the characteristics of the total institutions and the processes taking place in them, when it comes to the institutionalization of children with disabilities, particular attention should be paid to another - a whole by nature - a process such as medication [18].

M. Foucault describes medication as a process in which human life is seen primarily as a medical problem, "as a problem of health and disease ratio" [7]. Lechcior adds that man thus begins to "look a priori to himself as a patient, and the human body and consciousness, from birth to death, becomes the subject of intense medical control and regulation" [2]. Following Lechcior, medication can be assumed to be a process of pathology of society, of "production of patient self-awareness" - today is talk of population medication, childhood, sexuality, media discourse, climax, etc. In fact, institutionalized children with disabilities are subjected to the mechanisms of obedience and education constituted within and by the total institutions, and at the same time - by virtue of the presence of disability and various functional deficits - of education in the mentality of a patient, even an existential patient; to a person for whom the "pathology" of one's own body and / or psyche becomes - consciously or not, realized or not - in a perfectly special and inexhaustible experience for the world and for itself.

One way to construct explanatory hypotheses and patterns of phenomena and processes occurring in children's homes, incl. and homes for children with disabilities is the use of the theory of total institutions and their mechanisms of functioning. Opportunities for analysis are expanded by incorporating the concepts of medication, social exclusion of children with disabilities and others.

For example, it is known that institutions most often have children with disabilities, children without parents, single parents or large families. According to SACP data, about 80% of the children in the institutions have a family but are placed because of the inability to be raised in a family or close to the family environment. The main factors underlying the placement of children from socially disadvantaged families in specialized institutions are poverty, social exclusion and lack of access to resources combined with inadequate or missing alternative to institutional care services. In poor families, the existence of a child's disability leads to an extra and very serious financial burden on the family. Thus, even before entering the institution, the child is "entangled" in a social environment dominated by multiple and different negative factors. By falling into an institution, many of these factors not only do not drop, but some of them remain (for example, poverty, social exclusion, etc.), while part only mitigates their negative influence, but new ones are added - depolarization, medication, etc.

One of the most serious consequences of institutionalizing children and young people with and without disabilities - alongside social victimization - is social alienation - understood as "multiple forms of limiting personal, social, political and financial opportunities" [17] and their stigmatization. For example, in many countries in Central and Eastern Europe (including Bulgaria) there is a perception that children from homes are lost to society, that they are just a social burden and hardly deserve to be subject to serious and adequate care by the public. The media accents on the deviant manifestations of these children only reinforce similar labels and stigmas.

Here, there is a need to clarify the preconditions and reasons for deinstitutionalization.

Albert Deich's journalistic discoveries of the late 1940s on what is happening with people with intellectual disabilities in US state institutions are shocked by public opinion and are probably one of the main catalysts of deinstitutionalisation processes in the United States. As a result of the formation of the Commission for Psychiatric Diseases and Psychiatric Health in 1955. And since the publication of its 1961 recommendations, a series of initiatives have been taken to bring people with psychiatric disorders out of specialist institutions and to develop alternative services in the community. Researchers such as H. Brill, R. Patten, and R. Greinlatt insist that for many patients, staying in specialized establishments not only did not improve health, but even worse the situation [12] [14]. At the same time, there is a debate about the human rights of people with disabilities and the economic inefficiency of the specialized institutions that should take care of them. As a result of the measures taken, from 1955 to 1980, the number of psychiatric disorders in US specialized institutions fell from 559,000 to 154,000. Both professionals and the general public are beginning to dominate the understanding that proper care in a family environment in the community is much more effective and much more humane than treatment in specialized state institutions. This is all the more important for

children and young people, because they fail to develop important social skills for communication and communication in institutions, which subsequently secondary to their social adaptation and integration.

The calls for the eradication of the total institutions for children and adults are gaining momentum in the 1960s and 1970s in Western Europe, the United States, Canada, Australia and New Zealand. The emergence and development of the deinstitutionalization movement is related to the desire to eliminate social exclusion, the development of social oligophrenia, to stop the various perversions carried out in these institutions on people with disabilities, etc.

Various policies and practices of deinstitutionalization are known [6]. For example, in France, at the beginning of the 19th century, there were two large mixed-type villages where people with disabilities lived on equal terms with other residents and took an active part in the social and economic life of households. Britain and Italy are the only European countries that have dropped out of special psychiatric settings, and people with psychiatric problems have been brought into a regime of free life in society. The majority of children with severe physical disabilities in most Western European countries today are educated at their homes rather than in specialized boarding schools, and children with mental disabilities are more often hospitalized, but the length of hospitalization is substantially shortened. There are special schools in these countries, but the living and educational conditions in them are as close as possible to the family environment and the aim is to prepare the children and young people with disabilities in a way that will allow them to go to general education institutions.

The above data shows that the processes of deinstitutionalization are already in progress in Bulgaria. The Child Protection Departments, as the main conduit of the state policy for children, are charged with undertaking an objective assessment of each case, the practice being to do everything possible to prevent abandonment prevention. These departments provide themselves or with external service providers with effective socio-psychological and material and financial support in a family environment and thus "shrink" the input into the institutions. Conversely, the exit from children's homes is now much more open, again as a result of effective work and support for the child and the family for successful and lasting reintegration. In Bulgaria in the distant 2002, the then HCDPC "PR. Slaveykov" - Sofia [1] is trying to create a new organization of work leading to deinstitutionalization, but this experience does not find the support of the then Ministry of Education. Two years later, however, the whole state began to raise the principles of working with children in the community at different regulatory and managerial levels.

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Today, over 5,300 children living in an institution are believed to be returned to the family and community. For successful reintegration and socialization, families and children are supported by the state and by NGOs, often performing state delegated activities in the field of work with children at risk. It is especially important for children with disabilities not to encounter different architectural and transport barriers, which are today a pervasive fact in the country, and so on in their social inclusion.

In the deinstitutionalization strategy adopted, "deinstitutionalization" is understood to mean a process of replacing institutional care for children with care in a family or close to the family environment in the community, not just to bring children out of institutions. This is a process of preventing placement of children in institutions, creating new opportunities for children and families to get community support and going on many levels "[5]. Such formulation and the approaches, principles and methods of work in the strategy require the introduction of modern, interdisciplinary methods of working with families and children, availability of financial resources, variety of social services and free access of children and families to them, etc.

However, this is often not possible. The state of the social service delivery system can provide no more than 10% to 15% of the needs of people with disabilities through the "personal assistant" service. For many children, a number of services related to deinstitutionalization are still inaccessible.

In conclusion, it can be said that for the children left in the institutions, carers, pedagogues, psychologists, social workers are taking care of today. Each of them needs to know very well and effectively apply the basics and methods of social work to successfully capture and formulate the child's

problems, to make a true assessment of the risks to the child and his / her needs, an effective action plan and a child's development. In addition, each of these pedagogical teams, with their professionalism, competence and human qualities, is guided by some basic dimensions and principles of child education:

- the principle of practical applicability, realism and connection to life;
- the principle of positivity, the support of the positive, the trust in the capabilities of the alumni,

combined with rigor;

- the principle of age and individual personality psychological approach;
- the principle of unity in educational influences and requirements;
- coherence, coordination and an integrated approach to education;
- systemicity, consistency, duration and continuity of the process;
- humanity and tolerance;
- education in the labor process.

It is only within the framework of these principles that a qualitative deinstitutionalization of social services for children in Bulgaria can be realized.

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