

## **SOME ASPECTS OF SOCIAL POLICY IN CLOSING OF INSTITUTIONS FOR CHILDREN IN BULGARIA**

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**ABSTRACT:** DESPITE THE EXISTENCE OF A SOCIAL POLICY IN BULGARIA FOR REMOVAL OF CHILDREN FROM SOCIAL INSTITUTIONS, THIS PROCESS, ALBEIT WITH POSTERED HIGH GOALS, DOES NOT DEVELOP ACCORDING TO THE NEEDS AND EXPECTATIONS OF SOCIETY. UNFORTUNATELY, FOR MANY YEARS IN THE COUNTRY CLOSE VARIOUS INSTITUTIONAL MODELS THAT PREMATURELY MELTED ALREADY NOT VERY BIG CHANCES OF CHILDREN AND YOUNG PEOPLE FROM INSTITUTIONS FOR FULL SOCIAL INTEGRATION, LABOR AND CIVIL DEVELOPMENT. THE ARTICLE STATED VISIBLE ERRORS IN THIS ASPECT MONITORED BY PROFESSIONALS WHO HAVE WORKED MANY YEARS IN THE FIELD OF PROTECTION OF CHILDREN AT RISK.

**KEY WORDS:** SOCIAL POLICY, DISADVANTAGED CHILDREN, CHILDREN AT RISK, INSTITUTION, INSTITUTIONALIZATION, INSTITUTIONAL CHILDREN DEINSTITUTIONALIZATION, SOCIAL INTEGRATION, SOCIAL DEFICITS, FAMILY ENVIRONMENT, MEDICALISATION, SOCIAL SERVICES, SHELTERED HOUSING, CENTRE FOR FAMILY TYPE ACCOMMODATION

**PROBLEMS** that stand in the development process of deinstitutionalization of children in Bulgaria are particularly relevant and important. They are related to institutional Start children in a new environment, providing their warmth and protection called, family environment or environment close to the family. But the process of deinstitutionalization, although with postered high goals, does not develop according to the needs and expectations of society, it is necessary to take urgent preventive and corrective measures in this process to have it have the integrity and efficiency.

**THERE** is general consensus on the need for the removal of children and young people from nursing homes and placed in foster homes, sheltered housing and residential family homes. But powerfully proclaimed political will for this to happen and the mobilization of resources from several operational programs to achieve that in practice the process of deinstitutionalization fail to break away from the powerful gravity of sustainable fertile institutionalizing practices. Thus, conveniently protected under the camouflage of deinstitutionalization, behind the European observers and beyond the scope of media interest in Bulgaria close reinstitutionalizirashki models that prematurely melted already not very big chances of children and young people from institutions for full social integration, labor and civic development. These trends, however, can not go unnoticed by the experts involved in matters of state institutions, non-governmental organizations, parents' associations and others.

**To** what extent social policy in the state regulates the process of removal of children from institutions?

**EACH** social policy, as a regulator of social relations occurs when traditional in every society regulators - traditions, cultural values and norms, religion, market relations and others. - Are insufficient to constitute and/or maintain a community. According to K. Angelova [1, p.80-84], the social policy itself is "a function of real existing political power, which adapts to the processes taking place in society." As such, it is a complex system of mechanisms and social technologies that occurs, there is developed in parallel due to the existence of different interests and needs in society.

**EXISTS** to meet in one degree or another these interests and needs, T. Braykova [2, p.18] is described as "the goal of social policy is to achieve relative social balance, preservation of the existing type of social relations, integrating the community and - ultimately - strengthen the power."

**SPECIAL** place in the social policy of each country - including and Bulgaria, the loan policy to children who are most in need of protection, care and provision of conditions for normal development and quality of life. Special attention is paid to the so-called. disadvantaged children, including and children with disabilities.

**HERE** is the place to be to clarify the concept of "vulnerable child", "children at risk", "institution" and "institutionalization".

**THE** term "disadvantaged children" is a comprehensive, containing in itself multiple meanings related to different social groups, categories and subcategory children. This makes it unclear and sometimes difficult verifiable.

**THE** term "disadvantaged children" is most often found in international documents by UNESCO. It is believed that any child who is placed in situations of inequality compared to others - ie located in disadvantaged falls in a situation of risk.

**IN** Bulgarian legislation the term "disadvantaged children" is also defined as "children at risk". The Law on Child Protection [4] "child at risk" is a child: 1. whose parents are deceased, unknown, deprived of parental rights or whose parental rights have been restricted, or the child is left without their care; 2. who is a victim of abuse, violence, exploitation or any other inhuman or degrading treatment or punishment inside or outside the family; 3. for which there is a risk of harm to the child's physical, mental, moral, intellectual and social development; 4. suffering from disabilities, and refractory disease; for which there is a risk of dropping out of school or who has dropped out of school.

**THERE** is a feature associated with the semantic meaning and serious substantive differences between the concepts of "institution" and "institutionalization". Usually in the institutionalization is the process, and also the result of a process in which social actions become sustainable socio-structural relations and interactions. At the same time, "institutionalization" is seen as a process, and as emerging - as a result of this process - such a state of social actors in which they are unable or not geared for independent social life outside the institution [12]. In other words, the process of institutionalization "... implies a more or less continuous growth and crystallization of relatively stable norms, values and rules of behavior in different social and organizational forms" [6, p.174].

**AN** example of such a meaning to the term "institutionalization" - ie social actors are unable or not geared for independent social life outside the institution are homes for children from 7 to 18 years. Such institutionalization usually takes place in the so-called. Goffman of "total institutions" in which a key feature is that "the management of a large number of people

leads to the necessity of their bureaucratic unification in groups, whether it is effective for social organization" [9].

**ACCORDING** to Goffman "total institutions create and maintain constant tension between social - in children brought to the home - and the institutional world, and this voltage is used as a mechanism for control, as a tool of social technology power and domination." In fact, the individual - in our case the child - enter the institution with a built on their home world "I", or at least with a genetic form the basis of future "I".

**FOR** total institutions is characterized by the destruction of normal relations and relations between man and his activities. For the individual part or all of them are unacceptable, uninteresting imposed from "outside" - by the rules and regulations of the institution implemented by the group of staff - and in extreme cases even obnoxious. Each manifestation of a defensive reaction is most often a target for a new attack and pressure (of power domination) by staff to a strict set up, in the opinion of some or all employees, vague and unacceptable rules. This, in turn, inevitably leads to an increase in the rupture of the social distance between the largest group of subordinate (or subordinates) and controller (power-dominant) them scarce species staff. Each of these groups is willing to accept the other within the established negative stereotypes about it thus forms a community "they" (subordinates) and "we" (the staff rulers - leaders, educators and others.). Official communication smash institutions form, develop and face two different social and cultural worlds, not always intersecting and crossing when there is, it is insufficient and insignificant. This phenomenon is particularly pronounced in children's homes. The lives of these children, their daily life takes place simultaneously in two total institutions - social (Home for children) and education (school), while they never (or almost never) had not resided in the ordinary, to others, Social/home world. Moreover, children in institutions fall into two distinct groups of obedience - on the one hand, this is the group of subordinates in the House and on the other - that of the school. Each of these groups there are many vague and unacceptable rules. Thus children from homes are subjected to much stronger external pressure and Power domination. A corollary of this is the greater social distance between them and the staff (teachers and educators) and thus much more difficult the continuing educational process. It seems to me that these processes are the basis for the emergence and development of the so-called. social pathologies in children who turn them into "victims" of the power domination of institutionalization, making them incapable of independent life and dependent on total institution itself - in other words, authoritative domination and institutionalization of children can be seen as a process of social victimization.

**BESIDES** the characteristics of total institutions and going in these processes when it comes to the institutionalization of children with disabilities, special attention should be paid to each other - total in nature - a process which is the Medicalisation [9].

**M. FOUCAULT** presents Medicalisation process as a result of which human life is seen primarily as a medical problem, "ie as a problem of the relationship health and disease" [8]. V. Lehtsier adds that such a person starts "a priori to see itself as a patient, and the human body and mind, from birth to death, becomes the object of staring medical supervision and regulation" [5]. Following Lehtsier V., it can be assumed that the process is Medicalisation pathologisation of society, "the production of patient consciousness" - today speak of medicalisation of the population, childhood, sexuality, media discourses, climax, etc. Actually institutionalized children with disabilities are subject to the mechanisms of obedience and education constituted in and by total institutions and at the same time - under disability and

various functional deficits - of education in the mentality of the patient, even existential patient, ie. per person, for which "pathology" of his own body and / or psyche became - deliberately or not, realize it or not - in a completely special and inalienable experience of the world and himself [5].

**ONE** of the worst consequences of the institutionalization of children and young people with and without disabilities - alongside social victimization is social alienation - understood as "various forms of restriction of personal, social, political and financial capacity" [3] and their stigmatization. For example, in many countries of Central and Eastern Europe (including in Bulgaria) there is the realization that children from homes are lost to society that they are only a social burden and hardly deserve to be the subject of serious and adequate care by society. The media focuses on deviant manifestations of these children only reinforce such labels and stigmas.

**DESPITE** some partial successes in the process of deinstitutionalization in Bulgaria there are still many problems. First, one should mention the insufficient number of services for children and families to meet their complex needs and their uneven distribution throughout the country.

**AFTER** 1990, following the intervention of NGOs and media coverage of the extremely poor condition of life in institutions, have many countries to invest in improving the living environment in the institutions. To improve living conditions and care and not to violate basic human rights of users of institutionalized care have to spend a lot of money for institutions that are planned in the longer term to be closed. Investing heavily in the physical environment makes it extremely difficult decision to close institutions subsequently (especially if the funds were for projects funded by the EU).

**EXCEPT** in terms of infrastructure, is a challenge for deinstitutionalization and staff in the institutions. It is hard to motivate people employed in institutions, most of them with long experience in institutional care, to work in a new way and quality, realizing the fact that the institution is about to be closed.

**OFTEN**, the discovery of services in the community is not accompanied by the closure of the institution and both services continue to operate in parallel. This leads primarily to several problems:

- ⇒ Separation of consumers receiving services in an institutional environment and alternative. Usually milder cases are given to new services (community), and in the institutions remain more severe cases - this is particularly the case for people with disabilities. Leaving severe cases in the institution and the glut her with a particularly complex cases further reducing the quality of care in institutions.
- ⇒ Generating excess supplies - if there are two types of parallel services is very likely that the transfer of users from institutional to alternative care not to become so quickly and smoothly. At the same time revealing new services should justify the need for social services in the community and often this leads to the inclusion of users who do not meet the criteria and their needs do not match the supply of the service, but the need for justification overall up for this service, compromise.
- ⇒ Double payment. Naturally, the existence of two systems and maintaining them means double payment of long-term costs. Investing in deinstitutionalisation implies a very rapid closure of the institutions - otherwise the process is expensive repeatedly. The costs of closure of institutions and the creation of more community services and

transitional maintenance of both systems should be budgeted strategies deinstitutionalization and to calculate exactly how much it will cost.

**UNFORTUNATELY**, some "new" social services are offered in the same institutions as only reduces the number of users or change minimum physical environment. Sometimes the number is not reduced drastically and talk about community services in institutions with 80 seats. Besides the visible sign "number", another problem in newly created community-based services is too "institutional" nature. Create new services while retaining staff who worked many years in the institution and can not overcome the stereotype of work. In such cases it is difficult to identify a social service in the community as a real alternative to the institution.

**IN** some countries, there are strategies to reduce institutional care by 50% for 5 years. Such targets are rarely backed up by real calculations for the capacity of the alternative services and capacity of local authorities to deal with problems. Often these goals shines desire to reduce costs and shorten the maintenance of institutional care. Unrealistic deadlines for deinstitutionalization sometimes imposed by donors and funding programs and their wines are closed institutions before the actual process of design services in the community is finished and have found alternatives. Risks too early closure of institutions is reflected in the lack of quality, available and affordable alternatives. Closing the institution without being provided alternative services put at risk the health and lives of many groups. This is especially true for care that are "more expensive" as a 24-hour social assistants, for example. Often alternative services target "easy" users, in mild cases. This means that institutional care (as mentioned above) remain in more complicated cases. In order to achieve the national goals for reducing the number of institutionalized often local authorities decide to merge with the reduced number of institutions. Inadequate grouping of different types of users naturally significantly reduces the quality of services, and in some cases can be very harmful to users of the services.

**UNDERSTANDING** of deinstitutionalization in Bulgaria is that it is a "process of replacing institutional care to care in a family or family-like environment in the community" [7].

**DEINSTITUTIONALIZATION** be interpreted in a narrow and in a broad sense. In a narrow sense, this is to reduce the proportion of people cared for in institutions, through their return to family environment or in a nationwide network of community-based services that provide care close to home. In a broader sense the deinstitutionalisation is a process that becomes a fundamental interest of the client and the system functions, centered on the client, not their own (though often multiple and contradictory) institutional interests. The difference between the two conceptions of deinstitutionalization is that while in the first case we talk about institutional change, change is in the second level of values in society. Of course much easier to make change happen in understanding the narrow sense of the word "deinstitutionalization". Although all government regulations, financial and staffing difficulties this process is irreversible and is going well.

**ANY** change in the values change in the broadest sense of the word occurs more slowly and with difficulty. She still faces barriers in the thinking of some people - including politicians and policy makers.

**THE** actual beginning of the process of deinstitutionalization in the country began in 2000 on its development strongly influences advancing preparation of Bulgaria for EU membership.

**I**N Bulgaria the process of deinstitutionalization of children is irreversible started, whether it is a product of external pressure or identified needs. There is a clear state policy for taking children from institutions, which is consistent with international practices and philosophy of care towards children. Accepted are the main legal documents necessary to the process of deinstitutionalization. Established a good legal framework and conditions for regulation of the sector. Obviously, social services develop progressively, as seen the birth of a real market.

**I**N conclusion, it should be noted the following:

Ongoing deinstitutionalization in Bulgaria brings the remnants of the state policy of the recent past. The process of deinstitutionalization is frequently confronted with resistance, both by specialists and by the children at risk. In Bulgaria there are no studies on the process of deinstitutionalization, and adopt and implement social policies and practices to child rearing, upbringing and education of children at risk often seem spontaneous, authoritarian and exclusive views of the children themselves and their real needs. Itself "philosophy" for rapid, total and carried out immediately deinstitutionalization without actually existing "welcoming" social environment for these children is extremely harmful.

**T**HE main conclusion that is necessary is the need to critically examine the current trends in the processes of institutionalization and deinstitutionalization of social integration and inclusion of children at risk in order to achieve optimization and efficiency of these processes. While efforts in this direction, and the formation of social policy are limited - to one degree or another - from organizational changes "from above" can hardly expect serious positive results.

**P**UTTING children and young people from the old specialized state institutions and their placement in group homes Centers for family-type accommodation and other social services in the community is a necessary but not sufficient condition for successful deinstitutionalization, which lead to their individualization and full social inclusion. Can be displayed 5 main reasons hampering the process of genuine deinstitutionalization: 1. lack of trained and motivated personnel who shares the values of deinstitutionalization; 2. extremely scarce financial resources for proper social integration, not just for construction and repair; 3. institutional environment that does not encourage active work with children and young people and provide services in the community; 4. wrong places for the construction of group homes and centers for family-type accommodation; 5. commercialization of social services that conceal economic interests behind charity.

**I**T is necessary to consider and institutional regulation of mandatory minimum of socializing practices related to activities in the community, education, public communication, etc. that are part of the mandatory assessment that receives a Center for family-type accommodation or Secure housing for the service provided.

**T**HIS analysis does not and can not have any claims to representativeness and it does not commit the institution where I work. It is an expression of my personal reflections dictated by my many years of experience in the field of child protection. In this article conscientiously pointing out the pitfalls that threaten the successful deinstitutionalization, although undoubtedly good intentions social policy emerged. One thing is certain: by current measures for deinstitutionalization can not be achieved the desired effect, if you really looking for, such as community and social inclusion of children who are there certain social deficits.

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