SOCIAL SERVICES IN BULGARIA FOR CHILDREN IN THE PROCESS OF DEINSTITUTIONALISATION

Zhivko Zhechev

Senior Assistant PhD in Social pedagogy; Theory of education and didactic, Shumen University "Konstantin Bishop of Preslav"

BULGARIA
ZHIVKOZ@ABV.BG

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.

KEY WORDS: institution, institutionalization, deinstitutionalization, services for children, restructuring, children at risk, disadvantaged children, orphanages, reform of orphanages, socialization, independent life, legal regulation of deinstitutionalization

IN the following article an attempt will be made to define the concepts of "institutionalization"and "deinstitutionalization", explaining how the problems resulting from the restructure of the child care can be overcome.

THE historical records show, that the organized supervision of disabled children in the country started in the end of IX and the beginning of the X century. "The church as a religious, social and to a great extend educative institution in the middle age, is the first one to organize the first nursing care initiatives for disabled children and to draw the communal attention to the need of such fostering."[4] Apart from the church, the family has been of great importance for the physical and mental development of those children, especially while Bulgaria was under Ottoman slavery.

AFTER the Liberation of Bulgaria in 1878 and the rehabilitation of the Bulgarian state, servicing the disabled children shifted from the family to the state. Already in 1891 in the "Law for national enlightenment", educating the children with physical and mental disabilities is envisaged. The implementation of this intention, however, took place way later and only thanks to the efforts of isolated enthusiasts- well trained medics and pedagogues. The medico-pedagogical care of the seven at that time types of disabilities came into being in different years. Ferdinand Ubrich founded and managed a private school for deaf children, which in 1906 is reorganized to a "National institute for Deaf People."

A sign of the increased interest towards the upbringing and education of mentally disabled children is the medical assembly in Varna in 1907, where a report on the subject "Servicing the defective children" has been made. On an initiative of Dr. Shumanov the "medico-pedagogic association" with a chairman Dimitur Kacarov was established. The main

purpose of the association was to take care of the mentally handicapped children. As a result two help divisions are set up in the capital and soon after similar ones are formed in other parts of the country: Kazanlak, Plovdiv and Ruse. In 1930 the pediatrician Prof. Dr. Stefan Vatev founded the first Children consultative station for mentally defective children in Sofia. Three years later a special ordinance for the organized care for these children is emitted. The Nursing Care for mentally handicapped children society initiated the formation of the first Bulgarian assistance school with a boarding-house on 22.02.1937 in the Sugar Factory district, Sofia. It was called Educational institute "Development". "In the development of the oligophrenic pedagogy, it was the school medics who came up with the idea for the establishment of assistance schools. Later on the pedagogues joined the cause."

THE active establishment of care-houses for handicapped children, who have been abandoned by their parents, started in the 50s. As a general rule, these were created somewhere "out of social sight", so that they don't influence the emotional health of the healthy ones. The creation of these social institutions was based on the basic medical philosophy, that the handicapped children can only get a proper educational and medico-pedagogic care in specialized institution from the respective specialists. The same applies to the abandoned healthy children, who need social education in order to take care of themselves later on. They were also institutionalized in the corresponding social institution.

THE term "institution" is described in the works of Aburkromby, Hill and Turnur [11], as a "social practices which are being repeated on a regular basis during a considerable time interval, sanctioned and maintained through social norms, which have an important meaning for society."

IN the Bulgarian Sociology, the subject has been analyzed by S. Mihailov [11], who believes that the social institution is defined as "one of the main subject in the social reality", where "certain activities to support the material and spiritual goods are being exercised, as well as activities serving the people, satisfying their needs and managing the society." According to him the social institution includes a certain number of people, social objects and "particular combination of social prescripts, norms and rules (written or non-written), which regulate the execution of the institutions' functions, its behavior and the work of the people in it" [3, p.175]. Within an institution "coordinative and subordinate relationships exist according to certain system, social roles" [3, c.175] and social statuses.

THERE are certain peculiarities as far as the meaning of the terms "institution" and "institutionalization" are concerned. Usually institutionalization is the process, and also the result from the process, of which the social activities transfer into steady socio-structural relations and interactions. At the same time the "institutionalization" can be examined both as the process and the condition arising from this process where the social actors are unable or unadapt for independent social life outside an institution [15]. In other words, the process of institutionalization "…sets a premise for a more or less prolonged growth and intensifying of relatively stable norms, values and behavioral rules in different social and organizational forms" [3, p.174]).

AN example for such meaning of the term "institutionalization"- meaning that the social actors are unable or unadapt for independent social life outside an institution- are the Orphanages for children between 7 and 18 years. Such institutionalization usually a subject to the so called Gofmann, "total institution", where a distinguishing mark is that the "management of a big number of people leads to the necessity of their administrative-

bureaucratic unification in groups, regardless of whether or not this is effective for the social organization" [13].

ACCORDING to Goffman "the total institutions create and sustain tension between the social- domestic when children are concerned- and the institutional world, and this tension is used as one of the management mean, as a tool, social technology of power and domination." In fact, the individual- in our case the child- enters the institution with a domestically established "ego" or at least with a genetically formed foundation of a future "ego". In an institutional environment the "ego" usually develops or undergoes radical changes in comparison to its potential development in a normal social environment. Goffman reveals the mechanisms which help oppress the "ego" of the single individual in the case of a total institutionalization: tearing apart from past social roles, position, statuses and strong limitation often equal to deprivation of individuality. It is usual for the total institutions to destroy the usual connections between the person and his existential activities. For the single individual, these activities become unacceptable, uninteresting and forced from "outside" of the rules and the norms of the institution. In extreme cases these activates even seem adverse to the individual. Every attempt for defense usually results in a new attack and pressure (domination of power) from the personnel to obey the established rules, which for the subaltern are often vague and unacceptable. This inevitably leads to an increase in the rupture, to a social distance between the big group of subordinates (or dependents) and the scanty people in charge (the dominators). Each of those groups tends to perceive the other one in the predefined negative stereotypes for it and so the clusters of "them" (the subordinates) and "we" (the personnel, the dominators- supervisors, teacher etc.) are formed. During a formal socialization in the total institutions two different social worlds form, develop and collide. These worlds are not always intercepting, and when they do, the interception is insufficient and meaningless. This phenomenon is extremely vivid in the orphanages. The children's lives and their daily round passes simultaneously in two total institutions- the social one (the orphanage) and the educational (the school), whereas they have never (or almost never) existed in the normal for everyone else social/domestic world. Furthermore, in the institutionalized children fall into two obedience categories: obedience in the orphanage on the one hand, and obedience in the school on the other. To each of these groups many unclear and unacceptable rules apply. In this way the orphans are subjected to way stronger external pressure and power domination, The natural consequence is the larger social distance between them and the personnel (supervisors and teachers) and therefore the educational process is way more difficult. These processes are the groundwork for the development of the so called social pathologies among children, which turns them into "victims" of the power domination, of the institutionalization, making them unfit for independent life and dependent from the total institution itself – in other words, the power domination and the institutionalization of the children can be described as the process of social victimization.

APART from the characteristics of the total institutions and the processes there, when we talk about the institutionalization of handicapped children, special attention needs to be paid to another- total in its nature- process- the medicalization [18].

M. FUKO describes the medicalization as a process, as a result of which the human life is mostly examined as a medical problem "i.e. as a problem of the correlation health and illness" [7]. Lechzier adds that in this way the person begins "a priory to see himself as a patient and the human body and consciousness, from birth until death, turns into an object of a fixed medical control and regulation" [2]. Following Lechzier we can assume that the

medicalization is a process of pathologizing the society, "the production of a patient kind of conciseness"- today we talk about a medicalization of the society, of the childhood, of the sexuality, of the climacteric, etc. As a matter of fact the institutionalized handicapped children are subjected to the methods of obedience and education, constituted in and by the total institutions and in the same time − due to the presence of disability and different functional deficiencies − educating in them the patient mentality, even the mentality of an existential patient, i.e. of a person, to whom the "pathology" of own body and/or psyche turns, consciously or unconsciously, into a perfectly strange and inalienable experience from the world and one's own self [2].

ONE of the worst consequences from the institutionalization of the children and the young people with or without disabilities- together with the social victimization, is the social alienation- comprehended as the "various forms of limitation of the personal, social, political and financial abilities" [17] and their stigmatization. For instance, in many countries in Central and Eastern Europe (Bulgaria included) the understanding exists, that the orphaned children are lost for society, that they are solely a burden and hardly deserve to be an object to a serious and adequate care from society. The media's emphasis on the deviant behavior of these children only strengthens such labels and stigmas.

IN this place the need to clarify the premises and the reasons for deinstitutionalization arises.

THE journalistic findings of Albert Deutsch [12] from the late 40s on what is happening to the people with intellectual difficulties in the state-owned specialized institutions in America scandalized the public and probably were one of the main catalysts of the deinstitutionalization processes in the USA. As a result of the forming of a Commission for psychiatric illnesses and psychiatric health in 1955 and after the release of its recommendations in the year 1961, series of initiatives for the bringing the mentally diseased people out of the specialized institutions and for the development of alternative services within the community. Researchers like H. Bril, R. Patun and R. Greenblat insist that for many patients the stay in specialized establishment not only hasn't contributed to the improvement of the patients conditions, but on the contrary has aggravated their state [12] [14]. In the meanwhile debates about the rights of the mentally disabled are being held. There the economic inefficiency of the specialized institutions that are supposed to take care of these people is being discussed. As a result of the taken precautions, form 1955 until 1980 the number of people with mental diseases in the American specialized institutions decreases from 559 000 to 154 000. Amongst both the specialist and the general public the understanding that the appropriate supervision in a domestic environment is more effective and humane became dominant. This was in force especially for the children and the young people, as they are not able to develop important social skills in the institutions and can't therefore normally communicate later on, hence hindering their social adaptation and integration.

THE appeals for the closure of the total institution gained publicity and adherents in the 60s and the 70s in Western Europe, the USA, Canada, Australia and New Zeeland. The emergence and development of the movement supporting the deinstitutionalization is connected with the desire to eliminate the social isolation, the development of the social oligophrenia and to put an end to the different distortions of the mentally disabled people in the institutions.

THERE are different policies and practices as far as deinstitutionalization is concerned [6]. For instance in France already in the beginning of the 19th century, two big heterogeneous villages existed, where the disabled people lived with all the other citizens on equal terms and took active part in the social and economic life of the households. Great Britain and Italy are the only two European countries which have denied the specialized psychiatric establishments and the people with such problems freely exist within society. Many of the children with severe physical disabilities in most western countries are nowadays being brought up in their homes and not in specialized boarding-houses. The mentally handicapped children are more often a subject of hospitalization but the duration of the hospitalization is significantly shortened.

IN Bulgaria the "Children protection" departments exist. These are the conductors of the governmental children policies and are entrusted to evaluate every case, taking every possible precaution in order to avoid abandonment. These departments alone or together with external service providers offer the families socio-psychological and financial support and in this way narrow the entry level of the institutions. And in reverse- the exit from the orphanages is way wider, again as a result of the effective social work and the support given to the child and its family, encouraging a lasting regeneration. In Bulgaria already in 2002 the former Home for bringing up and educating abandoned children "P.R. Slaveikov" in Sofia attempted to create a new labor distribution leading to deinstitutionalization, but this attempt was not supported by the Department of education at that time. Two years later, however, the whole country starts considering the principals of children upbringing within the community on the different normative and management level.

TODAY it is considered, that over 5300 children have been brought back from the family back to society. To ensure a successful reintegration and socialization the families and the children are being supported by the government and non-governmental organizations, which often accomplish activities delegated by the government.

IN the approved Strategy deinstitutionalization the term "deinstitutionalization" describes the "process of exchanging the institutional childcare with a childcare in a domestic or close to the domestic environment. This process is not solely restricted to taking the children out of the institutions. This is the multilevel process of preventing the institutionalization and creating new opportunities for the children and the families to get support in the society"[5].

SIMILAR PHRASING and the methods, principals and approaches of work pledged in the strategy require the introduction of modern, interdisciplinary work methods, availability of financial resources, diversity of the social services and a free access to them.

THIS, however, is not always possible. Through the service "personal assistant" the current social services system cannot provide for more than 10% to 15% of the necessities of the handicapped people. For many children most of the deinstitutionalization services are still not accessible.

IN conclusion, the children remaining in institutions today are taken care of by teachers, tutors, pedagogues, psychologies and social agents. Each of them should very well know and be able to effectively apply the basic methods of the social work. Only in this way the problems of every child can be effectively recognized and formulated, the risks and the needs can be assessed and so the most effective plan for action can be developed.

References

1. ILIEVA, S. 2002: New organization for the care of the children in orphanages, Sofia

2. LECHTSIER, V. L. : Effects of medicalization and apologia for Pathos .// Journal Samara Academy of Humanities. Series of ''Philosophy. Philology'', № 1 (4), p. 113-125

3. MIHAILOV, S. 1997: Institutionalization. Encyclopedic Dictionary of Sociology. Sofia: M-8-M

4. MUTAFOV, S., SHOSHEVA,V. 1992: Pedagogical and defektologichna deontology. Stara Zagora

5. NATIONAL STRATEGY: ''Vision for Deinstitutionalisation of the children of the Republic of Bulgaria''. Policy document .// Portal for public consultation. Council of Ministers, 2010

6. RAMON, SH. 2002: Healthcare: social integration and social exclusion .// maternal and child health in the UK and Russia. an interdisciplinary approach. N.S. Grigorieva (otv.red.) Moscow: Medicine, p. 132-148

7. FUKO, M. 1996: History of Madness in the Classical Age. Pleven: EA

8. HADJIISKI, I. 2002: Manners and spirit of our nation .// Hadzhiiski, I., Selected works in three volumes. Volume I. Sofia: East-West