

CHARACTERISTICS OF PROTECTION INSTITUTIONS AND THE PROCESS OF INSTITUTIONALIZATION

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Abstract: *Through this article, I have proposed to approach the integration process from a theoretical perspective socio-professional of young people from the social protection system, as well as the stages they went through for an independent life. Currently, the state through public protection institutions and non- governmental, participate in supporting and supporting the socio-professional integration of this category a young people, thus generating new opportunities and life trajectories in the context of socio-economic both nationally and internationally. The abandoned youth or child follows a predictable path from a family environment to an environment of protective organizations/institutions. In this context we wanted to bring a series of clarifications regarding the sociological concept of institution (with the correlation its institutionalization) in direct connection with the socialization process. Starting from the defined date of Emile Durkheim that the institution represents "external ways of the individual to think, to act and to feel" and the analysis offered by Parsons about the three types of institutions - relational institutions; regulatory institutions and cultural institutions, I begin to describe in chapter two the common elements of protection institutions offered by several authors.*

Keywords: institutionalization, social politics, social inclusion, social exclusion, vulnerable groups;

1. Introduction

If we follow the Explanatory Dictionary of the Romanian Language (2009) by institution we mean "an organ or organization that carries out activities of a social, cultural, administrative nature, etc.". Another definition offered by the same dictionary designates the institution as a "form of organization of social relations, according to the legal norms established by fields of activity". From a historical perspective, according to Yves Fricker (2009), a series of important moments can be identified of the evolution of this concept. Fricker first quotes Emile Durkheim who linked the concept of the institution as being close to the "social fact" (defined in turn as "external ways individual to think, act and feel").

Also, for Emile Durkheim (1974) the institution was associated with "a set of rules and strategies of good practices, accepted by the individuals of a societies", and sociology can rightly be called "the science of institutions, birth and functioning society" (p. 53). According to Yves Fricker (2009), the perspective on social facts defined of the institution led to the emergence of a break between the Durkheimian School and holistic sociology. At the same time, the author mentions the contributions of Max Weber, Fauconnet and Mauss or of F. de Saussure. In the second stage of his analysis, Fricker dwells on the sociological thought of Talcott Parsons, who studied the institutions starting from the importance given to them in the mechanism of the functioning of the social system. Moreover, Parsons identifies three types of institutions:

- Relational institutions – which refer to the behaviors and mutual expectations they manifest social actors;
- Regulatory institutions - through which the conduct of social agents is legitimized;

- Cultural institutions - through which the behaviors that are considered to be accepted from the point of view are drawn social point of view, being accessible to actors at their discretion.

Thus, the complementarity of the two sociological thoughts, of which they are exponents, is highlighted Emile Durkheim and Talcott Parsons, the following definitions being widely influenced by earlier approaches remembered. We remind you that in the Dictionary of Sociology (1998, p. 298) coordinated by C. Zamfir and L. Vlăsceanu, the institution designates "the rules of influencing and social control of individual behaviours, the specific and stable patterns of organization and development of interactions between individuals and groups social social oriented towards the satisfaction of basic needs, values and interests of essential importance, strategic for the maintenance of social collectivities". Through institutions, collectivities overcome the natural state to reach a state social/societal (fact that involves an awareness of belonging to an organism invested with attributions social). M.R. Gunnar mentioned the typology of the protection bodies and the evaluation of the quality of care intended for these young people: "institutions that do not provide the child with access to health services, at a proper nutrition that does not cover the needs of interrelation; institutions that provide support adequate in terms of food and health services, but in which there is some form of deprivation social; institutions that cover all the needs felt by the child, but in which relationships cannot be established long-term with carers or specialists".

Theorizing this subject of institutionalization I concluded the idea as the concept of institutionalization it is also related to concepts such as social development, or the socialization process. Sergiu Gherghina mentioned that institutionalization can be seen as a "gradual transformation of socialization up to the moment when the norms, ways, rules and paths followed by institutions pencil and elaborate actions".

I have further described in this chapter the needs felt by institutionalized young people - according to the pyramid Maslow's - and some elements related to the specific needs of children, analyzed by Mia Kellmer Pringle. To have a complete picture of the socio-professional integration process of these hold on, I found the words to mention the phases the children went through since the moment it was institutionalized: the shock phase, the suffering and disorganization phase, the organization phase, respectively, the phase of acceptance" (Mitrofan and Buzducea).

The results obtained are mentioned in the report entitled Attitude of specialists towards violence against children in institutional care (2017), in which the behaviours are described deviations of these young people that can be taken over in their lives as a consequence of institutionalization with effects negative effects on the socialization and integration process. To reduce these consequences I have described programs to prevent institutional violence, namely: training programs; implementations quality standards; organizing workshops with violent youth, etc.

Certain studies (see Groark and McCall, 2011; McCall, 2013; McCall et al. al, 2016; van Ijzendoorn et. al., 2011) showed that special protection institutions children abandoned by their families or who have developed outside of them have common traits if not we refer to the mode of operation. Centralizing all these suggestions I concluded the existence of some common elements: Within these centers, the number of beneficiaries (children) is much higher than the number of those who offers specialized services (social workers) Specialized institutions tend to group homogeneous groups of children by age category and categories of disabilities from which they suffer. Children can thus easily be transferred from one age group to another (especially in the first years of life). During the first 10 months of life, a child can interact, on average. with more than 50 caretakers. So, the caregivers are in continuous mobility (generated by the work shifts) which they are not it offers the possibility to concentrate additionally in working with children or with distinct groups. Many new people

(adults) appear in the lives of these children from the centers: medical specialists, psychology and others; adoptive parents if applicable, entire series of volunteers, etc. Caregivers/ the specialists from these centers are involved in an insufficient number of trainings. Even so these trainings are focused on solving sanitary/health problems and less on development social/social interaction skills. The staff in these institutions is strongly feminized - therefore, contacts with male caregivers are very rare or episodic. Gender staff women are involved most of the time in housekeeping or personal care activities (clothing, hygiene, food preparation, etc.); The lack of affectivity of the staff in these centers was repeatedly observed, the attitude towards children being rather distant. A typology of protective organisms was made by M. R. Gunnar (2001) who had as a criterion for evaluating the quality of care services: "Institutions that do not provide the child with access to health services, to proper nutrition and which do not covers interrelationship needs; Institutions that provide adequate support in terms of food and health services, but in which there is a form of social deprivation; Institutions that cover all the needs felt by the child, but in which long-term relationships cannot be established duration with caregivers or specialists." As a consequence of what has been pointed out so far, we also note the studies that signaled the fact that the classical protection institution does not constitute a normal environment for the balanced development of children. It is also known that in many states there is the problem of closing such bodies protection and the search for viable alternatives. It starts from the idea that "the delay in cognitive development is often associated with institutional care" (Sherr et. al., 2017). Other authors (Boothby et. al., 2012, Fluke et. al. 2012) emphasized the importance of care within families - a fact that ensures "un provides a strong sense of protection". Thus, the significant differences that separate them can be seen them by children in protective institutions. As Anca Tompea (2007: 296) mentions, unlike the protection institutions family homes "could facilitate better preparation for social integration and growth the confidence they need for a proper social life". This idea is straightforward related to art. 3 of the UN Convention on the Rights of the Child (1989), states that "States Parties shall see to it that the institutions, services and settlements responsible for protection and care children to comply with the standards established by the competent authorities, especially those relating to security and health, to the number and qualification of staff in these institutions, as well as to ensure.

2. The institutionalization process and vulnerable groups - institutionalized children and young people

The term institutionalization is defined in the Little Academic Dictionary (2010) as "officialization, respectively the hospitalization (of a child in a placement center or) of an elderly person in an asylum". In turn his, the verb "to institutionalize" is defined as "to make it acquire an institutional, official character, a officialize" (DEX, 2009).

The term institutionalization also has a broader meaning when defined in terms of operational "the process by which institutions become stable in terms of integrated patterns of behaviour, attitude and culture" (Ghergina, 2007: 339). The cited author specifies that it must we distinguish between internal and external aspects of the institutionalization process. From an internal perspective we refer to the specifi evolutions/developments of the institution, and from an external perspective the institution's way of relating to society as a whole are taken into account.

The concept of institutionalization is also related to concepts such as social development, or the socialization process. According to the same Sergiu Gherghina (2007, p. 341), institutionalization can be viewed as a "gradual transformation of socialization until the moment when the norms, ways, rules and the paths followed by institutions create and elaborate actions".

According to Elisabeta Zelinka (2016: 477), the process of institutionalization can be defined as "the placement of an individual presenting certain deficiencies/pathologies/anomalies/behavioural deficiencies, psycho-affective, mental in a closed circuit institution (psychiatric hospital, placement center, school special for disabled children, assistance center for disabled people, hostel for elderly people, penitentiary)". Such a process can be carried out both in the medium term and on long term, depending on the typology and stage of evolution of the accumulation of deviant symptoms. Same authors indicate a number of characteristics relevant to understanding institutionalization: loss freedom, loss of autonomy/sovereignty, respectively loss of decision-making power.

The notion of vulnerable group is treated in close association with inclusion, exclusion, social marginalization, respectively with poverty. Within a definition proposed by Adriana Neguț (2015: 125), vulnerable groups consist of "categories of the population exposed to the risk of poverty marginalization or social exclusion, lacking own resources, to whom it is limited or restricted access to their fundamental rights". Thus, vulnerable groups may encounter major obstacles in to access various resources to ensure adequate social participation and achieve integration optimal from a socio-professional and educational point of view. At the same time, such vulnerable groups are exposed to discriminatory behaviours, which could affect not only the existence of the individual, but even society as a whole (Neguț, 2015). However, as the same author points out, an individual's membership of various groups is rather volatile, which makes it difficult identifying a sufficiently comprehensive definition for the notion of "vulnerable group".

In the UNICEF report entitled "Children at the limit of hope. A focused analysis of the situation vulnerable, excluded and discriminated children in Romania" (2006), the main groups of children considered to have a high degree of social vulnerability.

These groups include:

- children deprived of parental care;
- abandoned children;
- children in various types of residential institutions;
- children involved in serious forms of work;
- child victims of trafficking;
- children who work and/or live on the streets;
- children in conflict with the law;
- discriminated children (those belonging to other ethnicities, with various diseases or chronic conditions, children with disabilities).

For a better highlighting of the types of vulnerable groups, Raluca Popescu (2007) makes a review of the main indicators of social inclusion. Among them are: Relative poverty rate; Rate of material deprivation; Housing deprivation rate and housing status; Life expectancy at birth; Share of people living in households where no family member is employed; Dropout/early school leaving rate; Share of the population with a low level of education.

3. The needs felt by institutionalized children/young people

On a practical level, during the institutionalization of the child/young person, they should be satisfied social and security needs. From a sociological point of view, the concept of need se can be defined as a requirement imposed by the natural or social environment but dissociated into two major types of needs: innate/primary - where the natural or physiological ones are found, respectively the acquired ones or earned during its existence. Moreover, they are captured in the well-known hierarchy of needs illustrated by Abraham Maslow's pyramid. Moreover, the theory formulated by Maslow se continues to be found in continuous debate, being often criticized, but also invoked in the analysis individual needs (Simons, Irwin and Drinnien, 1987; Wahba and Bridwell, 1976).

The first level placed at the base of the pyramid includes the physiological needs, they add up instinctual needs – food, water, maintaining an adequate body temperature, etc. by the way are considered to be the strongest needs, essential for access to the next steps of development.

The second level sums up the security needs and activates only when the needs their physiological needs are met. Children, in particular, can signal a sense of insecurity and manifest it the need to grow up in a protective environment, such as the family, for example.

The third level refers to the needs for love, friendship and belonging. Once the needs physiological and security needs are met, Maslow believes that individuals seek to avoid feelings of loneliness and/or alienation. Thus, this involves a reciprocal action of giving – receiving affection, love and a sense of belonging.

The fourth level reveals the need for self-esteem, which becomes dominant with coverage the other types of needs previously described. Once self-esteem and self-respect are high, the individual becomes confident and self-values, realizes that he can represent a resource importance. When such a need for self-confidence is not met, the person se feels inferior, weak, helpless, hopeless and marked by a deep sense of worthlessness social.

The fifth level comprising the needs for self-actualization/self-determination can be reached only if the previous four types of needs are met. Maslow describes this level as a need the person to be and do what he wants to do socially and professionally.

In the continuation of this part, we captured some elements related to the specific needs of children, analyzed by Mia Kellmer Pringle (1974). The author starts from the premise that at the base of becoming and the development of a socially fit individual who fulfils various statuses and roles in society should be fulfilled four new of high importance for the institutionalized child would be the fulfilment of the need for love and security. Moreover, he would need affection, which consists in strengthening physical comfort and spiritually necessary to satisfy basic, vital needs.

Also, the institutionalized child shows a desire to maintain constant relationships with others significant people. Once such needs are satisfied at an optimal level, they could determine positive social attachments, self-acceptance, and a proactive, social orientation.

The institutionalized child may still feel the need to exploit the opportunities that arise, but and to be stimulated by his surroundings through his constant involvement in new experiences. Such a need is of overwhelming importance once its satisfaction could shape his intelligence and sense of control over the world. At the same time, social interactions can develop and stimulate the growth of confidence per se.

The need for praise and recognition of the merits received is also of significant importance from significant others. This need can be an incentive for transformation the institutionalized child/youth into a socially fulfilled adult, who possesses a well-defined identity and a deep sense of self-respect.

Last but not least, the development of feelings of responsibility, autonomy and independence can develop the institutionalized child's ability to take care of himself, but also to showed concern for those around him once he left the social protection system.

As mentioned by Constantin Enăchescu (2008), although from a legal point of view these needs should be met among children in the protection system “institutionalization restricts his freedom and imposes strict rules of conduct, establishing in his life a system of comparison with other children which has negative effects on the nuance of the self-image”.

Regarding the needs felt by institutionalized youth, in a study published in March 2016 and carried out on a sample made up of 979 subjects, coming from 22 counties and five Sectors of Bucharest municipality the following conclusions were drawn:

A fifth of the young people included in the study sample mentioned that they are not satisfied with the way in who are treated by the staff of the placement/residential center or the social

apartment where I live. The qualitative study also revealed that the subjects show a low confidence in psychologist, considering him as a person who does not respect the principle of data confidentiality, passing on the information reported by the beneficiaries; One in three young people pointed out that they do not believe that the staff in the centers think about their future after leaving the system.

A third of the young people investigated confessed that they were not informed about life skills independence; 9 out of 10 young people were very concerned about the way you live your life leaving the special protection system; One in three subjects did not consider themselves ready to face all the responsibilities arising from a live independently, autonomously;

Two out of three young people were not aware of the fact that they can benefit from the possibility of extending their stay in the framework a specialized center, according to article 55, paragraph 3 of Law 272/2004 on the protection and promoting the right of the child. Moreover, 9 out of 10 young people confessed that they know nothing about the provisions of Law 272/2004;

Almost half of the subjects were not included by the staff specialized in consultation activities on the decisions that are made for them A third of the respondents would like to be able to insure themselves after leaving the Center stable living conditions;

A fifth of the young people surveyed did not have a nuanced projection regarding what will happen to them over 5 years after leaving the Center, and a quarter would like to access a job;

The most significant fear for a third of respondents is the fear of missing one future prospects. So, among the consequences/effects of institutionalization on the development of psycho- of the young person's child, I mention the following aspects:

The social experience of raising children in specialized centers/orphanages marks them psycho emotional. Specialized studies (see Wiik et al., 2011) exemplify the fact that there is a high proportion of teenagers leaving specialized institutions who present deficit-related dysfunctions attention or hyperactivity.

Children in care institutions can have intellectual deficiencies generated by the lack of stimulation emotional, social or sensory. Intellectual disability also results from reduced social contact with the adults to which the effective institutional conditions are added. On the other hand, the reduction of experiences training and life in general can even delay the development of language skills occurrence found in institutionalized children immediately after birth (Șoitu, 2004).

Another author, Virgil Dragomirescu (1976: 111) believed that "the delayed development of children institutionalized should be understood not as a reaction to separation from parents, but as an effect of the environment unstimulating, especially the lack of opportunities for spontaneous and affectionate interaction with adults". So the consequences of the development in a protection institution/placement center are fully reflected even in the child's personality. Against this background, these children had an uncertain self-image, insecurity regarding trust in others and in one's own strength, numerous dysfunctions that prevent them from facing difficult situations head on.

Petru Ștefăroi (2008) appreciates that the personality of the child or young person institutionalized can be affected from a socio-affective perspective. The author summarizes the respective factors with significant influence: "the imperfect institutional environment and the poor interpersonal relations both between specialists and children, as well as between children". The child's personality and its development from a psycho-social perspective are directly related to social learning, mediated by a series of significant agents (parents, educators, teaching staff). The withdrawal or absence of these agents can generate a disruption of the hierarchy of values, attitudes and the specific norms of these children's lives.

In addition, as Iolanda Mitrofan and Doru Buzducea (2003) appreciate, "the abandoned child and directly exposed to the process of institutionalization goes through four phases: the shock phase, the suffering phase and disorganization, the organization phase, respectively, the acceptance phase". These four phases have the following features:

"The shock phase, as a stage in which one's own reality is denied, being a buffer state. Incidentally, this state is considered to be a natural one, children choosing to withdraw into their own memories about family. Thus, they see the situation as a compromise, wanting to accept it as such. The phase of suffering and disorganization, in which children or young people begin to feel the effects of the separation from those close and family. This phase is marked by deep emotional distress, in which I can states of anxiety and depression, suicidal ideation, sleep disturbances, feelings of anger, abandonment and guilt. At the same time, self-esteem is found at very low levels.

The organization phase, through which the transition from a feeling of hopelessness to a state of acute upset. The acceptance phase, in which children are willing to accept their situation and search ways in which they can manage their own existence, interacting with various social instances According to Conțiu Tiberiu Șoitu (2004), the "psychopathy of lack of affection" syndrome is based on the impossibility of the child to strengthen "a strong attachment relationship towards parents, compared to others significant adult or a friend of the same age". Moreover, children institutionalized immediately after birth are considered to have lower chances to form an attachment relationship - compared to those raised in their families - hence also a situation of vulnerability.

Other research results have shown the high probability of triggering acute adaptation crises (regardless of the initial causes of institutionalization), crisis that can generate a series of behaviors problematic, included by G. Gueux under the name "maternal deficiency syndrome" (apud Cheianu, 2015). Anorexia and negative attitude are the main manifestations of this syndrome, possibly followed by attachment disorders (if the psycho-socio-educational mechanisms are not enough valued).

In turn, KenMagid and Carole A. McKelvey (1989) identified those features of the disorders of attachment that exists among children. These severe disorders include: "The impossibility of establishing direct visual contact with people in the immediate vicinity; Lack of ability to give or receive affection; Control issues; Cruelty to animals; Repeated appeals to various lies: Delays in the learning process; Concern for the adoption of violent behaviors.

Conclusions

A constant concern is the problem of deviant, antisocial and delinquent behaviors (with an important source in distortions of intra-family relations prior to institutionalization but also in the specific regime of protective institutions that can oscillate from absolute control to total lack of supervision). If we insist on distortions of intra-family relations prior to institutionalization, numerous studies have demonstrated a strong correlation between the level of problems in broken families and the level of children's delinquency (Șoitu, 2004). In order to reduce these consequences, I have described the programs for the prevention of institutional violence, namely: training programs; the implementation of quality standards; organizing workshops with violent youth, etc.

Once they leave the social protection system, young people over the age of 18 are more exposed to social exclusion, marginalization, professional failure or even to dealing with deviant behaviors, they have a harder time understanding their new role in society, the responsibilities they have and which he must undertake. Some young people do not achieve good social integration because they rely a lot on state institutions, they always expect help from those around them, they have no initiative, they are not willing to accept criticism from those around them and they are easily influenced. In such situations, the representatives of the state

authorities should develop their ability to closely guide young people from the social protection system, depending on the knowledge and skills of each one, to offer them the opportunity to access accommodation with a low rent. According to the respondents, these young people need psychological, professional counseling, support and after leaving the protection system, at least 6 months. Also, the protection institutions should monitor the young person out of the system and in case of failure support him.

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