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Providing alternatives to infant institutionalisation in Bulgaria: How gatekeeping can benefit from a social development orientation

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ABSTRACT

There is extensive research demonstrating the negative effects of institutionalisation on infants. Gatekeeping has been widely promoted as a key strategy to combat unnecessary institutionalisation. Its aim is to provide a range of services and a system of decision making based on assessments of children and families to ensure effective targeting of services. This paper provides details of research into the gatekeeping system in Bulgaria for children under three and examples from recent Bulgarian and international practice. It suggests that gatekeeping could benefit from a social development orientation including activities to combat poverty and promote social inclusion through supporting community and family strengths. The paper proposes changes to the orientation of gatekeeping for effective national strategies to combat institutionalisation.

1. Introduction

There continues to be a large number and growing rate of infants in institutional care in a number of countries, particularly those that were formerly under Soviet control. This contravenes a range of UN and European human rights standards and there is also extensive evidence of the poor outcomes of children aged three years and younger (Bilson, 2009). On 28th June 2011 the Office of the High Commissioner for Human Rights and UNICEF made a joint call for action to end placing children under three in institutions.

The joint call to action follows on from previous work aimed at reducing rates of infant institutionalisation in countries formerly part of the Soviet Union. In 2000 the World Bank and UNICEF's *Changing Minds, Policies and Lives* project aimed to advise governments in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) on strategies to reduce the use of institutionalisation. It proposed gatekeeping as a central element of this strategy, along with developing standards for children's services and advice on the transfer of resources from the institutional sector into community based services. Gatekeeping was defined as "the system of decision making that guides effective and efficient targeting of services" (Reichenberg & Posarac, 2003: vi in Bilson & Harwin, 2003). Bilson and Harwin (2003) produced a toolkit on gatekeeping as an outcome of this project and this has been widely disseminated and used by governments in CEE/CIS (see for example EveryChild, 2007; Gudbrandsson, 2004; Holiček, Severinsson, & Reichenberg, 2007).

This paper will use data from Bulgaria, part of a wider study of three countries, to consider the effectiveness of gatekeeping for children under three entering or remaining in institutions in a country where the government has made a commitment to close all its large institutions and is currently planning the closure of seven institutions for infants. It will go on to use what has been learnt from recent institutional closures and promising practices across CEE/CIS to suggest that a social development orientation within the framework of gatekeeping reflects current good practice and might provide a basis for challenging the values that lead to separation of children from parental care and respond more effectively to underpinning problems of social exclusion and poverty.

2. Methods

The study in Bulgaria, Kazakhstan and Ukraine (Bilson, 2010) considered a range of groups at risk and children without parental care including: children with disabilities, child victims of abuse and children in conflict with the law. It aimed to discover how children enter and remain in institutional care; whether gatekeeping was being implemented; and if gatekeeping was sufficient to prevent unnecessary institutionalisation.

It included a detailed desk review of: laws and regulations; national strategies; action plans; other documentation relating to routes into care; institutional and financial mechanisms; human resources; and social care standards. The information available at a national level

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was often patchy or non-existent and this was supplemented by studies of a small number of institutions. Field research was then undertaken to review gatekeeping mechanisms and other factors relating to institutionalisation. Field visits were each around 10 working days using a rapid assessment procedure (Pearson & Kessler, 1992) involving interviews and meetings with stakeholders, including professionals fulfilling gatekeeping functions, working in and for NGOs plus civil society representatives, judiciary, and parents and children.

This paper will focus on the element of the study relating to Bulgarian children aged under-three years. In Bulgaria research relating to this group included interviews and meetings with 4 families; staff from 2 infant homes; staff of 2 small group homes; 2 maternity hospital staff groups including social workers; a range of managers and social workers from 11 child protection departments; 2 foster care teams; director and staff of the State Agency for Child Protection; deputy minister of health; staff of mother and baby unit; 2 judges; staff from a range of NGO projects run by For Our Children; Samaritans and ARK; and UNICEF. Interviews and meetings had the aim of collecting key information using an unstructured format and were recorded through notes. The study received ethical approval from the University of Central Lancashire's ethics committee.

2.1. Limitations to the study

The data used in this paper consist of national statistics and those produced by the UNICEF MONEE database, which has collected official data from statistical departments in countries across the CEE/CIS since 1989, as well as studies and reports available through UNICEF and other open sources. It should be noted that statistics provided by different ministries and sources can be contradictory and it is not possible to clearly identify the basis on which they were collected. Similarly, studies are carried out on different bases, are often not based on representative samples, and much information about areas such as the reasons for entry to institutions are collected from official records and there is little formal research in this area. Finally there are large areas where data is not collected. Given the wide range of the original study and the relatively short time-scale most interviews did not focus entirely on issues for infants. This original research has been supplemented by a further review of literature on existing practice.

Also there is a limited evidence base for gatekeeping practices in low and middle income countries (Fluke et al., 2012) consequently this paper is limited to considering "promising practices" (Boothby et al., 2012) which are yet to be fully scientifically evaluated.

3. Theory and background

3.1. Regional context

The CEE/CIS region is in the process of transition from command economies to market oriented societies. Most of the countries in this transition inherited a system of child protection which focused almost entirely on the use of institutional care for children in difficulty. The focus on institutional care has both economic and ideological causes (Markova, Shilkret, & Djalev, 2008). Traditional extended family networks were disrupted by economic forces of industrialisation and urbanisation. Soviet ideology sought to end the role of the family in perpetuating inequalities and liberate women from domestic responsibilities to encourage their paid employment. This led to the development of an extensive system of state childcare and resulted in a growing belief that state provided care was better than family based care (Sugareva, 1996 cited in Markova et al., 2008).

A decade after the fall of soviet power, in many countries in the region, the number of children living in institutions had increased (UNICEF, 2001). By the end of 2010 the UNICEF TransMONEE database showed a fall in numbers, but 724,000 children were still in institutional care across 28 countries of the CEE/CIS and 31,500 children were in infant homes in the 16 countries providing this information (UNICEF, 2012: tables 8.1 and 8.6). However, there are disputes as to the full extent of children in institutional care. Carter (2005: 17) claims, for example, that an accurate estimate of the number of children in institutions in 2002 was considerably higher than the TransMONEE database suggested.

The issues concerning the use of institutional care in CEE/CIS go beyond the numbers involved. The quality of care in institutions is considerably lower than that found in other European countries, there being many large institutions with impersonal care; high proportions of very young children institutionalised (UNICEF, 2010); and very poor conditions for many children with a disability (European Coalition for Community Living, 2010: 17). There is now a wide range of research evidence on the negative impact of these types of institutions on infants (see Bilson, 2009, for an overview). Care of children in institutions is medicalised and children remain under-stimulated and receive little warmth or emotional care (e.g. Markova et al., 2008). Problems encountered by institutionalised younger children include lower IQ than those in foster care and compromised brain development (Nelson et al., 2007; Van Ijzendoorn, Luijk, & Juffer, 2008); reduced growth and weight (Zeanah, Smyke, & Settles, 2006); poorer language acquisition (Windsor, Glaze, & Koga, 2007); and increased levels of mental health problems (Bos et al., 2011; Rutter et al., 2007; Sigal, Perry, Rossignol, & Ouimet, 2003). These problems are compounded for Roma children who are over-represented in institutions in Bulgaria. Whilst there, they face ill-treatment, are often segregated into separate schools and have little support to stand up for themselves against discrimination. On leaving, many lack strong social support networks; many reject their ethnic identity; and they are at increased risk of being trafficked. Some go on to have children who will themselves be institutionalised (European Roma Rights Centre (ERRC), 2011).

3.2. Approaches to gatekeeping

The term gatekeeping is used in western social welfare and health literature to refer to a continuum of strategies ranging from 'managed care' aimed at rationing access to scarce services, to processes of professional decision-making based on individual assessments of need and aimed at managing systems (Bilson & Harwin, 2003). 'Managed care' definitions of gatekeeping associated with privatisation and reducing costs are more widely used in the health sector. This paper focusses on a systems management definition of gatekeeping and specifically to a strategy for reducing the placement of children in residential care, that is a:

> *'process of assessment and planning of children's needs and circumstances which should precede their admission into residential care, and contribute to their onward progression-back to their families, into a form of substitute family care, or … moving to some form of independent living.'* [(Tolfree, 1995: 50)]

Rather than an individual decision-making oriented approach gatekeeping mechanisms should also 'oversee, as far as possible, the entire network of policy and procedures' (Thorpe, Smith, Green, & Paley, 1980). Such a systems approach to gatekeeping was suggested in juvenile justice to avoid net-widening, a system effect in which alternatives to prosecution or penal sentences within criminal justice systems attract a less delinquent client group and draw more people into the system (see for example Smith, 2010).

Tolfree (1995) drew on the work of Save the Children in low income countries and some early experience in the CEE/CIS to identify three key characteristics of gatekeeping: pre-admission assessment and planning; planning for children already in residential care; and planning for leaving care. Echoing Thorpe et al. (1980), Tolfree expressed concern about the possibility of drift into residential care, noting that 'all too often residential care is seen as "the solution" without an exploration of "the problem"' (1995: 68). He argued that