
* [gerganenova@yahoo.com] (Sofia University St. Kliment Ohridski)

** [radostinaantonova1@gmail.com] (New Bulgarian University, Sofia)

Abstract

Like many post-socialist states, following the transition to democracy, Bulgaria had to close the large institutions for children in which orphans, children with disabilities and other types of children were being raised. The so-called deinstitutionalization reform has been an important part of introducing children's rights legislation in contemporary Bulgaria. However, it is still unclear how the consequences of the reform relate to the normative framework of child's rights. To address this problem, we present the results of a study conducted in 2020/2021 that explores the implementation of the reform through the approach of action research. We analyse interviews with children, social workers and public officials conducted in two big cities in Bulgaria. We outline the ways and extent to which children's rights are integrated into the professional practice of social workers and in the lives of children that are part of the reform, as well as the reasons for their violation. We conclude that there are significant contradictions between the 'theoretical framework' of children's rights and their implementation in relation to the deinstitutionalization reform. The former may be seen as 'unintended consequences' of the reform resulting from Bulgarian society's socio-cultural specificities.

Keywords: deinstitutionalization; children's rights; action research; children in alternative care

1 Introduction

During the socialist period in Bulgaria, institutions for children were a way for the socialist state to take over the responsibility for raising many types of children – orphans, semi-orphans, children with disabilities, children of sick parents and children of parents with minimal income (Kasabova, 2010). These institutions were called 'homes', which designated the state's intention to replace the family and take care of the thus created 'state' children (Kasabova, 2010). Gradually, these 'homes' were filled mainly with children from low-income families, primarily of Roma origin¹ (Tobis, 2000), therefore becoming a politi-

¹ In 1978, there were 9,800 children in institutions (Kasabova, 2010).

cal instrument for concealing poverty and imposing state policy associated with settlement and employment. The type of care provided by these institutions was non-individualized and disciplinary – children had no private space, and one staff member often cared for 25 children (Kasabova, 2010). The system has also been named 'punitive care' (Angelov, 2020a; 2020b).

In 2010, Bulgaria officially launched a policy of deinstitutionalization (DI), which aimed at replacing the institutional model of care for children deprived of parental care established during the years of socialism (1944–1989) with a new model aimed at providing protection and support for children through multiple community-based services. Following this policy, the large specialised institutions in which in 2001 12,600 children were being raised (Mihaylov, 2020) in isolated places far from cities and families had to be closed. The official number of children living in institutions in Bulgaria fell from 35,123 (1999) to 11,384 (2004) and then to 7,587 (2010) (Eurochild, 2020; Validity, 2021). The large-scale reform took place due to pressure from international organizations and lobbies and with the financial support of the EU's structural funds (Mihaylov, 2020). As a result, in 2019, there were only 117 children in eight institutions (Validity, 2021).

The DI reform has been the subject of discussion by a range of social actors in Bulgaria – politicians, media, NGOs, international organizations and scholars. One of the most influential accounts of deinstitutionalization is the 're-institutionalization' thesis, according to which deinstitutionalization has led to re-institutionalization practices and cultures. These highly critical accounts have been made from the perspective of the rights of people with disabilities (Mladenov & Petri, 2020; Deneva & Petrov, 2016). However, there is a need for a more nuanced and evidence-based understanding of the reform that is not limited to the perspective of the rights of people with disabilities but considers the actual conceptual premises of the reform in the Convention on the Rights of the Child (CRC).

In this article, we aim to analyse how the process of deinstitutionalization in Bulgaria relates to the concept of child's rights articulated in the CRC on which it is based. We focus on children without disabilities, specifically children raised in small home centres (SHC²) subject to so-called residential care. We seek an answer to the following questions – to what extent has the DI reform led to the actual provision of rights to children previously raised in institutions? What are the most common challenges and difficulties the different actors face regarding understanding, interpreting and implementing the child's rights framework? Our central claim is that the case of the deinstitutionalization reform in Bulgaria is an example of the significant contradictions between the 'theoretical framework' of children's rights and their implementation. Within the context of a post-socialist country with high levels of poverty, these contradictions are evident, highly pronounced and problematic.

The first part of the article introduces the theoretical approach. The second addresses the problems and challenges of introducing and applying child's rights legislation in the Bulgarian context. The third part describes the research approach and methods and

² The Small Home Centre is the new form of residential care – a community-based service for 24/7 care for not more than 12 children. The staff consists of a director (one director for three SHCs), a social worker, educators and babysitters (without professional education), and a cleaner.

how they relate to the child's rights paradigm and the proper participation of young people. The fourth part describes the research results, and the fifth analyses them in a discussion.

2 Theoretical approach

The theoretical approach used in this article is based on critical perspectives of child's rights that emphasize the socio-cultural challenges of their implementation. The contradictions inherent to the child's rights paradigm, as articulated in its normative foundation, the CRC (adopted by the UN General Assembly on 20 November 1989), have already been subject to a wide range of theoretical critiques (Burman, 1996; Mayall, 2000; Pupavac, 2001). They point to some limitations of the child's rights perspective conceptualised as 'embodying a universal morality beyond state borders' (Pupavac, 2001, p. 96). These limitations are important within the context of our study and provide a basis for critical reflection on how they are implemented in the Bulgarian context, so we systemize them briefly.

One of the most common critiques of the child's rights perspective is that the universal language and the global claims associated with the concept of child's rights are built on ideas of childhood and children's well-being that are 'Western' in the sense of being rooted in the historical and cultural legacy of liberalism and therefore may be irrelevant in other socio-cultural contexts (Burman, 1996; Mayall, 2000). From a post-colonial perspective, the Western premises of the CRC behind its universalist language and claims have been claimed to represent a form of cultural imperialism (Burman, 1996). Additionally, the generality of the statements in the CRC poses potential problems regarding its actual implementation and monitoring (Burman, 1996).

A second common theme in the critical analysis of the child's rights perspective is the tension between participation rights and protection rights – 'between asserting children's autonomy and rights to self-determination and asserting that they must be protected from harmful influence' (Woodhead, 1997, p. 77). This contradiction is evident in the need for the provision of CRC concerning 'the best interest of the child', which basically contradicts the participation right of children because 'in proposing that we know best the best interests of the child, we deny child's rights' (Mayall, 2000, p. 245). A third important critique relates to the position of the adult according to the child's rights perspective and the consequences of how parent-child relations are constructed.

According to Pupavac (2001), the CRC is permeated by a mistrust of adults, which legitimises the reconstruction of the parent-child relationship through state policies and makes it susceptible to the influence of various types of experts. The underlying mistrust of the children's caregivers implicitly undermines the authority of the parents.

3 Child's rights in the Bulgarian context and the DI reform

In Bulgaria, the CRC was ratified in 1991, but as the 1990s were a decade of turbulent social, economic and political crises and transformations in Bulgaria, children's rights were not a priority. CRC ratification made the existence of the old institutions for children with-

out parental care highly problematic because they were an obvious case of the violation of children's rights. However, until the beginning of the twenty-first century, there was little public information about what actually happened in the institutions.

Sharp impoverishment in the 1990s, especially in Roma communities (Szelenyi, 2013), led to the replication of the socialist model of leaving children in state care (weekly kindergartens and auxiliary schools are often used to raise children of Roma origin). Regardless of the ratification of the CRC, there was no state or any kind of monitoring of the institutional care thus provided or checking whether it complied with children's rights. Parents' access was limited, and reintegration into families did not occur.

The pressure of the EU and international and the first local NGOs made it necessary for the country's legislation to implement the ratified convention. Bulgarian legislation on child's rights was introduced 'at a fast rate, top-down, and, for the most part it is not based on naturally emerging practices and cultural norms regarding children and their rights' (Todorova, 2009, p. 624). Sociological research has shown that in the Bulgarian post-socialist context, the state's role in protecting children's rights is hardly recognised. The most popular opinion is that the state's role in children's lives should be limited to providing financial and economic support to families (Todorova, 2000; Kotzeva & Dimitrova, 2014).

In 2000, the Child Protection Act was adopted (promulgated in the State Gazette, bl. 48 on June 13, 2000), and since then supplemented and changed almost every year. In 2001, the State Agency for Child Protection (SACP) and its territorial departments were established; in 2003, a children's council at the SACP started functioning, designated to support children's right to express their opinions and participation (a principle included in the CRC). This comprises children 14–18 years old who are consulted mainly regarding education-related issues. However, within this council, the situation of children without parental care is not a subject of discussion.

While the state was slow in creating a child protection system based on children's rights and establishing mechanisms to control the conditions and care of children in the institutions, civil society organisations (CSOs)³ (mainly local branches of international NGOs) started developing local innovative projects to replace institutional care with community services. The first step towards a large-scale DI reform with state participation was the plan developed by the SACP in 2003 to reduce the number of children raised in specialized institutions in Bulgaria (2003–2005), which included a number of measures (prevention of abandonment and separation, social services upon entering the institutions, and the development of foster care and social services). All these measures were intended to provide children's rights 'denied' by institutional care. However, problems related to the lack of adequate legislation and procedures, trained specialists, relevant methodologies, and the lack of state funding became visible immediately. Liberal values and children's rights conflicted with the well-established practices and culture in the institutions and the prevailing traditional values in Bulgarian society.

The DI reform was provoked by media coverage of the situation of the respective institutions – the BBC documentary *Bulgaria's Abandoned Children* (2007) exposed the inhumane and horrifying conditions in which children with disabilities were being raised.

³ At that time, typically called non-governmental organisations (NGOs).

These conditions were previously unknown not only to the world but also to Bulgarian society.

In 2010 the ambitious and large-scale DI reform was codified in a document named 'Vision for deinstitutionalization of children in the Republic of Bulgaria' adopted by the Council of Ministers (Council of Ministers of the Republic of Bulgaria, 2010; 2011), which outlined the normative framework of the reform. The goals of the reform were to close all children's institutions in Bulgaria and build a network of community-based services for children and families. Based on the CRC, the Vision not only set out the goals for the reform but also aimed to impose a 'change in the philosophy of childcare' (CMRB, 2010, p. 2), with the principles of this philosophy being the following: actions aimed at the child's best interest, family as the best environment for the child, and the significance of the social inclusion of children (CMRB, 2010, p. 3).

This ambitious reform required the commitment of multiple actors: the state, local authorities, non-governmental and donor organisations, the academic community, social partners, media, citizens and communities. The reform based on the rights of the child envisaged the cessation of institutions' monopoly and the decentralization from state management of separated institutions to the municipal management of a network of coordinated services, which required significant changes in legislation and funding.⁴ The DI envisioned transformations on many levels: (1) returning control to the family through abandonment and separation prevention, and supported reintegration; (2) returning children into the community and working with attitudes towards these children; (3) training specialists from helping professions in a child- and family-centred approach, (4) the development of management capacity in municipalities and child protection departments; (5) understanding and applying the philosophy behind children's rights; (6) changing state (including financial) policies.

The reform was declared successful by the Bulgarian government when the last institutions were closed at the end of 2021. Although almost all 137 institutions were closed in 2020 (except for four institutions for 277 children with disabilities⁵), opinions about its success are highly polarised. While politicians call DI the 'most successful reform in the social sector',⁶ the CSO sector has been highly critical. Many CSOs' reports have outlined crucial problems such as insufficient social services for families, including the prevention of abandonment (UNICEF, 2014), the persistence of the medical model in the care of children with disabilities, which limits the opportunities for social inclusion (UNICEF, 2014; Eurochild, 2020), insufficient financing (LUMOS, 2016), and insufficient work with the parents leading to rare contact between children in residential care and their families (LUMOS, 2016). Especially critical was the report of Disability Rights International describing the situation of children with disabilities, the main conclusion of which was that 'Bulgaria has replaced a system of large, old orphanages with newer, smaller buildings that are still operating as institutions' (Disability Rights International, 2019, p. 1).

⁴ The Social Services Act was adopted only in 2020.

⁵ <https://www.mlsp.government.bg/deinstitutionalizatsiya-na-grizhata-za-detsa>

⁶ <https://news.bg/interviews/shte-zatvorim-vsichki-domove-za-detsa-kogato-otvorim-sartsata-si.html>

It is beyond the aims of this article to review systematically the literature on DI, so we will present the main conclusions of the two studies of DI conducted by the Know-How Centre for Alternative Care for Children – New Bulgarian University (KHC) because the research we present is a continuation of the latter and builds on their conclusions. The first research effort took place in 2012/2013, and the second in 2016/2017. Both studies used the action research approach.

The problems stemming from the external pressures for the reform were highlighted in the first study:

[...] the vulnerability of this policy lies in the naïve trust of its authors in administrative approaches of top-down management and the underestimation of the role of local communities, as well as the complex and conflicting interests of the many institutional actors involved in the process. (KHC, 2013)

From the very beginning, different actors have had different interests in and understandings of the DI process, resulting in different narratives about it. DI is perceived by the representatives of the state and municipal institutions as a process of closing the old institutions. Especially in small settlements, DI is perceived as a project that provides funds for securing employment rather than part of a general reform (KHC, 2013, p. 75). A discrepancy between financial conditions and real needs is also visible at the higher levels of reform planning. The lack of coordination and planning of DI and the neglect of local data on the need for services leads to the conclusion that planning depends mainly on funding provided by donors (including the EU, but not only). These funds are invested to create services, even when these services turn out to be unnecessary for the municipalities. The evidence shows that, at this stage, DI is a process of 'matching' needs and services according to directed funds and covering projects' requirements (KHC, 2018, p. 44).

Both studies focus on how children's rights are violated in the DI process. Three main contradictions are revealed: the understanding and practices of child participation and activism vs traditional attitudes and practices of childcare; non-discrimination vs common sense beliefs and stereotypes; and state care vs the family-centred approach. A recurrent conclusion in both studies is that despite an official understanding of the family's role in the child's life, parents are treated as 'irresponsible' individuals who are 'not worth the effort' the staff put into the newly created services (KHC, 2013; 2018). Negative attitudes towards parents are often motivated by genuine concern for children:

Why should the child suffer in a family environment where nothing can be provided? In these centres children have everything. Everything except contact with their mother and father, which sometimes brings them nothing. (Social worker, small home centre) (KHC, 2018, p. 31)

Representatives at all levels of the DI process argue that poverty and marginalisation are major causes of the separation of children and families. However, measures to combat poverty and the social exclusion of families are not understood as part of DI (KHC, 2018, p. 30). Poverty puts the care and rights of children into conflict because it leads to the understanding that children should be brought up in alternative care⁷ rather than remain

⁷ 'Alternative care' is a term that designates various kinds of care for children without parental care – residential, kinship and foster care.

in the biological family and, therefore, in poor conditions. However, care in most residential services remains limited to providing the bare minimum to ensure children's safety and survival, and the latter continue to experience multiple stigmas and discriminatory practices.

For the children transferred to SHCs, the change is ambivalent: on the one hand, they report much better living conditions ('We live like princes' – boy, SHC), but on the other hand, responsibilities become more personal ('we can't run away from here, everything is visible' – girl, SHC). Many significant relationships were severed with the move to the new services (Zhechev, 2018). The children are also afraid of the future (KHC, 2018), which can be attributed to the lack of an established model for preparing them for the future after leaving care. Moreover, practitioners are not trained to seek and hear children's opinions and attempts to achieve children's participation are met with distrust and scepticism (KHC, 2013; 2018).

The results of both KHC studies raised the following questions about the application of children's rights in relation to large-scale DI reform:

- How does DI ensure a family environment for the children placed in SHC?
- Are children's voices heard in the process of providing care?
- How are the children being prepared for their independent future?
- Do children and parents continue to experience stigma and discrimination, as was the case in the old institutions?

4 Methodology

We present results from the third study of DI that was implemented by a team of researchers coordinated by KHC in 2020–2021. We chose to focus on the results of this study not only because it is the most recent one but also because it explores the children's viewpoints more thoroughly and highlights ongoing practices of violating children's rights.

The study was implemented in four regions in Bulgaria (Stara Zagora, Sofia, Vratsa and Veliko Tarnovo). The local research teams were composed of two researchers. All teams gathered regularly to discuss the results and align their research strategies. Here we present results from fieldwork in the two significant terrains – Stara Zagora and Sofia. This choice is motivated by the fact that the authors of the article were engaged in the research in these two regions but also by the similarities between the two regions. Within the national context of the DI reform, Stara Zagora and Sofia are similar in many ways – the early start of the DI reform, a high number of social services, including SHC,⁸ influential and long-existing CSOs.

As with the previous studies, the research subject was the situation of children without disabilities placed in SHC and the few remaining institutions. Children with disabilities were excluded because the research on children with disabilities requires specialised methods, which the research team did not possess.

⁸ By 2020, in Sofia there were 87 services incl. 25 SHCs (source: <https://www.sofia.bg/community-services>).

The study aimed to gather data on the reform's current state and analyse the DI reform's effects on children, parents, professionals and communities. To achieve this, the team aimed to explore and analyse the narratives and viewpoints of the various participants in the reform. Another important aim was to empower children, professionals and communities by assigning them an active role in creating knowledge about DI and the opportunity to influence the course of the reform. Using the action research approach associated with the participatory paradigm (Heron & Reason, 1997; 2001; Park, 2001), the study engaged respondents as co-researchers in defining the main problems in the implementation of the reform, reflecting upon them in individual or group settings and elaborating potential solutions, some of which could be turned into proposals for changes in social policies.

Three main types of methods were used within the action research approach – interviews, focus groups, and reflexive groups. The study in Stara Zagora and Sofia included 170 participants, among which 49 were children in residential care and care leavers (aged 18–20 years, raised in institutions).

The inclusion of children in the study followed well-elaborated ethical guidelines. The aims of the study were carefully explained to the children. They were invited to participate voluntarily and could leave the research setting at any moment during the interview. The children signed consent forms. Additionally, because of the lack of parental figures, consent was obtained from their legal protector – the director of the residential home and representative of the local CPD (Child Protection Department). Consent from the State Agency for Child Protection and Agency for Social Assistance was also obtained.

It should be mentioned that at the beginning of the DI reform, the children who were transferred to the new SHCs were children who were growing up in institutions. By 2020, many of these children had already grown up and left residential care. The children who participated in our research had grown up in families and were usually separated from them due to an SACP sanction. They were older, often with pronounced mental health problems (e.g., addictions, problematic behaviour as a result of living in dysfunctional family relationships or poverty, etc.). These children want and can be reintegrated with their biological parents, shifting the priority of the reform to a family-centred approach.

5 Results

Following the article's aims, we present the study results seen through the lens of children's rights. We focus on four of the rights of the child elaborated in the CRC and analyse the contradictions between the normative definition of the specific right in the Convention and its manifestation in the DI process according to the study's results. The four rights chosen as the most significant are the right to life, survival and development; the right to live in a family environment; the right to child participation and activism; and the right to non-discrimination. They were chosen because they are part of both the CRC and the normative framework of the DI process – the Vision for deinstitutionalization – but also because they were underlined in both previous studies as problematic.

The right to live in a family environment is a core principle in the Vision (CMRB, 2010, p. 5), and the family is considered the most favourable environment for the child's development (CMRB, 2010, p. 4). According to the CRC Preamble, every child 'for the full and harmonious development of his or her personality should grow up in a family environment, in an atmosphere of happiness, love and understanding' and has the right to 'be cared for by his or her parents' (Art. 7). A special article in CRC is dedicated to the situation of children deprived of parental care and their right to maintain 'personal relations and direct contact with both parents regularly, except if it is contrary to the child's best interests' (Art. 9). The Vision also mentions the child's right to be involved in the decision-making process regarding the form of care suitable for them (CMRB, 2010). Besides the right to live in a family environment and the right to have their views given due weight (right to child participation), which are crucial for this group of children, we decided to also include the right to life, survival and development, and the right to non-discrimination because we expected that the violation of the first two rights would result in the violation of the other two.

5.1 The right to live in a family environment

According to the study's results, children's right to live in a family environment has been undermined in the planning of the SHC service. One of the main reasons for this is that the latter provides no opportunities for maintaining a regular and meaningful child-parent relationship. In all four terrains, children raised in residential care settings⁹ basically had no or very disrupted relationships with their biological parents. Some of these parents were unknown or physically absent (mainly living abroad), and some paid rare and, according to the children, disappointing visits. Among the children in the SHCs, this created the shared attitude that they are on their own and that they need to deal with their problems either by themselves or with the help of the other children.

Some participants, especially social workers, described the environment in the SHCs as being far from family-like and basically, 'copying the institution from which it descended'. They talked about the 'office-like' atmosphere and pointed to the high number of children in the SHCs, which was in sharp contrast to the idea of a family environment:

There is no such family with 14 children. What kind of family can provide adequate care for 14 children?! (Social worker, Stara Zagora)

On the other hand, participants from the municipal administration tended to describe them in a socially desirable way:

I prefer to call them cottages, not services or centres. Like a family house. That's why there are no psychologists in the SHCs – you do not have a psychologist at home. There are only a social worker, a director and an accountant. (Expert, Sofia Municipality)

⁹ At the beginning of the DI process, many biological parents of institutionalized children were contacted. Thus in the new residential services remain primarily children whose reintegration has been assessed as impossible.

Although the new buildings are located in cities, they look more like institutions, with a funding information signboard:

What I want most is to change the signboard, to have it gone. (Boy, SHC, Sofia)

The feature most frequently cited as contributing to the non-family environment in the SHCs was the quality of the services provided by the caregivers, described by most participants in the study as lacking depth, trust and an individual approach to the children's needs. Several important qualities contributed to this pervasive problem. First, the small number of caregivers – one person per seven children – made the relationship between children and caregivers extremely difficult because of the insufficient time and attention. Second, because of the low educational requirements and the very low salary associated with this position, the former lacked the expertise and skills to respond to the various needs of children who had encountered many traumatic events in their life and were experiencing various psychological and social difficulties, including their need to maintain relations with their parents:

If the professionals know that they need to keep in touch with the families and believe this is important for both the child and them, they will do it. However, the SHCs employ people for whom the care of the child is reduced to bathing, washing, occasionally calling and sending to school and sending to their own room [...]. This person fulfils his exclusively sanitary function. (Supervisor/trainer, Sofia)

Regarding the staff of the SHCs, additional problems were mentioned; for instance, a huge proportion of them had previously worked in institutions and transferred the institutional model of care to their new workplaces without sufficient training. The lack of expertise and skills, the formal and ineffective training, and the 'institutional background' all led to an emotional dynamic in the children-caregivers relations characterised by unclear and unhealthy psychological boundaries:

The caregivers were unprepared (for the job), although they had undergone training. I have seen disruption of all types of boundaries between staff and children. Caregivers form coalitions with the children, as is typical [in] dysfunctional families. (CSO representative, Stara Zagora)

In summary, all the characteristics of the residential homes described above – a large number of children, an office-like atmosphere, and dysfunctional relations between caregivers and children – contribute to a substantial undermining of the right of the children to live in a family. As stated by one of the experts in Sofia municipality:

No matter how much we try to create a family-like environment, the children suffer for [pine for] their families. (Expert, Sofia)

5.2 The right to life, survival and development

For children in residential care, the right to life, survival and development is interconnected with the right to live in a family environment because it is considered a crucial social and psychological determinant of their full personal development. Below, we outline three

types of risks and sources of vulnerability that threaten the development of the children in residential care – poor financial opportunities, which amount to child poverty, exposure to various social risks, and poor preparation for independent life after leaving residential care. All of these can be seen as factors creating life-long social disadvantage and marginalization.

According to the young people in the SHC in Stara Zagora, they had extreme difficulty managing their everyday needs because of the small monthly allowance provided by the state (approximately 17 euros). This sum had to be distributed for various purposes: school meals, shoes, and sanitary pads for the girls. According to the children, the money was insufficient even to cover their expenses at school, and they frequently went hungry. Some even said that the other pupils pitied them for this and bought them food – an experience which obviously induced shame and a feeling of humiliation. When asked about the amount of money they should receive every day, they said they needed at least three times the sum they received. The provision of an allowance less than the sum needed for survival can severely affect the children's self-worth, their chances for social inclusion and, therefore, their development.

The directors of SHCs reported other ways the insufficient financial provision for the children led to limited chances for child development. Residential homes have budgets prescribed, governed and controlled by the municipality. These include no money for paid sports and leisure activities which could provide children with a chance to develop their talents.

A second important way that the discussed child's rights are undermined concerns preparation for independent living after leaving state care. Upon turning 18 (and/or graduating from secondary education), children have to leave residential care, and 'their preparation for this depends on the caregivers' goodwill. There are still regions in Bulgaria where the young people come to our services without any skills for independent life' (director, CSO working with care-leavers, Sofia). After leaving a residential home, some of the care-leavers have the opportunity to be accommodated in a social service centre (called 'Monitored Shelter') administrated by the municipalities or CSOs. The care leavers, social workers, and staff of residential homes noted that children raised in residential care are entirely unprepared to live by themselves because of their attitudes:

There is an attitude among young people which is a barrier to their successful integration into the community. It is related to a lack of motivation and a lack of dreams. They, as it were, expect that there will always be someone to satisfy their needs. (Directors of residential homes for care-leavers, Stara Zagora and Sofia)

Finding a job is one of the areas which is particularly challenging for young people because of the lack of required skills or a supporting network:

It's difficult because most of them are disoriented; they know they want to work, but they don't know what and how these things happen, where they should go, what they should do, how to write a resume, open a job site or visit the Labour Office [...]. We teach them how to start the washing machine – simple things like that. (Social worker, Stara Zagora)

They are looking for a job near the SHC because they do not know how to use public transport, and some are afraid to use it. (Directors of residential homes for care-leavers, Sofia)

The undermining of the child's rights to development in SHCs was evident in another very alarming way – the significant social risks to which they were exposed (violence, dropping out, teenage pregnancy, involvement in crime [mainly theft], etc.). The staff of the residential homes rarely discussed these phenomena, but there was much evidence for them in the interviews with children, experts working in CSOs and state experts dealing with child crime:

I have lived in two foster families [...] the social workers should not tolerate them. I was like a slave. There are people who are not suitable [to be] foster parents. (Child, aged 16, Stara Zagora)

A girl from our team received a sign that in the residential home a child is still [being] tied up (by the staff). Moreover, this is not a child with a disability but a more mischievous child. (CSO expert, Stara Zagora)

Other evidence for the social risks to which children in SHCs were exposed came from experts in the local commission for the anti-social behaviour of children, according to whom most of these children engaged in deviant behaviour such as frequent absences from school and running away from SHCs with no possibility for the staff to bring them back. These frequent episodes of running away occurred so commonly that they were presented as a lifestyle:

'These are not (cases) of running away – the children are semi-homeless. They don't follow the rules' (expert, Stara Zagora). The reasons for this were unknown, but there is limited evidence that some children ran away with a (sexual) partner. For the girls, this led to the considerable risk of teenage pregnancy, which subsequently created a risk of the abandonment of the unwanted child:

'Girls get pregnant. They come back to the SHC pregnant. Then she leaves the child in an institution' (expert, Stara Zagora).

Another social risk is exploitation:

There were cases when they were found in nearby villages – someone took them for construction and repair work, put them in the car, waited for them in front of the school and returned them in the evening. Moreover, he didn't pay them; he just took them away. (Expert, Stara Zagora)

All these examples show the caregivers' lack of adequate professional training and the need for a coordinated network among the services.

5.3 Right to have their views given due weight

The right to have their views given due weight and the right to freedom of expression (Art. 12) are particularly important for children separated from their biological families. These rights are related to the development of child participation and practices of activism, which are difficult for many caregivers and even those planning the reform to understand. Children are the real 'experts' when it comes to themselves. However, their opinions are not usually considered reliable due to their degree of disability, age, institutionalisation,

and even ethnic origin and/or traditional cultural norms of caregivers without the required education and training:

We teach them less independence and more dependence on the social system – if the child decides to fight for his opinion in the SHC, there is not much [they can] do. (Supervisor, Sofia)

In the study, the children were asked how they participated in decisions directly related to their basic rights: Almost all of them answered that they were not involved in this process:

We were moved like a sack of potatoes [from the institution to the new home – author's note]. (Focus group children, SHC, Stara Zagora)

Q: Do you say what you want to eat? – A: No, [we eat] whatever they give us. Only for a birthday. (Focus group children, SHC, Stara Zagora)

A large number of children feel ashamed that they live in residential care:

The nastiest thing is to hear that I am a child from a home. (Boy, 16 years old, SHC, Sofia)

The rules in the residential homes are made up without the children's consent and met with resistance. When asked about what kind of decisions the children made, they pointed only to activities outside the SHC:

I have decided not to smoke; I can decide to go to school or not, to go to class or not. (focus group children, SHC, Stara Zagora).

5.4 Right to non-discrimination

All three studies of DI implemented by KHC show that despite the reform, discrimination towards children in alternative care and their biological parents still exists and is widespread and difficult to overcome. Children in SHCs experience many stigmas (Antonova & Andonova, 2022), some of which are imposed by unqualified caregivers. The lack of knowledge and skills to deal with the trauma of separation and the harm caused by institutional care and other contexts puts children in a situation where they develop additional dysfunctional behaviours, thereby increasing the risk of engaging in action that threatens their health and life, which again runs counter to the observance of child's rights. Moreover, children often do not recognise these risks. The lack of cross-disciplinary casework and adequate funding deprives children of the opportunity for the consistent development of their talents, reinforcing the stigma of their inability.

As mentioned above, the children suffer discrimination based on their ethnic origin, disability, lack of family, institutional past etc. Historically, institutional care in Bulgaria has been consistently and systematically used as a publicly available means of discriminating against ethnic minority Roma (Bilson & Markova, 2007). The present study's results show that most children in residential care are again Roma children, mainly from families living in extreme poverty. The large proportion of Roma children in institutions and, consequently, in residential homes has been linked to the social exclusion of Roma people and the discriminatory attitudes of social workers and caregivers without specialised education and training. Attitudes towards children in residential care are permeated with disapproval and stigma:

[Using] stigmatising labels further complicates the resocialisation process. The attitude of the staff towards the children is that these children have more privileges and dividends than their own children. (Director, SHC)

A child's outburst is not understood as an expression of his pain, and [stereotypes] are immediately [deployed] – 'you are bad', 'Gypsies don't do anything', etc. (Director, social worker, SHCs, Sofia)

The participants shared that these attitudes towards children are also present in schools:

In the school, the attitude is a bit like [they are] second-class children... (Director, social worker, SHCs, Sofia)

These attitudes indicate that emotions towards children without parental care vary between concern, pity, envy, fear, hatred, and shame. Inherent discrimination leads to diminished possibilities for the development and realisation of the potential of the children.

6 Discussion

While our research has shown that children's rights are still violated, in comparison with the institutional model, there are major shifts which need to be outlined. Though not really community-based, the new services provide a degree of publicity and control which fundamentally changes the children's position.

First, the extent of violations of children's rights is less pronounced. While institutional care was strongly associated with practices like violence and neglect, this was rare in the small home centres. Therefore, we see a shift in the risks for children deprived of parental care – from violence and neglect in institutions to social risks such as dropping out of school and a high chance of marginalisation after leaving the SCH. The institutions were part of a 'uniform' socialist world, fitting into the highly predictable and uniform socialist society. The new types of care seem to be leading to new forms of insecurities, which easily translate into new forms of stigma and marginalisation.

Second, as mentioned above, from the very beginning of the DI reform, there have been many different understandings of the DI process which relate to the child's rights paradigm in conflicting ways. The lack of clarification and negotiation of a common understanding has deepened over the years, creating tension between the various actors. We distinguish three main understandings of the DI process, which are developed in three different narratives related to the main co-researcher groups – state and local administration representatives, practitioners (caregivers, specialists, scholars), and children (and parents). The child's rights paradigm and understanding how DI will contribute to their observance in practice is part of all three narratives. It co-exists and is often opposed by patriarchal norms of child care, the old institutional model, and an administrative approach to following procedures and control without considering the need for human development, the existing data, and the importance of local, community and individual needs and relations.

The administrative narrative of DI is shared above all by the state and municipal representatives who perceive DI as a process of closing old institutions in line with project deadlines that ‘descend’ from different ministries and agencies. According to this narrative, DI officially ends with the closure of the last institution.¹⁰ On the other hand, the narratives of children and parents emphasise the need for them to be an active part of the decision-making process related to their own lives.

Some practitioners primarily support the child’s rights paradigm with common theoretical-practical approaches (such as care based on an individual approach towards each child and emphasis on the importance of human relations in child development). These practitioners work directly with children and/or train and supervise those working with children (university professors, mental health specialists working in international and local CSOs and, at the beginning of the process, also in the new structures of the SACP). On the opposite end are mainly non-specialists who found a place in the new services due to a lack of other job opportunities. For them, child’s rights are ‘just caprices and foreign demands since with most of these children nothing helps but punishments and a firm hand’ (caregiver, SHC, Sofia). The co-existence of these two groups reflects the characteristics of the Bulgarian context in which patriarchal, institutional and community models of care based on children’s rights are increasingly conflicting. The consequences of not accounting for and not communicating between these narratives and understandings of DI are the gradual displacement of the practitioners’ narrative by administrative measures, a neglect of the individual characteristics of children, and the replacement of individualised casework with increasingly complex bureaucratic accountability procedures. This leads to a situation in which some of the primary child’s rights remain only on paper, with no practical dimension.

The differences in paradigms and definitions of DI are reflected in the current monitoring practices, which are aligned with the administrative narrative without emphasising successes related to children’s development or increasing parental capacity. Despite the discussions between specialists and the state administration during the creation of the new Social Services Act, monitoring practices and indicators are not based on an assessment of children’s mental health and the development of skills and talents are not tracked. In other words, the understanding of DI as a reform aimed at supporting an individualised approach to each child and family and based on children’s rights is not being realised because there is no consensus as to what residential care is – whether temporary shelter or coordinated care tailored to support each child and family.

7 Conclusion

The article contributes to understanding the deinstitutionalisation reform in Bulgaria in three ways. First, it provides a historical overview of the reform in light of the child’s rights concept and principles. It therefore employs a broader framework than the one used in disability studies. Second, it provides empirical evidence for how child’s rights are be-

¹⁰ <https://www.mlsp.government.bg/deinstitutsionalizatsiya-na-grizhata-za-detsa>

ing undermined and violated in the new residential homes meant to overcome the institutionalised model of raising children. Third, it links this evidence to critical perspectives towards the child's rights paradigm and the child's rights regime. Most importantly, the article outlines how the sociocultural context plays a crucial role in the 'translation' of children's rights into practices, understandings and notions. Within the post-socialist context of Bulgaria, children's rights are an ephemeral and fragile construct permeated with traditional values and attitudes.

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