SOCIO-EMOTIONAL DEVELOPMENT OF INSTITUTIONALIZED PRESCHOOLERS

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Abstract*: In this article I intended to analyse the socio-emotional development of institutionalized preschoolers and to remark the influence that the residential type environment has on them. I chose to study this topic because institutionalized children have an underdeveloped social and emotional level. The main objective of the present paper is to reproduce the level of socio-emotional development of preschool children institutionalized in residential centres. The specific objectives are to compare the children's social age with their chronological age, as well as the interaction of preschool children with adults, to develop the skills of interaction with children of a similar age, to accept and respect diversity, to develop prosocial behaviours, as well as to measure the degrees of development of self-concept, emotional control and emotional expressiveness. Often enough, the institutionalization of children decisively influences their course and socio-emotional evolution. According to studies, all institutionalized preschoolers studied exhibit social and emotional gaps. But there are several factors that influence the intensity of the manifestation of these gaps in children's behaviours, which must be taken into account: the genetic inheritance, their environmental background and the traumatic scenes that children witnessed in the natural family and the institutional environment in which he develops at the time current.*

Keywords: institutionalization, development, preschooler, social, emotional

1. Conceptual delimitations

    C. Levi-Strauss defines family as a social group that originates in marriage, consisting of a husband, a wife and children or other relatives, a group united by moral, legal, economic, religious and social rights and obligations (Iluț, 2005, p.65). Underlining the same idea, N. Damian refers to the family as a group of relatives by marriage, blood or adoption who live together, carry out a common economic-household activity, are linked by certain spiritual relationships, and under the conditions of the existence of the state and law, also through certain legal relationships (Damian, 1972, p.58). V. Stănoiu and M. Voinea also came to the conclusion that the family is a social group created through marriage, made up of people who live together, have a common household, are linked by certain natural-biological, psychological, moral and legal relationships and they answer for each other in front of society (Stănoiu&Voinea, 1983, p.16). Law 277/2010, in art. 2, considers family to be the social group formed by husband, wife and their dependent children, who live together, where the husband and wife are legally married. However, a family is still considered the social group formed by a single person and the children dependent on him or her who live with that single parent, hereinafter referred to as a single-parent family. Article 3 of the same law mentions that a single person means a person who is in one of the following situations: a) is unmarried; b) is a widow or widower; c) is divorced; d) has the spouse declared missing/disappeared by court decision; e) has the spouse under arrest for a period longer than 30 days or is serving a custodial sentence and does not participate in the maintenance of the children; f) has not reached the age of 18 and is in one of the situations provided for in letter a) - e); g) has been appointed guardian or has been entrusted or placed in foster care with one or more children and is in one of the situations provided for in letter a) - c). Also, the unmarried man and woman who live in cohabitation, with their children and those of the other partner, who live and keep a household together, are considered family (National Agency of Payments and Social Inspection).

    In addition to the family environment, in Romania there are other institutions where children are placed and which take care of their growth and development. These institutions are divided into two categories.

    Residential type centres – they have the role of ensuring the protection, upbringing and care of the child separated, temporarily or permanently, from his or her parents, as a result of the establishment, under the law, of the placement measure (ANPDC). This category includes foster care, family-type homes and emergency child reception centres. Foster care centres are centres whose beneficiaries are children who are in particularly difficult circumstances, called institutionalized children. In these centres, children and young people are provided access for a specified period to accommodation, family care, formal and informal education, emotional support, counselling, education for the development of independent life skills, as well as preparation for family reintegration or integration. Family-type homes are residential-

type units, with or without legal personality, which provide children/young people with personalized services, appropriate to the individual needs of each, namely: accommodation for an indefinite period, medical assistance and care, emotional support and, as the case may be, counselling psychological, education, socialization and leisure, family and community reintegration (Audit of social services for children in Romania).

Ad per Order 89 of 2004, emergency child reception centres are residential type centres where children are temporarily accommodated on the basis of a special protection measure in case the child is abused or neglected by the parents, as well as in the case of the child found or abandoned in health facilities (Ministry of Labour, 2004). Day care centres – they are centres for child protection, whose mission is to prevent the abandonment and institutionalization of children, by ensuring, during the day, certain activities of care, education, recreation-socialization, counselling, development of independent life skills, orientation school and professional for children, as well as support, counselling and education activities for parents (Audit of social services for children in Romania).

2. Social and emotional development of preschoolers in a favourable environment

The quality of children's social environment and interactions with those who care for them, as well as the extent to which they will know how to satisfy their needs, will determine their personality, the condition of their social and emotional comfort. So, if we think that almost all the needs of the person are satisfied within the family, then the family is a system that must constantly offer love, attention, approval, respect at a certain level. Specialists also believe that the family is the child's first living environment and exerts a considerable influence on its development. Studies, but also reality itself, increasingly confirm the importance of this core of social life in individual development and social integration (Iluț, 2005, p.69). According to Field's theory, the most conducive environment for a child's social-emotional development is the united family. The united family is a model of balance. It is the family in which individual members are encouraged to develop and self-improve their own style, without feeling threatened by the differences between family members (Field, 1988, p.28). As far as marital relations are concerned, the emphasis is not on rights and the satisfaction of personal needs, but on responsibilities. John Coblentz claims that when each of the partners focuses on fulfilling personal responsibilities, the chances of collaboration increase, and they will be more concerned with meeting the needs of the other (Coblentz, 2006, p.138). There is harmony in the marital relationship, without conflict. At the same time, the roles and functions of parents are well defined. In this respect, based on specialized literature, experience and research, seven basic functions of parents were defined (Killén, 1998, p.144) that they perform. They are closely related and can overlap to a certain degree: the ability to perceive the child realistically, the ability to accept that it is the adults' responsibility to meet the child's needs and not the other way around, the ability to realistically expect the child's cooperation, the ability to positively engage in interaction with the child, the ability to empathize with the child, the capacity to prioritize meeting the child's basic needs, and the ability to manage one's own pain and frustration without taking it out on the child.

According to Ion Socoteanu, in the united family the roles of the parents are divided as follows: the mother influences children's moral character, their affective aspect, and the father deals with the doctrinal or teaching aspect (Socoteanu, 1991, pp. 111-115). The mother must be able to teach children to be expressive, to know how to associate emotions with real situations; to show an authentic spirituality, devoid of hypocrisy; inner trust, which refers to safety and trust; to show an unselfish love towards the partner and child, i.e. a love "undressed" by one's own ego; to have self-control, which refers to a balance between love and tenderness. As for the father's role, he is responsible for the education of the wife first, and then the two are responsible for the education of the children. From Charles R. Swindoll's point of view, however, the father's role is to strengthen the family. Thus, the male model must provide the home with the leadership and security it needs to survive. The father must be able to give the partner and children a warm love; a transparent life, from which children can learn the safety techniques they feel in the origin milieu; an unselfish diligence, from which children discover the meaning of diligence, devotion and dedication vis a vis a certain job or task; a spiritual authenticity, in which the father assumes the role of spiritual leader, living a life in a beautiful balance and from which the wife and children learn from the man's example what it means to truly love God; a positive influence (Swindoll, 1997, pp.29-69). This family, full of spiritual charge, equips its children with self-confidence, security and ability to relate to others.

3. The socio-emotional issues of institutionalized preschoolers

According to the Social Assistance Treaty, the upbringing and socio-emotional development of preschool children in residential institutions have negative effects (Şiţu, 2003, p.798). The preschool

children who benefit from these social programs or services are children who are either unable to receive upbringing in their own family, for different reasons, such as: loss or death of parents, separation in the context of an armed conflict, abandonment, rejection, child abuse, neglect, forfeiture of parental rights, breakdown of the relationship between the parents, or who come from family environments whose living conditions are precarious. It is desired that the services in the institutional environment are as close as possible to the family environment, striving to provide the necessary conditions for the normal development of children, but the results are different. Some children got lower results on intelligence tests with even manifestations of behavioural disorders (Yarrow, 1961, pp. 459-490), while others demonstrate an increased level from a socio-emotional point of view or an increase in the social level -emotional following the transition from an overcrowded residential type centre to another with children with slight intellectual deficiencies and behavioural disorders, but with a much larger and professional staff (Garvin&Sacks, 1963, pp.399-408). According to Howes, there are certain characteristics that the ideal residential type institution must have (Howes, 1997): •Small number of children per adult: over 3 years – 10/1; •Small groups of children: over 2 years: 15 – 20; •Staff constancy; •Clean, safe spaces (eliminating the danger of accidents by organizing and equipping areas accessible to children, but also carefully supervising them), brightly coloured, all equipment ergonomically adapted to the age of children, stimulating objects and arrangements; •A daily schedule with at least a minimum structure, but avoiding the danger of "regimentation"; •Warm caregivers with a positive attitude, involved and responsible; • Caregivers or educators must have minimal knowledge of the psychology of the age of the children they work with.

   According to studies, the socio-emotional development of institutionalized children is distorted, however, the results suggest that it is not institutionalization itself that is responsible for the negative effects recorded, but other factors to a lesser or greater degree associated with this type of care (Dennis, 1960). The residential care system tries to respond to children's needs, and although most of the time the basic physiological needs (food, clothes, etc.) are met, the socio-emotional needs are neglected. The failure to respond to the needs of love and security has the effect of "maternal deprivation" syndrome, the child being predisposed to develop deviant behaviours, especially of a social type (Rutter , 1971). Children have limited access to unconditional love from the adult, and the need for emotional security is fulfilled by the child's attachment to another child, according to Anna Freud and Sophie Dann (Freud&all, 1951). Attachment to people who fulfill the role of the mother is more difficult, because they show less care, attention and respond late or not at all to the requests of children. Research shows that in the case of children institutionalized immediately after birth who remain in that environment, there are reduced chances of developing a secure attachment (Wolkind , 1974). At the same time, children who were institutionalized later, at the age of 6-7, have a very hard time developing a secure attachment, on the one hand, due to the separation from their parents, and on the other hand, because of the non-stimulating environment, lack of opportunities to spontaneous and loving interaction with adults, frequent change of staff and the wrong perspectives of staff who do not consider themselves committed to providing affection and personalized, close relationships with children. As such, most of the time children have no one to feel attached to, or there are too many people taking care of them in institutions, and then they react in different ways: they attempt to take care of themselves, become selfish, self-stimulate, have high irritability. These children begin to explore the environment, but because there is no one to encourage them, to praise them, they stop and do not continue these endeavours. They become impulsive, demand a lot from those around them, have a hard time controlling their fits of aggression and are concerned with their own interests. Other children become dependent on the people around them and attach themselves to any adult they encounter (Alexiu, 2010, pp. 176-177). Furthermore, the high number of children entrusted to the care of a single caregiver makes it difficult to create a closer relationship between adult and child. Hunt notes that the small number of children with a caregiver trained to interact adequately with children resulted in normal development of children in residential-type centres. The stimulation of children was done without bombarding them, without overburdening them, responding to the interests shown by them, which were in accordance with their stage of development. This experiment demonstrated that in the case of the abandoned child, an early and lasting intervention is necessary (Muntean , 2006, p.110) .

   The impossibility to live new experiences is found in the various forms of understimulation or sensory, social, emotional deprivation. Overstimulation also produces negative effects: hyperexcitement, restlessness, exhaustion and sleep disturbances. According to studies, few residential institutions can provide a wide range of opportunities for exploratory play and interaction with other children or adults. Sensory stimulation is very important for this age - touches, verbal interaction, access to toys of different shapes, colours and textures, aspects that are not found in most institutional environments (Şoitu, 2003,

p.816). The need to quickly and repeatedly adapt to ever-changing situations may lead to disorientation and distortion of reality, extreme anxiety and irritability, fatigue, apathy, and withdrawal. Children often provide information to each other about the type of behaviour that is most effective in different situations. Behavioural norms and standards are thus learned and reinforced in the group. Thus the group plays a very important role in children learning - from each other - a large number of social skills. Most of this learning is informal and implicit, rarely exceeding this level. It is difficult to find institutions that succeed entirely in providing individualized programs for the children in their care. In most institutions, children's needs are subordinated to the organization's need for routine, order, and uniformity. The "block" treatment is a common phenomenon that includes certain different elements of routine and rigidity: identical clothing, similar haircut, fixed bedtime and waking up schedule, meals at fixed times and in large groups, etc. Also, reports of physical, emotional or sexual abuse of children in institutions abound and are not just isolated cases. They are committed either by members of the care staff or by older children who have been abused in their turn. Cases of physical violence do not appear suddenly either, but as a result of a gradual passage through other forms of verbal violence and physical aggression. Abusive adults exhibit more negative behaviours than positive ones. So that institutionalization most of the time has repercussions on the socio-emotional development of children, not infrequently there are significant differences between their biological age and their social age as a result of the previously mentioned factors. Childhood is both a biological and a social phenomenon. These approaches to childhood and age highlight the dualistic way in which the "biological" and "social" aspects of the body are viewed (Halcrow & Tayles, 2008). Policies and decisions concerning children ultimately derive from conceptions of childhood. Those who make such decisions must present their premises regarding ideas about children's needs and capacities, how these change with age, what circumstances are good or bad for children, and where the line between childhood and adulthood should be drawn (Skolnick, 1975) . In order to better understand these aspects regarding the biological age versus the social age of children institutionalized in residential centres, we have chosen as an example a study carried out on 16 minor subjects between the ages of 3 and 7, residents of a social centre in the North-West of Romania. For reasons of confidentiality and the agreements signed in this regard, identification data of the residential centre will not be disclosed.

Data on social age were noted following the application of the Portage scale, by the lead psychologist of the centre. Portage is a scale for evaluating children's development level between 0 and 7 years of age. The scale includes items that evaluate the skills, abilities and capacities of the child in several areas: self-service, cognitive development, motor development, language development and socialization. Overall, the scale exhibits the main behaviours, capacities and skills that a child should display or possess at a certain stage of development in their existence, in order to be able to fairly establish the existence of a match between their chronological age and their mental age. The results of the assessment of a certain area of development may be different from the chronological age of the child.

The subject may be developmentally delayed or may be at a higher level of development. Below we have presented the comparison table of the chronological age and the social age of the children participating in the survey.

Table no.1 Comparison between chronological and social age

Name	Chronological age	Social age
A. Si.	4 years and 10 months	3 years and 11 months
P.L.	5 years and 4 months	5 years and 1 month
A.S.	6 years and 11 months	6 years
G.C.	3 years and 9 months	3 years and 8 months
N.C.	3 years and 6 months	2 years and 3 months
S.D.	6 years and 3 months	5 years and 5 months
R.D.	5 years and 2 months	4 years and 8 months
F.V.	5 years and 5 months	5 years and 3 months
D.V.	3 years and 6 months	3 years
D.L.	4 years and 3 months	2 years and 6 months
F.F.	3 years and 4 months	2 years
C.V.	3 years and 2 months	3 years and 1 month
I.L.	3 years and 11 months	3 years and 4 months
A.M.	3 years and 3 months	2 years and 3 months
F.G.	2 years and 11 months	1 year and 8 months
S.S.	6 years and 8 months	6 years

Source : generated by author

The information obtained following the application of the tests by the psychologist of the institution was processed with the help of the SPSS.20 statistical program. We can see that there are significant differences between the real age and the expected social age of preschool children from the

mentioned residential centre. Thus, the Wilcoxon test (Z=-3.51; p=0.001) indicates a significant negative gap (negative ranks = 8.50) in all preschool children (n = 16) institutionalized in the residential social centre.

In general, a child's social age reflects not only chronological age, but also maturity in managing relationships, emotions, and social norms. Support from parents and educators is essential in this development, support that is absent in institutionalized children.

4. Conclusions and discussions

Failure to adequately respond to the need for love can lead to deviant behaviours. Institutionalized children often do not know how to control their emotions, and this lack will affect their social relationships. In the interaction with other children, they will manifest themselves either through aggressive reactions, or they will completely detach themselves from the environment, isolating themselves and living in a universe of their own. In both situations, children want the company of others, but do not know how to express this adequately. The need for stimulation is satisfied under limited conditions. In general, there are very few opportunities to explore the environment, and living new experiences outside the institutionalized environment is minimal. Under these circumstances, children must adapt to the rules imposed and to the routine that the residential centre provides. As such, the idea of learning standard behaviours is promoted. The way in which children perceive themselves is not as unique individuals, but as "uniformized" persons. The forms of punishment are then present and are varied: children are abused emotionally or even physically by the adult responsible for their care or they are isolated from other children. These behaviours led to feelings of anxiety and depression. Institutionalized children end up with a negative self-image, because of the negative feedback they receive. It was remarked that the confidence in themselves and in their own strength are uncertain and the expression of feelings and emotions is quite difficult. As for the need for accountability of institutionalized children, it was found that they receive, most of the times, the responsibility of taking care of younger children, without concretely explaining to them what this entails. This task falls mainly on 6-7 year old children. It is worth noting that preschoolers in foster care centres end up applying aggressive treatments to younger children, treatments that they themselves have suffered, being verbally, emotionally or physically assaulted by older children or by staff. According to studies, all institutionalized preschoolers studied show social and emotional gaps. But, there are several factors that influence the intensity of the manifestation of these gaps in children's behaviours, which must be taken into account: the genetic baggage, the environment from which they come and the traumatic scenes that children witnessed in the natural family and the institutional environment in which they are currently developing .

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