The process of deinstitutionalisation and development of residential care in Bulgaria

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Abstract

The article aims to show the process of deinstitutionalisation in Bulgaria. This process is connected with the development of residential care - small group homes for children and youth with or without disabilities. The main position of residential care and the main challenges for the team are outlined.

Keywords

Small group home, residential care, children deprived of parental care, social services in the community, disabilities

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About Bulgaria

Bulgaria is a small country in south-eastern Europe, part of the Balkan Peninsula. It boasts beautiful mountains, picturesque sea coast and old history. Bulgarians are proud of their distant and heroic past. Unfortunately, economic and political changes, periods of crisis and transformations have influenced our country. The latest data from December 2015 shows the population of the country is 7,153,784, with a large proportion being persons of minority background. Many people seek work abroad and the local population often suffers from the effects of the current crisis, with unemployment or low-wages, and low social status causing children to be at risk of abandonment, neglect and abuse.

Deinstitutionalisation of child care in Bulgaria

In recent years, development of social policy in Bulgaria has led to a number of changes related to the care of children and turned the focus to institutional care and the medical model of social work with children deprived of parental care and children and young people with disabilities. Analysis of the quality of services for children and families led to the removal of the negative impact of institutionalisation and outlined prospects for the development of alternative

social services. The result of the continuous search for ways and means to respond to European trends in social policy on one hand, and on the other, to meet the needs of the population in Bulgaria, has resulted in a number of strategic documents and action plans. The guidelines on caring for children, specifically concerning the deinstitutionalisation of children and adolescents, and the closure of homes for disabled children and children deprived of parental care, were major features of the changes. The changes have to guarantee children's rights from the Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children¹. They are reflected in and form the basic principles of the National Strategy, 'Vision for De-institutionalisation of Children in the Republic of Bulgaria' of 2010. The strategy led to an action plan and to regional and municipal strategies and documents.

Five years later, analysis of the situation in the country on child care shows the following picture: there has been a mostly phased closure of institutions for children with disabilities and homes for children deprived of parental care; limiting of the placement of children up to three years of age in institutions; development of foster care and the promotion of adoption; opening up of new services based in the community, including a large number of residential services.

It is wrong to think that deinstitutionalisation is only removal of a child from one place to another and accommodation in another house.

The de-institutionalisation is a process of replacement of the institutional childcare with community-based family or close to family environment care, which is not limited only to taking children out of institution. This is a process of preventing placement of children in institution, creating of new opportunities for children and families to receive support in the community and is done on many levels"2.

This process involves not only transforming or closing the institutions for children, but is aimed at a complete change in thinking and attitude towards the problems of children at risk, not only to the parties involved in this process, but society as a whole. It is associated with the introduction and adoption of new understandings of the needs of children and their families, a new form of care, respect for the child and his or her family, and development of early intervention and support for parents.

De-institutionalisation and implementation of the main goals and objectives were accompanied by drawing up a specialised needs assessment for each child

http://www.alternativecarequidelines.org/Portals/46/Guidelines/English/English%20UN% $\frac{20 Guidelines.pdf}{^2} \label{eq:constraint} {^2} \ Translated \ from \ source: \ \underline{http://di-dete.bg/strategicheska-ramka}$

placed in an institution, developing an individual care plan, and making an attempt to engage parents and relatives of children. The leading idea was, and remains, that the family is the best environment for raising a child, except when it threatens the life and health of the child, and parents are stimulated to increase their capacity to facilitate the return of the child to a family environment. Unfortunately, the experience in Bulgaria indicates that reintegration is hard to achieve and there continues to be a large percentage of children permanently abandoned by their families. This has required the development of residential care – small group homes as an alternative to large institutional care.

According to the report of the Agency for Social Assistance (Website), at the end of 2015 in Bulgaria there were 543 social services for children, of which 111 were centres for supporting children and families with different problems, which are based in the community and offer social, psychological, pedagogical support, consultation and prevention of violence, abandonment of children and others. These include:

- 15 centres working with street children;
- 16 crisis centres for children;
- Nine 'mother and baby' units;
- Two shelters which are a complex of temporary social services for homeless children in urgent need of help with basic needs, including shelter, food, health, hygiene, and social and psychological support;
- 131 residential children's homes for children and young people without disabilities; 122 children's homes for children and young people with disabilities;
- 71 day centres for children with disabilities;
- Nine day care centres for children and adults with disabilities;
- 17 transitional housing for children;
- 40 centres for social rehabilitation and integration of children³.

A 'small group home for children' is a complex of social services that are provided in an environment close to the family for a limited number of people – no more than 15⁴. In 2014 terms and conditions were adopted and approved for the provision of social services for the placement of children and young people, both in respect of age and in degree and form of disability. Age limits are too wide – from three to 29 years – and often present a number of issues and challenges for service providers. The centre / home provides a living environment for growing and the full development of children and young people for whom all other options for accommodation were exhausted. Young people can remain where it is impossible to return to the family or where they have a

³ www.mlsp.government.bg/index.php?section=PRESS2&prid=555

⁴ http://lex.bg/laws/ldoc/-13038592

need to be supported in the transition to independent living. The legislature provides opportunities for specialist centres where health characteristics of children are required. The legislature does not explain in which cases the centres can be specialised, for example, children in need of only health care or help for mental health problems. The wide age range should not be taken as an opportunity to constantly continue the stay of children and young people in the service. Service providers need to be clear about their target groups, proceeding from the analysis of the situation of the particular municipality and facilities required. Brothers and sisters should stay together. In exceptional cases accommodation will be provided for a child under three years of age, but only when it is in the best interest of the child and when siblings are also living in the centre⁵.

The process of reform

Eight to nine years ago, at the beginning of the consideration of changes in child care in the institutions in Bulgaria, there were attempts to reform the existing large institutions and their conversion into smaller residential homes. This practice did not result in substantial change in the attitude of care staff and quality of childcare. With the support provided by European programmes and structural funds we started to build new buildings to meet the needs of children and young people. A leading principle was the idea that they should be concentrated mainly in urban areas near medical facilities. On the other hand, this change has had to overcome the basic shortcomings of the past, such that children with disabilities were hidden from the public and nobody spoke about them, so effectively the problem of lack of appropriate services did not exist. New residential services for children are placed in purpose-built buildings. They have a very large area, allowing comfortable movement of wheelchairs or other assistive devices.

Children and youth should be active participants in the organisation of life and activity in the service. They have the opportunity to participate in household related services. This excludes the previous practice of having a specially appointed person to cook or do laundry which was a characteristic of specialist institutions. The key task is to ensure the maximum involvement of children in community life, to promote social integration and a successful future career. Residential services must become 'home' for children and youth without taking away the functions of parents, and any additional activities that are organised outside the family space.

These expectations bring with them two new requirements. Firstly, there is a need to build a wide network of partnerships with various community services, such as day care centres for children with disabilities, the centre for social

⁵ http://lex.bg/laws/ldoc/-13038592

rehabilitation and integration, schools, rehabilitation centres, medical professionals, sports clubs and others. This helps overcome the expectation that everything is concentrated in the home and the child or young person does not feel a need to interact and communicate with others. It avoids developing a dependence on social services and aids development of the skills for independent living.

Secondly, active work is undertaken with parents or the extended family circle in order to restore and maintain the emotional bond between parent and child and assist the reintegration process when it is in the interest of the child. The team of the small group home works with the child in his or her personal biography to show respect for their history. In the case of imminent placement in a foster family or adoption team the team should mediate this process and help to prepare the child.

Work on the case is carried out by a multidisciplinary team of specialists whose members are determined by the specifics of the case – social worker and other members of the staff of a small group home, social worker from the department for child protection, psychologist, pedagogue, psychiatrist, teacher, member of the team from another services in the community who works with the child.

The provision of social services and determining the human resource requirements are carried out according to the methodology for assessing the number of personnel in specialised institutions and social services in the community, approved by the Minister of Labour and Social Policy. The methodology uses a coefficient for calculating the number of required employees according to the specifics of the service, and sets standards for the mandatory and recommended positions⁶.

- Residential center /children's home/ home for children without disabilities: 0.8;
- Residential center /children's home/ home for children with disabilities:
 0.9.

The coefficient indicates that for a centre with 15 children there should be 12 care staff, and for a centre for children with disabilities there should be 13 care staff.

However, payment of care workers is too low, which often leads to high staff turnover and female-only teams. These factors adversely affect children's development because they impede the building of trusting relationships.

⁶ www.asp.government.bg/ASP_Files/img-Y02115057.pdf

Conclusion

Overall, however, the first positive changes in child care in residential services, small group homes, have been reported. These changes are especially visible with children and youth with disabilities. Individualisation of care has led to improvements in the health status of the majority of children and young people, and it has led to the formation of some elementary behaviours and skills, including improved personal hygiene, household skills and social skills.

Despite all efforts the development of residential care for children poses a number of challenges for the specialist carers. They are concerned mainly with financial provision of the service because meeting the needs of children, of facilities, and providing a motivated team of specialists require high costs that the state and municipalities are hardly able to cover. The residential care centres rely too much on NGOs (non-governmental organisations) for the provision of high quality care and services. One of the main challenges is to avoid repeating the model of large institutional care and its negative effects on the development of children and youth. Moving in this direction involves bringing together all professionals engaged in child protection, and providing support to employees engaged in residential services, showing respect for their work.

About the author

Mariela Todorova-Koleva teaches in the University of Veliko Tarnovo (St. st. Kiril i Metodii University). She was previously director of three residential care services, children's homes for children and youth with or without disabilities, and before this she was director of a crisis centre for girls who were victims of human trafficking or domestic violence, and director of an institution for children deprived of parental care. Mariela says that 'Veliko Tarnovo is a very beautiful city in the middle of Bulgaria with a lot of social services and good policy for children's care.'

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