DEINSTITUTIONALISATION OF CHILDREN IN BULGARIA – HOW FAR AND WHERETO?

Independent review of progress and challenges

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Sofia, June 2014

Introduction

The Child Care System Reform with focus on de-institutionalization is a process of deep social change that most countries of Central and Eastern Europe and the CIS countries are undergoing. A process of change that begins with a system, offering placement in institutions as the only answer to the problems of children and families and aims at creatinga different one – a child care system that offers support and ensures that risks of family separation are adequately addressed. The implementation of this new system requires many changes in various structures, legislation, services and processes. But moreover, it necessitates a change in the minds and hearts of people. UNICEF is a partner to the Government of Bulgaria in making this social change happen since the establishment of the country office in 2006. The progress Bulgaria has achieved was also acknowledged at the Ministerial Conference, organized jointly between Bulgaria and the UNICEF Regional Office for CEE/CIS in December 2012, dedicated to the progress of the reforms of child protection systems and the process of de-institunalization.

The European Union financed for the first time a major program for de-institunalizationin Bulgaria through its structural funds – the program for implementation of the National Strategy "Vision for de-institunalization of the children in the Republic of Bulgaria", adopted in 2010.

In the years after 2010, significant progress was achieved with the development of a network of social services for support of children and families, the development of alternative family care, many policies and programs for social inclusion of vulnerable communities and groups. Life improved for many children, who remained with their familiesdue to the various services for family support and prevention of family separation and others were transferred from the specialized institutions and placed in foster care or family type centers. They feel better, develop better, they are part of the community life, they found new friends and receive more personal care and attention.

As every major social change, the process of de-institunalization needs periodic review and independent evaluation to answer questions, such as: to what extend the goals have been achieved and are they still valid, have the planned activities been implemented and how the process shall be further continued. This was also the objective of the State Agency for Child Protection and UNICEF in the beginning of 2014, when the external evaluation of the implementation of the National strategy for de-institunalization in Bulgaria was commissioned.

The quick review of the process of the de-institunalization gives us an opportunity to see how far we have come, whether the efforts we have put into the process are sufficient and what we still need to do to make our cause successful and achieve a change.

Indicative of the right direction we have taken is the evaluation of Joanna Rodgers, saying that the reform of the child care in Bulgaria contributes for the improvement of their well-being and that it will continue to have a positive impact on the most vulnerable members of the society.

We hope that the report that was prepared will be used by the stakeholders in the country in the discussion on the priorities and approaches in the ongoing process of de-institunalization, based on the rights and best interests of every child.

Tanja Radocaj

UNICEF Representative for Bulgaria

Eva Zhecheva

Chair of SACP

Table of contents

Executive Summary

This review was commissioned by UNICEF Bulgaria in order to inform recommendations for the Bulgarian Government's Action Plan for the implementation of the National Strategy 'Vision for De-institutionalisation of Children in Bulgaria' (hereafter the 'Action Plan' and the 'Vision'), both in the immediate period through to the end of 2015 and for the medium-term planning period 2015-2020. Over 125 people were consulted during this review and contributed to the findings, conclusions and recommendations presented in this report. This review is not an evaluation of the implementation of the Action Plan to date, but rather to take stock of the current situation and to strengthen the implementation of the Vision going forward.

1. Progress to date - overview of situation in April/May 2014

The reduction of numbers of children in institutional care has accelerated and the number of children entering alternative community based family-type care or foster care has increased.

The numbers of children in institutional care are falling and especially the proportion of children in Infant home care has fallen from 0.78% of all children aged 0-3 years at the end of 2009 to 0.43% at the end of 2013. Overall there were 3113 children in all types of institutional care at the end of 2013 or 0.25% of the child population aged 0-17 years.

The numbers of children other types of formal care, family-type placement centres and especially foster care have increased. There were 841 children in foster care at the end of 2011 and 1943 children in foster care at the end of 2013. Over 1000 new foster carers were approved in 2013 alone.

The overall number of children in formal care has remained the same

The numbers of children in formal care overall have not fallen, in fact there were slightly more children in formal care at the end of 2013 – 519 children per 100,000 children aged 0-17 - than at the end of 2011. This figures almost doubles if the numbers of children in Guardianship care are added.

The system of family support and community based services is being developed across the country

Community based small residential units 'family-type placement centres' or' FTPCs' are in the process of being built. At the time of the review 103 children had been moved and it is planned that by October 2014 around 1400 children and young people with disabilities will be moved into these facilities from Disability institutions and Infant homes following an extensive planning process based in individual assessments and case conferences for each child and young person.

The estimated number of places per 100,000 children in community based services, residential and non-residential, that are available to children and families differs in each region. Planning has been based mainly on individual assessments of children in institutional care. Regional assessment and social services development plans have been carried out but have been used to a lesser extent in national planning processes.

The pilot closure of eight Infant homes is nearing completion

There has been a reduction in entries to Infant homes from maternity wards and an increase children leaving Infant home care in all eight pilot regions. There were only 90 children left in Infant home care

in the eight pilots at the end of 2013 compared to 342 at the end of 2011. 56% of the children leaving the eight pilot Infant homes left formal care and 39% moved to other types of formal care, mainly foster care. 88 of the 90 children remaining at the end of 2013 were with disabilities. The proportion of children with disabilities in Infant home care increased slightly in 2013.

The number of children with disabilities in Infant home care in each Region varies widely and this will need to be taken into account when planning for the restructuring and closure of the remaining 20 Infant homes in the next Action Plan.

It appears that many children who did not enter the eight pilot Infant homes during 2012 and 2013 were effectively supported to remain in their families, but the available data does not conclusively confirm this as the overall numbers of children in formal care remain the same. Data is needed for monitoring that is disaggregated by age and by Region in order to establish conclusively that prevention of entry into formal care as a whole has been effective.

Regional assessments and social services plans have been developed, but are not being used for national decision-making; training and capacity building of social workers has been carried out as planned, but more is needed

National decision-making processes on deinstitutionalisation, especially for children with disabilities have been driving the process of forecasting need for and planning services to date and the Regional strategies have been sidelined to some extent. They have potential, however, to be used more fully.

Some steps have been taken towards achieving a building of the professional capacity of social workers and other key personnel such as FTPC care staff, specialised foster carers and community based auxiliary service staff who are of critical importance to the achievement of the goal of the Vision during the implementation to date and by October 2014 it is planned that over 2100 social workers will have been trained. A longer term view and more systemic approach is required in order to ensure that workforce planning for the child care system can meet the current pressures of the deinstitutionalisation process and the challenges of the changed system in the months and years ahead.

Overall it seems likely that the Action Plan is and will continue to deliver improvements to child welfare

It is not possible to give an evaluation of whether improvements to child welfare are being achieved in the Action Plan implementation to date without a full, participatory evaluation, but based on the evidence available to this review the following observations can be noted:

● physically moving children from the isolation which is typical of most Disability institutions into FTPCs cased in the community has the potential to bring enormous benefits eventually that will improve child welfare and well-being; it is understandable that these benefits may not be evident immediately as a process of deinstitutionalisation has to take place for the child as well as a process of knitting the FTPCs and into the fabric of the local community – both of these processes can take considerable time;

● the foundation appears to have been laid for a foster care system that is accessible to more children than before the Action Plan implementation, this may require consolidation and fine-tuning, but the benefits of foster care, especially for young children have been well-documented.

2. Conclusions

Strengths that can be built on

- A Vision with a clear focus and with strong political commitment from the Government. Support and active engagement for implementing the Vision from a range of stakeholders including the EU, the NGO, professional and academic communities and many Regional and municipal authorities.

- Thorough, professional and comprehensive individual needs assessments of children in institutional care, case conferences and regular reviews forming the basis for decision-making.

- Successful gatekeeping to prevent entry of children into Infant homes.

- Creating the infrastructure and preparing the workforce for community-based services (both residential and non-residential).

- Regional assessments and social services development planning that provides a forecast of need for services that can be used for planning and monitoring.

Challenges

- Prevention and family support services need strengthening in order to identify and address the causes of child separation.

- A medical model of disability which constrains the effectiveness of support services for children with disabilities and their families. Community based services for children with disabilities tend to be separate, parallel services rather than inclusion of children with disabilities into mainstream kindergartens, schools, social, health and other community services. The danger of children with multiple disabilities being 'left behind' in a system of medicalised residential care. Early intervention services being seen mainly in terms of maternal and child health services rather than the multi-disciplinary services needed to focus on early childhood development.

- The immediate and urgent need to support the transfer of a large number of children from institutional care into community-based FTPCs during 2014 – staff need training and support in order to be able to manage the process of deinstitutionalisation effectively and to minimise risks.

- Monitoring data is fragmented and key indicators are not focused on the whole system, but only on some parts of the formal care system. The Action Plan may have contained inaccurate assumptions about the forecasted need for services, these need to be reviewed and planning adjusted using up to date Regional, municipal and national data sets.

3. Recommendations

1. Complete the deinstitutionalisation process that has started and continue it into the next period with closures of the remaining 20 Infant homes, 74 Children's homes and all 24 Disability institutions and adjust strategic objectives to include whole system reform with an emphasis on preventing child separation from their family and entry into formal care. Use the 'necessity and suitability' principles from the UN Guidelines on Alternative Care for Children to underpin an adjusted Action Plan for 2015-2020. A potential structure for an adjusted Action Plan, within the strategic framework of the Vision, is elaborated in this report including suggestions for 3 strategic objectives and examples of indicators and activities.

2. Develop a disability policy together with people with disability which addresses the whole life-cycle, is ambitious for children with disabilities and legislates for the provisions of the CRPD and based on a holistic understanding of disability laid out in the ICF-CY. Ensure an inclusive approach to accessing mainstream education, employment, housing and other community services and a focus on maximising functioning through access to latest developments in assistive technology. Ensure that the workforce working with children with disabilities and their families and carers have an understanding of disability based on the ICF-CY.

3. Re-visit planning assumptions, understand reasons for family separation and build a response based on municipal and Regional assessments and plans including long-term workforce and social care market development strategies.

4. Establish a data management and monitoring system with a unified data set from all MLSP departments, MoH and MoE which is disaggregated by Region, age, disability, gender and ethnicity. Data should be aggregated from municipalities up through the Regions to the national level.

5. Management structures for implementation of the Action Plan should be based on the overall goal and the strategic objectives with joint responsibility for achieving key milestones and interim results shared across the sectoral managerial teams in the Ministry of Labour and Social Policy, Ministry of Health, Ministry of Education and Ministry of Finance with relevant input from Regional and municipal authorities and NGOs.

6. Develop and implement a long-term strategy for workforce development for social workers , social care workers, community workers and disability specialists which is linked to the planning cycles for the objectives of the Action Plan, the municipal and Regional service development plans to policy priorities.

INTRODUCTION

1. Introduction

This review was commissioned by UNICEF Bulgaria in order to inform recommendations for the Bulgarian Government's Action Plan for the implementation of the National Strategy 'Vision for De-institutionalisation of Children in Bulgaria' (hereafter the 'Action Plan' and the 'Vision'), both in the immediate period through to the end of 2015 and for the medium-term planning period 2015-2020. This review was not intended to be an evaluation of the implementation of the Action Plan to date, but rather to establish the situation in relation to the implementation of the Action Plan at the time of the review in April 2014 and to look forward to the coming period. The intention of this review is to strengthen the implementation of the Vision going forward in the short and longer term.

This report presents the key findings from the review, provides an assessment of the impact the childcare reform has had so far on the life of children, gives an evaluation of the strengths and weaknesses of the implementation of the Action Plan and proposes potential amendments to the Action Plan for discussion with key stakeholders.

The first section of the report presents the methodology used for the review, provides an outline of the main features of the Vision and the Action Plan and then summarises key features of the situation at the outset of the implementation of the Action Plan at the end of 2010 – the baseline for the implementation in terms of monitoring and evaluation. The second section of the report is structured closely to the objectives and main activities of the Action Plan, but touches as appropriate on the UNGD criteria of relevance, effectiveness, efficiency, inclusiveness and sustainability. The final section of the report presents the main recommendations emerging from the review with a focus on possible amendments to the Action Plan.

2. Methodology

The rapid review which informed this report was conducted by an external consultant supported by a national researcher during April/May 2014. The main methods used to assess the impact of the childcare reform to date as at April/May 2014 were an extensive literature review, face-to-face and telephone interviews, group meetings and focus group discussions with key stakeholders in the reform process. Visits to two regions were undertaken to ensure that the perspectives of children, parents, social services staff, municipal and regional authorities were included in the assessment. Key informants included representatives of Government, NGOs and academic bodies at the national level in Sofia, Regional governors and their teams, municipal mayors and their teams, municipal and non-government service providers at the local level, young people in care or who have just left care, parents and child protection social workers. Consultation with NGOs in Sofia took the form of a group meeting and several individual telephone or face to face interviews. A total of 117 individuals took part in the review including:

- 8   Government representatives
- 11   Government experts
- 26   NGO representatives
- 18   Regional government representatives
- 7   Municipal authority representatives
- 20   Municipal social services managers and staff
- 8   CPD staff
- 2   local NGO social services managers and staff
- 5   young people
- 12   parents and carers

A full list of key informants who participated in the review between 13 April and 11 May 2014 is attached in Annex 1. A further consultation on the first draft of the report was held in Sofia on June 6th 2014 with some key stakeholders including government and NGO representatives, experts, Regional government representatives – comments from the consultation and written submissions following the consultation have been incorporated into this final version of the report. In total over 125 people have taken part in the review and contributed to the findings, conclusions and recommendations in this report.

Focus group discussions with children, young people and parents

There was neither the time nor the resources available for this review to ensure a full participatory consultation with children. This was partly because some of the reports reviewed included useful and informative consultations with children who have been impacted by the Action Plan implementation, but also because of the rapid nature of the review. Focus groups were nevertheless planned in two regions with young people who are in care or who have left care in the last 2-3 years and with the parents of children with disabilities and of children at risk of losing parental care.

By the end of the review 5 young people and 12 parents had taken part in focus group discussions in Vratsa and Montana:

- 3 young men who are living in supported accommodation – 2 care leavers and 1 who had not been in care
- 4 mothers of children with disabilities
- 5 mothers and 2 fathers (including a 17 year old young mother leaving care and the father of her baby) of children who are current Child Protection Department prevention or reintegration cases
- 3 clients of CPD and SSC – 1 mother, 1 foster carer and 1 young man aged 20 years old who is a former client and a current volunteer.

Brief observations were made of 18 children living in residential care during visits to a Family Type Placement Centre and to an Infant Home taking part in Action Plan activities. It was not appropriate, nor was there time, to carry out interviews with the children during these visits.

Inquiry framework

The inquiry framework for the review focused on assessing the impact to date of the implementation of the Action Plan using the main components of the Action Plan as a structure – objectives, planned results and main indicators.

The specific research questions that are being put using these instruments are[1]:

- To what extent and how the processes of preparation, implementation and management of the Action Plan correspond to relevant programme and strategic documents at national, regional and municipal level?
- To what extent the activities, means, measures, and financing in the Action Plan and their management create pre-conditions for: i) achievement of the objectives of the Vision for DI; ii) establishment of a child-focused child protection system, and iii) alignment with the measures and activities set in the Vision?
- To what extent the Action Plan and its implementation (structures, mechanisms and levels of management, activities and measures, financing, M&E), as well as the different projects under it, meet the main UNDG criteria - relevance, effectiveness, efficiency, inclusiveness and sustainability?
- What are the main risks for the implementation of the Action Plan – in the initial phase and in the course of its implementation; how are they being identified and addressed?
- To what extent the preparation, management and implementation of the Action Plan take into account the public attitudes, including at local level; what are the activities for raising public awareness and involving communities and are they efficient?
- Does the implementation of the Action Plan lead to improvement of child welfare?
- What are the main factors that influence the implementation of the Action Plan?
- To what extent synergy and coordination in the implementation of the Action Plan and its projects at national, regional and local levels are achieved?
- To what extent the Action Plan and its implementation is based on the results-based management approaches and the human rights based approach to programming?
- To what extent the different stakeholders (including children and families) feel that they have been included in the planning and implementation of the Action Plan and its different projects?

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1 From the UNICEF Bulgaria Terms of Reference for the international consultant conducting the Review

Table 1. Inquiry framework governing the structure of the review

Action plan objectives	Key indicators in the Action plan for each objective	UNDG criteria	Indicators in the Action plan related to UNDG criteria	Other key questions
1. System of family/community-based services developed across the country which exclude child-care institutions	1. Reduction by 30% of children in any type of formal care; closure of 130 institutions. 2. Individual child and family assessment at baseline; improvement in development, health, education attainment, behaviour etc for each child. 3. Number of children in institutions reduces to zero from 7150 in 2010. 4. Number and type of non-institutional services provided to children increases.	Relevance, effectiveness, efficiency, inclusiveness and sustainability of implementation against each objective?	**Efficiency** over 2 years: 25,000 children don't enter institutions 7150 children exit institutions for better forms of care At a cost of 3,358 EURO per child Total costs for new services will not exceed current[2] costs of 130 institutions.	Risks and assumptions at the outset and now? Public attitudes, awareness and community involvement; inclusion of children and families in planning, implementation, monitoring?
2. Closure of residential institutions; provision of short and long-term family type care for every child	5. Foster care: residential care ratio in each region 6. Staff/ child ratio in formal care services 7. Reduced number of children in each residential institution.		Compliance with budget. Quality of buildings, equipment and vehicles.	Results-based and rights-based approaches are being used – eg. the necessity and suitability principles[3]?
3. Enabling legal and regulatory framework in place for objectives 1 and 2 to be possible	8. Financial resources dedicate to infrastructure development 9. Financial resources dedicated to other issues – training, assessment, preparing children 10. Increased number of trained and qualified staff, reduced number of unqualified and admin. staff		Amortisation of buildings and equipment	Are the right children receiving the right services? Are there groups of children and families who are not accessing the benefits of the reform?
4. Improved effectiveness of care system for vulnerable children and families	11. All decisions are in child's best interest 12. Services provided as planned 13. No negative consequences for children and families			

The main areas for enquiry for each interviewee or group of key informants with some variations were the perceived **strengths** and **weaknesses** of the Action Plan implementation in relation to:

1. Prevention, reintegration and alternative care: for under-3s / older children / children with disabilities / Roma children / children from hard-to-reach rural areas / children living in poverty – other target groups? Are services achieving better care and is this achievement sustainable? Are they child-focused and reaching all children and families who need them? Does each child have an individual assessment and plan? Why/how? Why not?

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2 At the time of adoption of the Action Plan in November 2010
3 From the UN Guidelines on Alternative Care for Children

2. How is regional planning and social services system development going in relation to – service delivery for prevention and reintegration; service delivery for alternative care; gate-keeping; service targeting; links with social protection, education and health systems?

3. How is funding and management happening in relation to - workforce planning; data management and monitoring; budgeting, contracting/financing and monitoring service implementation; standards? Will the same funding and contracting systems exist after the Action Plan is implemented fully? What solutions do respondents envisage to problems named? What effective practices need to be replicated? What risks do you see in terms of implementation of the Action Plan objectives going forward? Is the Action Plan meeting its planned cost-effectiveness targets?

4. Priorities going forward if the Vision is to be achieved, what are the opportunities and threats? Does anything need to change? What/why/how? What unforeseen negative or positive consequences for children and families have there been so far, what others can be foreseen at this stage of implementation?

5. Any other issues relevant to the enabling legislative and regulatory environments that need to be raised or addressed? Are there any important bottlenecks, barriers, enabling factors or proven positive interventions that need to be considered in terms of policy, practice, legislation, funding, management or monitoring?

Notes were made during interviews and where appropriate, focus groups, interviews and group meetings were recorded digitally and key data was recorded into a data matrix. The analysis involved reviewing the available statistical data as well as the qualitative data from the field work and triangulating perspectives on the implementation of the reform between decision-makers, service providers and service users
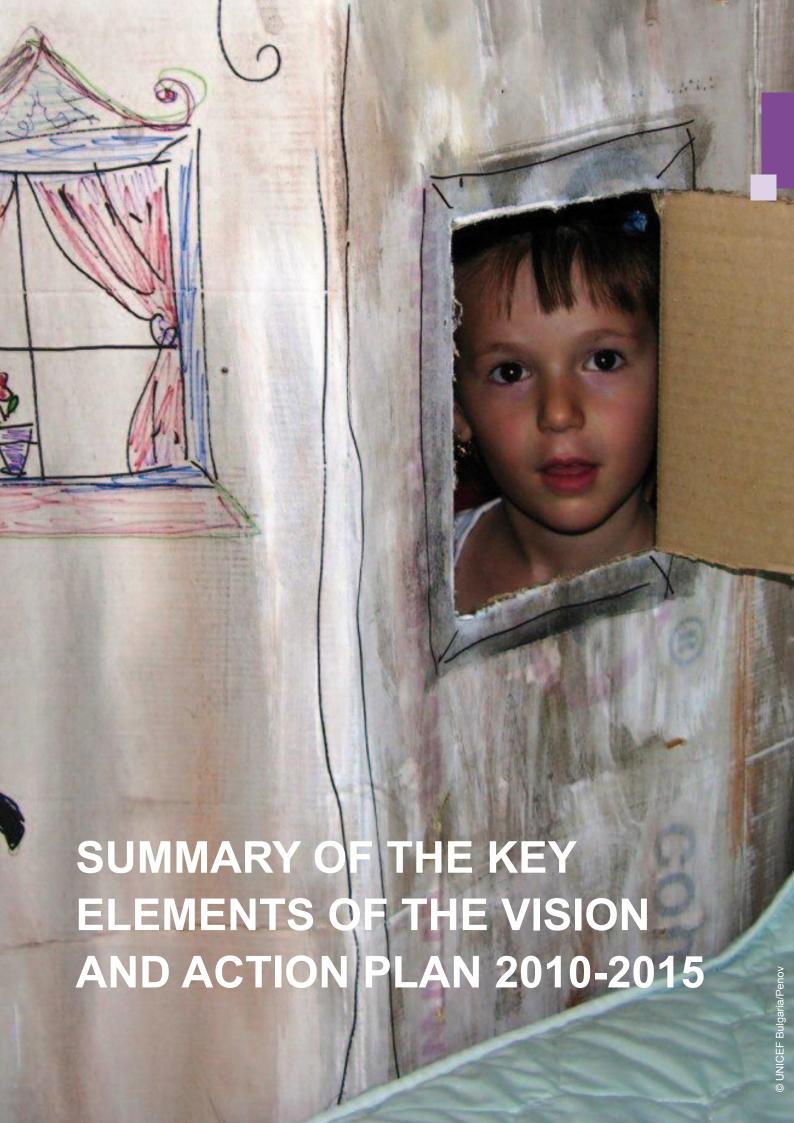
Literature review

The publications, statistical data and reports ('grey literature') reviewed for this assessment were provided in the first instance by UNICEF Bulgaria and then by Government and non-Government organizations who took part in the review. The main language of the review was English, but it was possible to review publications in both English and Bulgarian.

Data limitations

Given the rapid nature of the review it was not possible to visit more than two regions where Action Plan implementation could be assessed and the two regions Vratsa and Montana were chosen partly because of their proximity to Sofia and partly because they represent a region which has been more engaged in implementing Action Plan activities and opening new services – Montana is involved in piloting Infant Home closures as well as opening a new FTPC as part of deinstitutionalization of a disability institution and developing foster care – and a region which has been less engaged to date – Vratsa is involved in developing foster care and running the normal range of prevention services. This has meant limited access to the range and depth of experience in other regions. An extensive literature review documenting experience and services from a range of regions and consultations with NGOs and state organizations active across the whole country have helped to compensate for this limitation at least partially.

The statistical data used for this review has been provided mainly by the State Agency for Child Protection and the Agency for Social Assistance. Some data has been drawn from other sources including the

regional assessments carried out as part of the Action Plan, the Ministry of Health and some of the NGO reports reviewed – data sources are shown in all cases. There are some discrepancies between data from different sources and these are addressed as appropriate in the narrative of this report, but it should be noted at the outset that these discrepancies mean it is not always possible to put a clear and definitive number against some of the key questions being put by this review, for example the number of boys and girls in formal care in Bulgaria at the end of 2013. As a rule, the main dataset that has been used to generate all charts and diagrams has been from the SACP and the ASA. Where there has been a discrepancy between SACP data and, for example, Ministry of Health data the SACP data has been used for the sake of consistency, but the difference from MoH data has been indicated as appropriate.

SUMMARY OF THE KEY ELEMENTS OF THE VISION AND ACTION PLAN 2010-2015

3. Summary of the key elements of the Vision and Action Plan 2010-2015

This section summarises the two key policy and programme documents which were the subject of this review in order to frame and structure the findings of the review.

3.1. National Strategy – 'Vision for Deinstitutionalisation of Children in the Republic of Bulgaria

The Vision was adopted by the Council of Ministers on 24 February 2010. It sets out the need to move towards a childcare philosophy focused on:

- risk prevention
- early intervention
- family support and
- provision of alternative care in a family or close to family environment

It **defines deinstitutionalization as a process** of preventing placement of children into institutional care by supporting families in the community, replacing institutional child care with community-based family or close to family environment care and taking measures across social services and social assistance sectors to support families, extended families, strengthen adoption and foster care for young children and support reintegration back to families for children already in institutional care.

Key principles include: acting in the best interests of children in accordance with Article 3 of the UNCRC; primacy of family environment for provision of child care; social inclusion as a priority.

Approach to deinstitutionalization: driven by individual assessments and decision-making about each child; permanency and stability for each child; maintaining family links; priority given to deinstitutionalization of children with disabilities and children aged 0-3 years; making best possible use of existing capacity and human resources; no re-use of institutional buildings for residential care.

The Vision is identified as a national framework for the UN Guidelines on the Alternative Care for Children and refers to the UN Guidelines for all definitions, approaches and principles.

Overall objective: Guarantee the right of children to a family environment and access to quality care and services according to their individual needs.

Specific objectives:

1) Creating a wide range of community based child and family services based on good practice and innovative approaches

2) Building capacity of child protection system – defining rights and responsibilities of child protection organs and service providers; building professional capacity.

3) Closure of 137 institutions by February 2025.

4) Ban on residential care for 0-3 year olds beyond 2025.

Main activities: adopting complex child and family policy guaranteeing rights of all children according to a concept of wellbeing; strengthening services to support parents, improving alternative care services; strengthening neonatal maternal and child health care including the prevention of separation for children with medical needs; inclusive education; clearly define the child protection and social assistance; child friendly legal system; new approach to financing children's services to focus on the child and family.

Funding is allocated from two EU operational programmes – Regional Development and Human Resources – and the Rural Development Programme, national budget and other donors.

3.2. The Action Plan for the implementation of the Vision of Deinstitutionalisation of Children in Bulgaria

Approved by the Council of Ministers exactly nine months after the Vision on 24 November 2010, the plan further elaborates some of the principles and objectives of the Vision. It highlights the need to learn lessons from 10 years of deinstitutionalization as well as build on its successes; base planning on individual assessments of children's needs while taking advantage of international good practice.

The Action Plan aims to implement the Vision in order to '*prevent the placements of children outside their families*' and '*the creation of new services…that are aimed individually at the needs of each child and his or her family and have a higher quality of care'*.

Management and Implementation Measures

An Interdepartmental Management and Coordination Working Group made up of Ministers and Deputy Ministers is responsible for implementing the plan and meeting monthly to assess progress.

An inter-ministerial and inter-sectoral 'Expert Group' is responsible for developing the Action Plan, coordinating its implementation compiling monitoring and assessment reports.

Technical Units for project management at the national level for each of the main activities.

Regional Project Management Teams – to lead on regional planning of services and implementation of projects.

Communications

The communications strategy laid out in the Action Plan assumes that the 'fears and concerns of people affected' by de-Institutionalisation will be managed through the project management process and through specific project communications strategies and therefore the main emphasis is on communicating the Vision on de-Institutionalisation to the general public.

Objectives

Bearing in mind the Vision prioritisation of 0-3 year olds and on children with disabilities in institutional care, the specific objectives outlined in the plan are:

1. System of family/community – based services developed across the country, which excludes the need for child-care institutions

2. Closure of residential institutions; provision of short and long-term family type care for every child

3. Enabling legal and regulatory framework in place for objectives 1 and 2 to be possible

4. Improved effectiveness of the care system for vulnerable children and families

The Action Plan is structured around 5 'projects' which are of differing scale in terms of deployment of resources both human and financial and which are designed to be implemented across varying periods of time. See Table 2 for a summary.

Table 2 Summary of the 'Five Projects' and other main activities outlined in the Action Plan

Action Plan Activity	Goal	Indic-ative budget in million EURO	Planned results: by 2020 no more than 2000 children left in institutional care; reduction by 30% of children in formal care by 2025	Timeframe green=1st priority; yellow=2nd priority	Lead implementing agency
Project 1 'Childhood for All'	De-I of 1370 children from 24 disability institutions	37,8	50 children reintegrated with family; 100 placed in specialised foster care; 1220 placed in 105 new FTPCs and 25 sheltered houses.	2010–2014	MLSP - SACP for planning; ASA - Regions and municipalities for service delivery
Project 2 'Posoka Semeistvo'	De-I of 2050 babies from 32 Infant Homes	27,5	270 babies with disabilities (10 per region) and 630 without reintegrated with family; 18 new Mother and Baby Units to prevent abandonment; 30 new day care places per region - 840 places; 630 children adopted following foster care; 360 babies with disabilities placed into specialised foster care; 160 babies with disabilities placed in FTPCs; 4 more crisis centres	2011–2017	MoH
Project 3	De-I of 3050 children 74 children's homes	19	1700 children reintegrated; after school support for 1680 children; 350 children aged 4-11 adopted or fostered; 150 children with some disabilities adopted or fostered;	2015–2020[4]	MLSP - ASA - Regions and municipalities
Project 4 'Family for All'	Developing foster care	22,6	2100 new foster carers (75 in each region) with a range of specialisations (infants, children with disabilities etc); 147 new SW to support foster care (1 per CPD)	2011–2013	MLSP - ASA - Regions and municipalities
Project 5	Career development of social workers	5	2100 Child Protection Department and Directorate for Social Assistance social workers trained	2010–2014	MLSP - ASA - Regions and municipalities
Regional planning	Development by local teams of regional service development plans	0,28	28 situation analyses and social services development plans for 2011-2016	2010–2011	MLSP - ASA - Regions and municipalities

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4   This project was subsequently postponed to begin in 2015 during the next funding round and another project 'Support' ('Podkrepa') was introduced to support implementation and management of the other projects and the plan as a whole

Action Plan Activity	Goal	Indic-ative budget in million EURO	Planned results: by 2020 no more than 2000 children left in institutional care; reduction by 30% of children in formal care by 2025	Timeframe green=1st priority; yellow=2nd priority	Lead implementing agency
Communication campaign	Awareness raising of the Vision	0,25	General public aware of the Vision	2010–2014	MLSP
Legislative amendments	Underpinning the Vision in legislation	0	7 sectoral policy concepts from Vision reflected in legislation	2010–2014	MLSP; MEYS; MH; MF and MJ

Source: Action Plan, 2010

The structure of the activities in the plan appears to have been informed fairly significantly by the different types of EU and Bulgarian Government funding which were allocated to its implementation: 'Human Resources Operational Programme' funding is allocated for 'soft measures' such as planning, technical assistance, training, child assessments, child preparation and post-placement support and 'Regional Development Operational Programme' and Rural Development Programme funding is allocated for the develop of local infrastructure for services – mainly buildings for family type placement centres and day-care centres. The phasing of activities is linked to the types of funding – planning, training and assessments are phased separately from building and infrastructure projects and from service delivery. The EU project manager interviewed during this review confirmed that

'the EU is a catalyst for the implementation of core social policy goals... in this case De-I is the No.1 social policy goal...EU core funding can be mobilised through the EU structural funds to fulfil the De-I...the EU cannot fund operational costs, cannot pay daily running costs for example. The EU funding can pay temporarily for social workers can pay for one-off additional costs'

Three of the projects, with the majority of resources allocated, are focused on different types of institutions and the plan uses the institutions and the available data from 2009 as the main focal point for planning. There are a number of important assumptions built into the logic of the plan which are key to the budgeting, human resources planning and other elements of the Action Plan design, the most important of which are summarised in Box 1:

These assumptions are revisited in the following sections of the report. It is important to note that the main focus of forecasting need for services and planning in the Action Plan is primarily on the children who were in the Infant Homes, Disability Institutions and Children's Homes at the end of 2009 and 2010. The overall number of children benefiting from deinstitutionalisation is given as 7150 children, which includes all children who were in the care of these three types of institutions at the end of 2009. The Action Plan notes that this figure includes 400 children placed in weekly or day care in Children's homes. This question of including children in day and weekly care in the data for children without parental care or in formal care will be discussed further in this report.

BRIEF OVERVIEW OF THE SITUATION AT THE OUTSET OF THE IMPLEMENTATION OF THE ACTION PLAN

4. Brief overview of the situation at the outset of the implementation of the Action Plan

The baseline data for key indicators on implementation of the Action Plan is captured in Tables 1 and 2 above and section 5 of this report will consider progress to date against this baseline and these key indicators. This section reviews the operating environment and key developments that had taken place prior to the Action Plan implementation in 2010. As discussed above, the main planning data referenced at the time when the De-institutionalisation Vision was being developed and discussed was from the State Agency for Child Protection for 2009. The Action Plan updated this data to some extent and at the point when the Action Plan implementation began refers to the following key baseline indicators for monitoring:

- 130 institutions to be closed – 32 Infant homes; 24 Disability institutions; 74 Children's homes;

- 7150 children and young people in institutional care at 31.12.2010 for whom alternative services have to be established

- 3000 children each year (based on the number of children who entered institutional care in 2009) in need of prevention and family support services in the community

This static picture, however, does not sufficiently take into account that the Action Plan was being implemented at a time when more than 10 years of activity had already taken place funded by a range of donors and Government programmes and implemented by various stakeholders including NGOs, national Government agencies and Ministries and Regional and municipal governments that were focused in a range of ways on developing child and family services, alternative family and family type care and closing institutions. A few of the many important milestones during this period include:
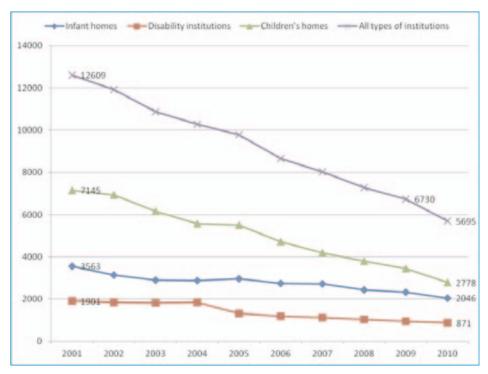
- Creation of the State Agency for Child Protection in 2001 with a mandate to ensure inter-sectoral and inter-Ministerial coordination of children's policy

- All municipalities have Child Protection Departments carrying out case management on child protection and Directorates for Social Assistance with social workers carrying out child protection, family support and community outreach work

- 10 Regions developed Social Services Complexes by 2007 with many more being established in other regions by 2010.

- 3 Regions had developed Social Services Development plans by the beginning of 2010 and all the rest were developed during 2010 as a first step in the implementation of the Action Plan

- Closure of a number of institutions including the Mogilino and Gorno Koznitsa Disability institutions in 2009 and 2010; the Teteven Infant home in 2010. The closure of 27 Children's homes between 2001 and 2010.

- Development of services focused on preventing infant abandonment from maternity wards in many regions including the creation of emergency accommodation for mothers in crisis situations and their babies.

- Development of foster care services by a range of NGOs and local governments

- Development of a network of at least 75[5] family-type or small-scale residential homes and small group homes across the country by the end of 2010

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5   Author's estimate based on SACP data for 2013

- Development of a model of early intervention services for children aged 0-3 with developmental delays and their parents

- Well-developed social work education curricula in place across the higher education institutions of the country; a large and growing network of trained social workers deployed in a range of government and non-government services across the country – a professional community of practice in place across the country with many years of hands-on experience, lessons learned and documented and able to teach an supervise others

- A competent, strong and vibrant NGO and academic community which has played an important role across all of the above achievements both in terms of modelling services, delivering services and advocating on policy and legislative issues.

All of these important developments paved the way for the Vision and the Action Plan to be possible and for them to be in a position to drive forward the deinstitutionalisation process so decisively. The gains from this pre-Action Plan period of activity can be clearly seen in the SACP data showing a steady halving of the numbers of children in Children's homes between 2001 and 2010 (see Figure 1).

Figure 1. Number of children in different types of institutional care at the end of each calendar year 2001-2010[6]

Source: State Agency for Child Protection, 2013

The numbers of children in the other two types of institutions had also fallen significantly by 43-45% between 2001 and 2010, but at a slower rate. This fall in the numbers of children in institutional care also took place at a time when the overall child population was steadily reducing which probably contributed in part to the reduction in numbers, but in real terms the proportion of children in the child population being cared for in institutions has also reduced. Mogilino, Teteven and Gorna Koznitsa institutions were closed in 2009 and 2010, at the time when the Vision was being developed, which was probably an important development in terms of demonstrating what is possible to achieve in deinstitutionalisation of children with disabilities and for infants and babies and enabling the prioritisation of babies and children with disabilities in the Vision and Action Plan objectives.

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6   Ministry of Health data gives 2009 children in the Infant homes at the end of 2010

The 7150 children identified as the main target group for deinstitutionalisation in the Action Plan is probably comprised of 6730 children in all types of institutions at the end of 2009 plus 400 children in weekly and day care in Children's homes at the same time.

Given the steady and consistent decline in numbers of children in institutional care at the time when the Action Plan was developed and forecasting need for services was undertaken, the assumption that the 2009 figures would be relevant for the coming several years as a benchmark for planning needs to be revisited.

Given that all data analysis, forecasting and planning documented in the Action Plan is viewed strictly through the prism of each system of institutions from a centralised perspective rather than across the whole system from a Regional perspective, there are gaps in data in the key policy and programme documents which this review has not been able to fill in terms of establishing the baseline for the Action Plan implementation. The necessary data is available from the relevant Government bodies and the Regional situation analyses carried out in 2010-2011 and can be used in the event of a full impact evaluation and for further service development planning.

PROGRESS TO DATE – OVERVIEW OF THE SITUATION IN APRIL/MAY 2014

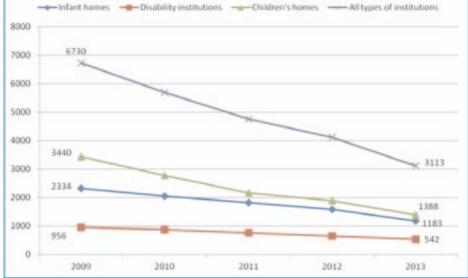# 5. Progress to date – overview of the situation in April/May 2014

Three full years of the plan implementation have been completed at the time this review was undertaken and enough relevant data was available for 2011, 2012 and 2013 along with some data for the first quarter of 2014 to be able to determine how the Action Plan implementation has progressed against key indicators and to address the research questions:

● To what extent do the activities, means, measure and financing of the Action Plan and their management create the pre-conditions for i) the achievement of the objectives of the Vision for DI and iii) alignment with the measures and activities set in the Vision?

● Does the implementation of the Action Plan lead to improvement of child welfare?

It is clear from the data relating to numbers of children in institutional care at the end of 2013 that the reduction in numbers which was already taking place when the Action Plan was being planned has accelerated and that this is one of the major indicators of moving towards achieving the objectives of the Vision.

5.1. The reduction of numbers of children in institutional care has accelerated and the number of children entering alternative family based or family-type care has increased.
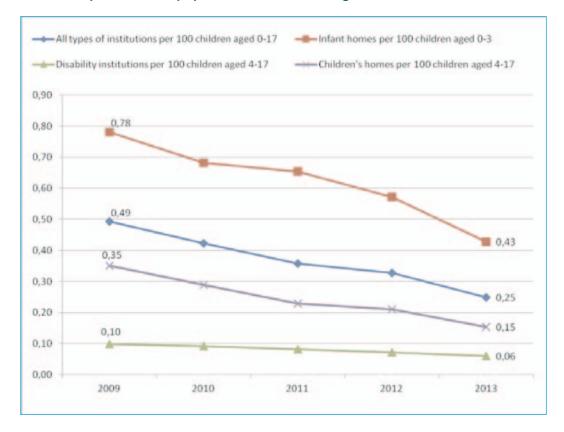
Compared to the end of 2010, the overall numbers of children in institutional care has decreased to 3113 children. The reduction in numbers of children in Infant home and Disability institution care has notably accelerated.

Figure 2. Number of children in different types of institutional care at the end of the calendar year 2009-2013

Source: SACP, 2013

This acceleration in the reduction of the numbers of children in institutional care is marked, as illustrated in Figure 3, even against a background of a falling child population which may account for some of the overall reduction. The number of children in all types of specialised institutional care per 100 children aged 0-17 has halved between 2009 and 2013 with a 25% drop in 2013 from 0.33 to 0.25. The acceleration can be observed for all types of institutions but especially for Infant homes.

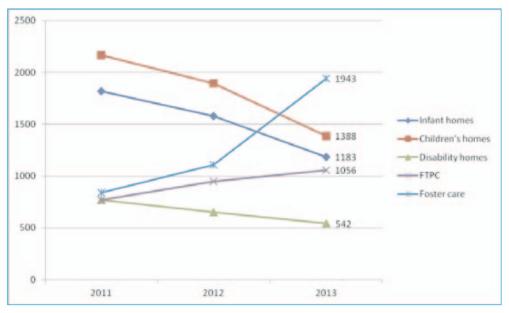**Figure 3. Number of children in different types of institutional care at the end of each calendar year 2009-2013 per 100 child population of a relevant age**

Most stakeholders interviewed during the review highlight the foster care project as having made most progress of all the projects against its objectives of the Vision and Action Plan in recruiting and preparing new foster carers. Some stakeholders have concerns about how foster care is being used and the quality of the social worker inputs into the recruitment, preparation and support processes in foster care, but nearly all perceive a significant increase in the numbers of foster carers in the country as a whole and this is confirmed by the official data from the Agency for Social Assistance with over 1000 new foster carers approved during 2013 alone and a total of 1943 children being cared for in foster care at the end of 2013. Respondents report that the building of Family Type Placement Centres has also progressed, SACP reports 88 functioning FTPCs at the end of 2013 caring for 1056 children, although with considerable delays to the process of preparing and moving children from the Disability institutions – only 103 children had been moved by the end of 2013 into this type of facility with around 1100 children and young people remaining to be moved by the end of October 2014. This shift in the system of formal care away from institutional care and towards family-based or family type care placements from 2011-2013 is illustrated in Figures 4 and 5.

Figure 4 Numbers of children being cared for in different types of formal care settings at the end of the year 2011-2013[7]

Source: SACP, 2013; ASA, 2013

The number of children in Guardianship care has not been included as the relevant data was not provided to this review. There appears to be a perception among many stakeholders that children in Guardianship care, usually in the care of close relatives, are not perceived in Bulgaria to be in formal care, but rather in kinship care or informal care. The UN Guidelines on Alternative Care for Children classifies children as being in formal care if their care placement has been 'ordered by a competent administrative body or judicial authority', which is certainly the case in Bulgaria where the placement of children into Guardianship is administered by the child protection authorities. TransMONEE data for 2009 and 2011 shows that if the number of children in Guardianship care is included in the calculation for children in formal care as a whole, then around 6660 more children should be added into the numbers of children in formal care in 2011 and an assumption can be made that this number will have either remained steady or risen slightly in 2012 and 2013 as the Action Plan with its focus on family-based care has been implemented.

Number of children in formal care according to TransMONEE 2009 and 2011 (based on Government of Bulgaria data)

| Year	Total number of children in care	Of which:		Total number of children in care per 100,000 children aged 0-17	Of which:	
		In residential care	Placed under guardianship or in foster families		In residential care	Placed under guardianship or in foster families
2009	13 276	6920	6356	1054,2	549,5	504,7
2011	14 400	6900	7500	1214,8	582,3	632,5

Source: UNICEF TransMONEE 2011 and 2013

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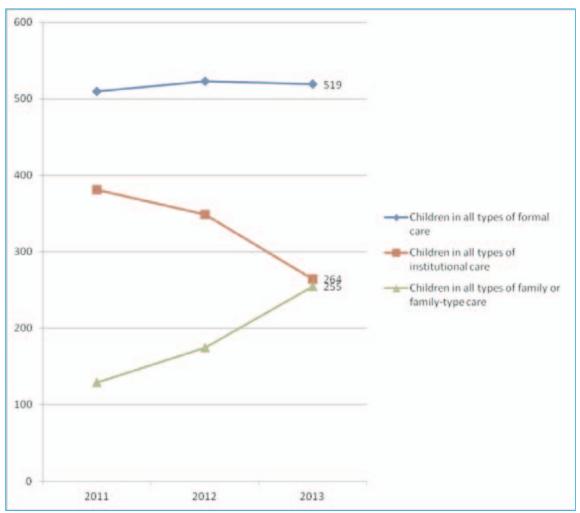
7   Ministry of Health data states that at the end of 2013 there were 1130 children in Infant home care and 60 premature infants being cared for in the 5 departments for premature infants

This means that the total number of children in formal care is probably around twice that given in figures 4 and 5. For the purposes of this review, with its focus on deinstitutionalization, the issue of children in Guardianship care has not been addressed in depth, but it is important to note that children in Guardianship or kinship care whether formal or informal are children who are not being cared for by their parents and at the very least monitoring of these placements needs to be part of the overall child welfare system monitoring. At the policy level, it will also be important to ensure that definitions are adopted of 'formal' and 'informal' care and that these definitions are clearly applied when identifying indicators for prevention and family support as well as reducing the numbers of children in formal care.

5.2. The overall number of children in formal care has remained the same

More children being cared for in foster care or FTPCs and fewer children are being cared for in institutional care indicate progress towards achieving one of the objectives of the Vision and the Action Plan. The overall number of children in formal care (not including children placed in Guardianship care) has, however, not fallen as illustrated in Figure 5 which suggests limited progress to date in achieving the objective of supporting families to prevent separation which a key prerequisite for achieving the Vision.

Figure 5 Number of children per 100,000 child population aged 0-17 in all types of formal care at the end of the year 2010-2013

Source: SACP, 2013; ASA; National Statistics Institute; author's calculationsa

At the end of 2013, there were as many children overall in the care of the state and outside of the care

of their parents as there were in 2011, one type of formal care has been exchanged for another type. Depending on whether children in the Guardianship of relatives are counted as being in formal care, the overall number of children in formal care could be twice as large as shown in figures 4 and 5. The assumption is that family based and family-type care better meets the needs of children and achieves improved child welfare in accordance with the objectives of the Vision and Action Plan. Concerns about the quality of family based and family –type care and the impact on children of this move towards a different mix of formal care provision have been raised by stakeholders during the review and will be discussed further in this report. All stakeholders, however, recognise that this seismic shift towards a formal care system that is predominantly dependent on family-based and family-type care is taking place and is a significant achievement which needs to continue.

The number of children entering formal care during the year has also not changed significantly and in fact has risen slightly each year both in real terms and as a proportion of the child population.

The inclusion of data on children in Guardianship in the overall monitoring data would help to even further emphasise that the Bulgarian child care system is largely family-based, but also to further emphasise that the numbers of children not living with their parents are considerable and the challenges in terms of family support and prevention are great as well as in terms of ensuring that Guardians are receiving adequate support and children in this type of care are achieving well-being outcomes commensurate with their peers in other forms of care or in family care.

Unlike the number of children recorded by SACP as remaining in residential care at the end of the year, the number of children entering the Infant homes during the year recorded by SACP includes children who have entered for emergency care, day care or weekly care. Even if these children are removed from the data and the entry of infants into the Infant homes for residential care can be seen to be falling steeply as illustrated in Figure 6, the overall number of entries each year into the formal care system as a whole is nevertheless increasing slightly.

Children entering all types of formal care during 2011-2013:

Year	2011	2012	2013
Number of children entering in total	3678	3937	4025
Number of children entering for residential services only	3525	3408	3470
Per 100,000 children aged 0-17 years	295	333	342

Source: SACP, 2013; ASA; National Statistics Institute; author's calculations

Again, this continuing flow of children into the formal care system is an indicator that the prevention and family support services being introduced by the Action Plan have not yet reached full effectiveness for all children.

This data includes children who have gone from formal care into adoption during the year. SACP reports show that mainly babies and younger infants without disabilities are adopted and data for 2011-2013 shows a slight drop in the numbers of children being adopted:

Number of children leaving Infant homes for adoption 2011-2013 according to SACP data[8]

Year	2011	2012	2013
Adopted children	689	641	544
Per 100,000 children 0-3 years	230	230	197

Source: SACP, 2013; National Statistics Institute; author's calculations

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8   Ministry of Health data gives 668 children adopted from Infant homes in 2011, 642 in 2012 and 539 in 2013

This slight fall in adoptions per 100,000 infants aged 0-3 years in 2013 could be linked to more effective prevention in maternity wards, or to the rise in the use of foster care for infants. The Agency for Social Assistance holds data on all children being adopted, not only from the Infant homes, and gives a higher number of children adopted each year:

Number of children adopted each year 2009-2013 according to ASA data

Year	2009	2010	2011	2012	2013	2014*
Adopted children	746	950	952	738	737	678
Per 100,000 children 0-3 years	256	317	317	265	267	245

Source: ASA, 2014; National Statistics Institute; author's calculations
*projection based on ASA data that 226 children were adopted between 1 January and 30th April 2014

It is not clear whether the ASA data can be assumed to relate to children aged under three years, but for the purpose of comparison, this assumption has been made in order to calculate the rate per 100,000 children. Without data disaggregated by age and region it is not clear what created a spike in the number of adoptions in 2010 and 2011, but it is possible that this increase was related to changes in the adoption procedure since 2003 and further changes in 2010 which helped to speed up the adoption process and to make it more transparent and therefore cleared a 'backlog' of children awaiting adoption. The subsequent fall in adoptions in 2012 and 2013 back to 2009 levels and the projected further reduction in 2014, could be a reflection of more effective prevention reported by SACP, MoH and ASA. According to the Agency for Social Assistance, adoption is one of the 'most effective protection measures...' and adoptions are seen as a positive outcome for children. Data was not available to review the proportion of adoptions which break down each year, but anecdotal evidence suggests that some children entering small group home care have come from failed adoption placements. There is a need to clarify the role of adoption in government child protection policy – high numbers of adoptions, while potentially indicating a positive step to better family-based care for some children, also indicate a failure to prevent children from needing alternative family care in the first place.

Figure 6. Number of children entering different types of formal care each year 2011-2013

Source: SACP, 2013; ASA; National Statistic Institute; author's calculations

It should be noted that the Ministry of Health data gives 767 entering Infant home care in 2013 which is 188 children fewer than the data provided by SACP. The reasons for the differences between these data sets are not clear, but could be to do with the different purposes for which children are 'entering' the Infant homes – the SACP data may include for example children who entered for temporary care for premature babies.

A note on interpreting formal care monitoring data

The data which is being gathered by SACP, MoH and ASA to monitor the implementation of the Action Plan and Vision has some important limitations which should be noted. The numbers of children in all types of formal care are being recorded regardless of the purpose or planned duration of their placement. This issue has already been noted regarding the entry into Infant homes of children for day-care, weekly-care and emergency care services being recorded alongside the entry of children for full residential care services. Similar issues apply for the data being recorded for other types of formal care such as FTPCs, supported accommodation and foster care.

The number of children in foster care at the end of the year for example and the number of children entering foster care during the year do not necessarily represent the number of children who are being permanently separated from their parents. According to a range of respondents interviewed during this review, foster care is being used in a range of ways for both temporary and long-term care provision as envisaged in the Action Plan. The monitoring system does not yet capture the nuances of these different types of service provision in family based care. Similarly, there is only aggregated data available for children in various types of small group home care – some of these children are long-term residents in FTPCs, but some are young people transitioning through on the way out of long-term care towards independent adult life and others are children placed for temporary or emergency short-term care before returning to parents or relatives.

The data presented here does not distinguish between these very different types of placements. It is possible therefore that the overall numbers of children in long-term formal care of all kinds has begun to fall, but the data reviewed for this assessment does not fully capture these nuances and is counting children who are in planned temporary care alongside children in long-term formal care.

5.3. The system of family/community based services is being developed across the country in accordance with Action Plan Objective 1

Following individual needs assessments of 1797 children with disabilities over 3 years of age in institutional care which were carried out in 2010 by trained multidisciplinary teams[9] including social workers from CPDs, doctors, institution staff, local coordinators of the 'Childhood for All' project, national experts and consultants from the NGO Lumos, a plan for the development of alternative family-type services and community based support services was finalised.

According to SACP staff members, the plan was based on weighing and balancing a number of criteria and factors relating to each child and their needs and the ability of specific municipalities to meet these needs. These factors included: the need to be close to family members, especially where relationships have been maintained and need to be fostered further; the need to keep siblings and friendship groups together wherever possible; the medical support needs of each child; education needs; level of functioning for self-care, social interaction, mobility, communication etc; age; gender. It is not clear how the criteria were weighted or the mechanism for balancing the criteria. A list was generated matching individual children with locations for planned new FTPC or protected housing placements to ensure that

9   The SACP notes that the teams were made up of 111 CPD Social Workers, 28 Regional Health Inspectorate doctors, a staff member from each of the 55 institutions, 24 Childhood for All Coordinators, 3 national consultants and 17 LUMOS Foundation consultants

the needs of children were, as far as possible, combined with the existing and planned community-based services in particular locations. Many respondents interviewed for this review expressed concerns at the way in which this process was managed centrally and without adequate transparency with considerable anxiety being expressed about the individual needs of children being made subservient to administrative or management concerns. One NGO highlights concerns about the consequences of the decision to widen the target group for assessments to children in Children's homes and not only Disability institutions and with a very short time period within which the assessments are being completed. The need for centrally managed coordination is acknowledged, however, in order to ensure that the new services are not concentrated in one or two municipalities in any given region depending on the location of the existing Disability institutions, Children's homes and Infant homes, but are spread across the Regions and municipalities in order to spread these community resources more evenly and to 'share the burden' of running the new services.

The original Action Plan had forecast a need for 125 FTPCs and 25 protected homes for 1380 children with disabilities. The updated plan based on individual assessments provided for the building of 149 FTPCs, 36 protected homes, 1 day care centre and 8 Centres for the Social Rehabilitation and Integration of Children with the capacity to serve 2076 children moving from institutional care to the community as well as children with disabilities living with their families in the community. The buildings were to be funded by the Regional Development Operational Programme(RDOP) and the RADP – Rural Areas Development Programme, the contracts managed by the ASA and the Regional and Municipal DSA authorities.

At the time of the review respondents from a range of agencies indicated that the implementation of the plan for building the necessary infrastructure was behind schedule - 'there have been delays'. The delays, according to some respondents are to do with the bottlenecks in the public procurement and contracting procedures, another indicated that delays have occurred because of 'political processes' between July 2012 and July 2013. One respondent estimated that around '20% of the planned services are definitely ready' – referring to '148 FTPCs including 35 protected houses' in 80 municipalities. The ASA reported 64 project proposals for building new service infrastructure have been received from 83 municipal partners, 47 contracts have been issued and 17 were being assessed. The aim is to complete all infrastructure building projects by October 2014. At the end of March 2014, according to the ASA, there were 379 community based services with a capacity to serve just over 9000 children, young people and their families operational in 85 municipalities across all the Regions of Bulgaria – including new services that have been built as part of the Action Plan implementation.

Type of Service	Number	Capacity
Day Centres for Children and Adults with Disabilities	5	288
Day Centres for Children with Disabilities	52	1478
Protected houses (for adults and children)	70	587
Mother and Baby units	10	75
Children's Crisis Centres	12	126
Supervised housing	15	86
Transition houses	11	80
Shelters for Children	4	60
Social professional-education Centres	5	307
Centre for Temporary Care (for adults and children)	12	612[10]
FTPCs for children	73	792
Community Support Centres	66	3212
Centre for Working with Children on the Streets	12	215
Centre for the Social Rehabilitation and Integration of Children	32	1185
Total	**379**	**9103**

Source: ASA, 2014
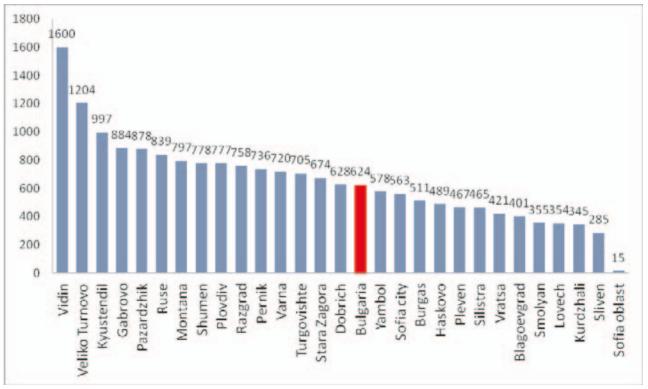
10 Including 520 places in three centres in Sofia

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The decisions about which types of new services were required to be built in which locations were based on the individual assessments conducted of children with disabilities aged over 3 years on Infant homes and Disability institutions in 2011-12 and based on interviews with key informants it is not clear the extent to which the Regional Service Development plans which were developed during 2010-2012 also informed this decision-making process or not. As illustrated in Figure 7, the current distribution of capacity in community based services varies across the country, but every Region has at least a basic range of services available both old and new apart from Sofia oblast[11].

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11 Either this is an error in the data provided by the ASA or the population of Sofia oblast is being served by services based in Sofia city or surrounding regions – this low rate requires further clarification

Figure 7. Estimated number of places in community based services of all types available to children and families[12] per 100000 children aged 0-19 years in each region.

The calculation used for Figure 7 gives a rough benchmarking of current Regional capacity to offer community based services although within regions the distribution of capacity varies even more across municipalities. In theory, the greater the capacity to support children and families, the greater the potential to achieve the prevention and family support goals of the Vision in the Region. In practice however, the mix of service types addressing clearly defined needs for clearly defined target groups that are available at the municipal level is more important than the brute capacity as a determinant of how ready a Region is to meet the challenge of supporting families to prevent unnecessary entry into formal care.

The growing infrastructure for community based services, both residential and non-residential, is impacting the implementation of the Action Plan across all work streams. As the current building projects are completed (according to the ASA this will be by the end of October 2014) it is planned that the remaining children with disabilities over 3 years old in Infant homes and Disability institutions can be transferred to FTPCs and the process of closing Disability institutions can begin.

A second round of 1607 individual assessments of all targeted children in the form of case conferences was completed between October 2012 and April 2013, again carried out by the multidisciplinary teams. The aim was to generate more detailed care plans for each child, to involve parents, teachers, carers and other significant professionals or adults in the assessment and care planning where possible. In total, according to a Lumos report on the second round of assessments (case conferences), 1169 assessments were completed for children in Disability institutions and 438 for children aged over 3 years in Infant homes. It is not clear, in the case of Disability institutions, why there were 1169 assessments completed when the official SACP data shows 652 children resident in Disability institutions at the end

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12 Calculation includes the whole capacity for each type of service targeting children; all capacity for Community Support Centres; half of the capacity for services that are for both children and adults - Protected Houses and Centres for Temporary Care.

of 2012 and 542 at the end of 2013. It seems likely that the 1169 assessments were for all residents in the Disability institutions including young people and adults aged over 18 years. This question of the rapidly ageing population in the Disability institutions for 'children' is of concern to many professionals and decision-makers involved in the process of deinstitutionalisation planning – to what extent should adults be separated or not from children as they move into the new community based services is a question that was raised by several respondents during the review.

The SACP indicates that '103 have been transferred so far and ... by late October another 1400 will be moved', although of these around 300-400 have needs for special medical services which could mean that they are not able to be moved. The system is poised at a critical point of no return that is 'irreversible' as one ASA key informant characterised the situation for children with disabilities. Respondents interviewed during this review express a range of concerns and anxieties about the way that the Disability institution closures are going and these will be explored further in this report. Nevertheless, hundreds of children and young people with disabilities, including a not insignificant number of adults, who have been living in remote, large Disability institutions and Infant homes in some cases since birth, are about to find themselves living in small-scale 'Family-Type' placement units located in towns and cities. This transformation is being made possible largely because of the way in which the Action Plan has been implemented and managed in order to establish a considerable infrastructure of FTPCs and protected houses across the country as well to strengthen the community based support services for these children.

5.4. The pilot closure of 8 Infant homes is successfully nearing completion

The creation of foster care services and the establishment of other types of community based services in 8 pilot Regions participating in 'Project 2 – POSOKA: semeistvo' appears to have successfully prepared the way for the closure of 8 Infant homes and replacing them with a set of 'health-social' community-based services, including outreach services in 8 Regions. There were only 90 children remaining in the care of the 8 Infant homes in March 2014 out of 570 who were already in the home on January 1st 2012 or who entered during 2012 and 2013 as summarised in Table 3. Most children, 56% of those who left during this period, also left formal care with just over half of these girls and boys being adopted nationally and just under one third returning to their own parents. 39% of children who left the Infant homes in 2012-2013 moved to other types of formal care with the vast majority, 76% entering foster care. It is not clear whether they entered long-term, pre-adoption or short-term foster care placements prior to reintegration. Only 19 children, or 10% of those who left the Infant homes but remained in formal care, were transferred to another institution during 2012-2013 and nearly all of these transfers were carried out in 2012. According to the POSOKA: semeistvo project team, these transfers to other institutions were all based on each child's assessed needs – in six cases because of the child's age, in 5 cases because of health conditions and in eight cases to be closer to birth family or siblings.

There are some interesting differences in the way that the different Regions have managed the exit of children – Pazardzhik for example has relied more on national adoption than other Regions and children are more likely to have gone back to their parents from Gabrovo and Ruse than other regions. Ruse used foster care much less than other regions and Gabrovo, Montana and Turgovishte relied more heavily on foster care at the expense of national adoption or reintegration with parents. Facilitating moves into kinship care was uniformly low in all pilot regions which is surprising given that the overall numbers of children in Guardianship care, usually the care of close relatives, is high in the country as a whole. It could be that placement into Guardianship care is primarily seen as a measure to prevent entry into any other type of formal care so that for children who have ended up in the care of these eight Infant homes, exploration of this care option has already been exhausted before they entered care.

Таблица 3. Summary of numbers of children entering and leaving 8 pilot infant homes 01.01.2012-31.12.2013

2012+2013	Remaining	Entered	Exited formal care			Remained in formal care					Exited	Remaining
Pilot sites	At 01.01.2012	Infant homes during 2012 & 2013	Returned to own family	National adoption	International adoption	Kinship care	Foster care	Other institution	FTPC	Died	Infant homes during 2012 & 2013	At end March 2014
Gabrovo	38	30	15	6	10	0	28	0	0	1	60	7
Montana	35	21	9	6	1	0	21	2	4	0	43	13
Pazardzhik	45	36	4	26	10	2	19	1	2	5	69	13
Pernik	15	18	6	6	2	1	10	0	0	3	28	5
Plovdiv	100	68	24	49	11	2	32	11	5	3	137	32
Ruse	44	22	18	23	0	5	7	3	3	7	66	6
Sofia	31	13	6	12	4	1	8	2	0	1	34	7
Turgovishte	34	20	5	11	5	1	19	0	0	2	43	7
All	**342**	**228**	**87**	**139**	**43**	**12**	**144**	**19**	**14**	**22**	**480**	**90**

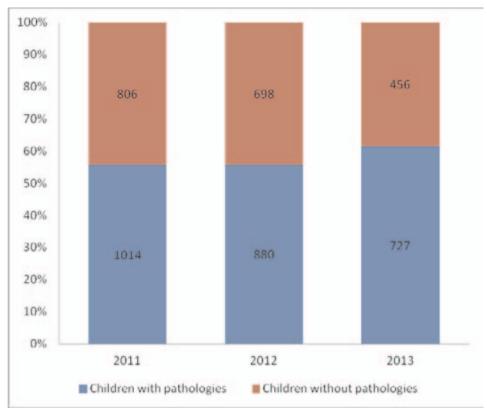**Of all infants who left each Infant home:**

Pilot sites	% returned to own parents	% who entered national adoption	% who entered international adoption	% who entered kinship care	% who entered foster care	% who entered another institution	% who entered FTPC placements	% who died
Gabrovo	25	10	17	0	47	0	0	2
Montana	21	14	2	0	49	5	9	0
Pazardzhik	6	38	14	3	28	1	3	7
Pernik	21	21	7	4	36	0	0	11
Plovdiv	18	36	8	1	23	8	4	2
Ruse	27	35	0	8	11	5	5	11
Sofia	18	35	12	3	24	6	0	3
Turgovishte	12	26	12	2	44	0	0	5
All	18	29	9	3	30	4	3	5

Source: Posoka Semeistvo project monitoring reports, MoH, 2014; author's calculations

According to the project monitoring data, of the 90 children who continued to be cared for in the pilot Infant homes at 30 March 2014, 59 were children aged over 3 years with disabilities, 57 of whom had been living in the infant homes since before January 1st 2012.

29 were infants aged 0-3 with disabilities and the remaining 2 were babies aged 0-3 years with no disabilities. The increase in the proportion of children with disabilities remaining in the 8 pilot infant homes has contributed to, or reflects, one of the impacts of the deinstitutionalisation process – children with disabilities are at high risk of 'being left behind' in institutional care. There have always been slightly more children with disabilities in Infant homes at the end of each year than without, but this proportion has increased in 2013 from 56% to 61% - partly as a result of the shift to almost 100% children with disabilities in the 8 pilots, but partly as a reflection of the deinstitutionalisation drive affecting other Infant homes as illustrated in Figure 8.

Source:
SACP, 2013; author's calculations

There are interesting regional variances in the numbers of children with disabilities who were being cared for in Infant homes at the end of 2013 as illustrated in Figure 9. Of 727 children, over 18% were in two Stara Zagora Infant homes. The low number of children in the 8 pilot regions is also reflected here – for example 31 infants with disabilities in Plovdiv are 4 times fewer than in Stara Zagora although the infant child population in Plovdiv is twice that of Stara Zagora. It seems possible that children are being sent to Stara Zagora from other Regions, although the number of children entering Stara Zagora institutions, like most other Infant homes, fell from just over 200 in 2012 to 177 in 2013.

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13 Ministry of Health data is slightly different, but demonstrates the same pattern of a growing proportion of children with disabilities in Infant homes

Figure 9. Number of children with disabilities in Infant homes at the end of 2013

Source: SACP, 2013

One of the assumptions in the Action Plan is that half of the children who enter the system of institutional care in Bulgaria, enter from the maternity ward straight into the Infant homes. It is worth examining the data of entry from maternity wards to assess the impact of the Action Plan implementation on this point of entry.

Gate keeping entry to Infant homes

The number of babies entering the pilot Infant homes from maternity wards fell by almost 80% from 91 in 2012 to 21 in 2013, from families by around 85% and from hospitals by a similar proportion. This clearly demonstrates that when the task has been set of gate- keeping to prevent entry to an institution, alternatives can be found. So far, there is only general data about where the diverted infants ended up – remaining with their own families, entering foster care or being referred to another Infant home in another Region for example. Data from 7 pilot Regional Directorates for Social Assistance (all except Sofia for which data is not yet available) show that there were 317 cases of prevention of abandonment in maternity wards, of which 226 or 76% were successful with the infants remaining in their families. It is not clear whether follow up work is being done with these families to provide support in order to prevent subsequent relinquishment and to monitor longer-term outcomes beyond the return home from the maternity hospital. Hope and Homes for Children, however, indicates in comments provided on the first draft of this report that follow up monitoring confirms HH4C '*helped the families of 435 children at risk of abandonment in order to prevent their placement in the 8 pilot baby institutions between January 2012 and December 2013. The assessment instruments we use allow comparative assessment of the family and the care they take for their child in the beginning of our intervention, in the end of the support and 6 months later*'. This is commensurate with the 226 successful preventions in 7 pilot areas cited by the POSOKA: semeistvo team. Another NGO, For Our Children Foundation, which is focused on preventing infant abandonment in Sofia and Plovdiv reports a 90% success rate in keeping newborn infants with their families.

It seems likely, therefore, that a majority of children who did not enter Infant homes from the maternity ward in 2012 and 2013 did actually remain in their families rather than enter other types of formal care. This is not yet reflected in the data on children in formal care presented in Figure 5 and monitoring data for 2014 should therefore show a reduction in the proportion of children aged under three in any type

of formal care or adoption. As mentioned above, it is possible that the reduction in adoptions in 2013 is linked to this reported successful prevention of relinquishment or abandonment in maternity hospitals.

The data in Figure 10 showing the number of entries into Infant homes from maternity wards per 100 infants aged 0-3 years in the regions tends to indicate when strict gate keeping is being enforced, children can be diverted straight from the maternity hospital to other community based services. As well as gate-keeping, the 'POSOKA: semeistvo' project team credits the success of the pilot sites to having '*built awareness...giving clear messages that infant homes as institutions would not exist any longer. MoH, ASA and SACP united efforts ... we managed to build full understanding of the DI process in local people, ie it is a process not only to take children out of institutions, but active work to prevent abandonment*'.

Figure 10 also illustrates that even in non-pilot regions, strengthened prevention services and increased alternative services, notably the increased numbers of foster carers, and heightened awareness of the goals of the Vision, may have contributed to stricter gate keeping as the reduction in the average proportion of maternity entries into Infant homes for non-pilot regions has also accelerated. This tendency was confirmed by Regional authority respondents, it is exceptional for babies to come straight to us from the maternity ward' (Infant home director, non-pilot region).
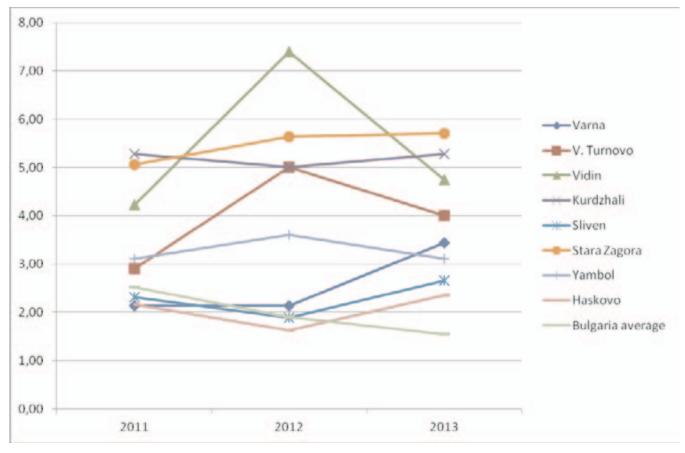
Figure 10. Number of children entering the care of the Infant homes from maternity wards per 100,000 children aged 0-3 during 2011-2013

There are some regions with a particularly high proportion of referrals from the maternity wards to Infant homes compared to other regions or upwards trends in referrals from maternity wards and they are worth noting for planning and monitoring purposes, see Figure 11.

Source: SACP, 2014; National Census, 2011; author's calculations

The Bulgaria average rate is clearly being drawn down by the 8 pilot regions, but even when taking this into account, the high and rising rates in Vidin, Kurdzhali, Stara Zagora and Varna or the recent upward trend in Yambol and Haskovo require further investigation.

There has been an increase in the referral of children for social services or emergency care to Infant homes between 2011 and 2012 which also reflects the implementation of the Action Plan and Vision, although it started to slow in 2013. Nearly all of the referrals are in Varna, Burgas, V. Turnovo and Pleven. Some of these are referrals for premature baby medical services, but the majority are for day care or weekly care services.

Source: SACP, 2014

According to the Ministry of Health, the numbers of children entering the Infant homes for 'weekly care' is low and falling with only 44 children entering the Infant homes in Blagoevgrad, Burgas, Ruse and Dobrich (the only Infant homes that offer this type of care) during 2012 and 36 children during 2013 with only 13 remaining in this form of care at the end of 2013.

5.5 Regional plans have been developed but are not being used

Pilot Regional plans were developed in Pernik, Vidin and Ruse with support from UNICEF prior to the implementation of the Action Plan and the methodology tested through these pilots was rolled out to all other Regions during 2010-2011 as part of the Action Plan implementation. In March/April 2014, a review of the plans was being undertaken in order to update the strategies for the next period in order to take into account the national assessment of children with disabilities aged over 3 years and the subsequent development of community based services.

The Regional planning units that have been established for this purpose have no permanent staff, but make horizontal links across health, education and social sectors in municipal and Regional authority structures. The team involved in developing the Regional strategies and training the local teams report that the 'Regional strategies and planning methodologies are being used at the Regional level ... and there are confident teams and ownership of the strategies in most regions'.

Other stakeholders raise concerns, however, about the limited extent to which the Regional planning

information and strategies are actually being used by national agencies planning and commissioning the development of social services across the country. Some municipal and Regional key informants also indicate that while the Regional strategies have outlined clear needs for new services, they have not been implemented and new services have only been developed that have been commissioned and financed from the top:

> *"Regional Strategy for Social Services and a training for monitoring of the strategy was passed. Each year a strategy on a regional level is agreed and then services that find funding are released, others await for the next year.'*
> *(Expert, Regional planning unit)*

A national NGO key informant confirms this 'plans have been adapted to situations post factum, for example something is dropped if it didn't happen'. The plans are seen by some as a 'wish-list' rather than a strategy or plan laying out goals towards the fulfilment of which the Regional and municipal authorities are working.

Two regional strategies and datasets were briefly reviewed for this assessment and discussed with local decision-makers and stakeholders. Regional and municipal authority teams in both regions were familiar with the plans and appear to be using the data in their work. Given, however, that the national decision-making processes on deinstitutionalisation, especially for children with disabilities is currently driving the process of forecasting need for and planning services, the Regional strategies are to some extent sidelined and redundant at present. They have potential, however, to be used more fully.

5.6. Training, technical assistance provision and capacity building has been carried out as planned, but more is needed

According to the project management units at the ASA a total of 2100 people will be trained between October 2013 and the end of September 2014. This includes '400 social workers, 220 in Child Protection Departments, 180 in 'People with Disabilities and Social Services Departments' and the Regional planning teams have been trained in assessment, planning, monitoring and evaluation. This increased capacity at the local, community level, taken together with the introduction of new community-based service infrastructure outlined above, represent a considerable increase in community-based social work and service delivery capacity. The social workers from CPDs, according to ASA staff, are 'involved in the DI process and work on prevention of abandonment, reintegration and placement of children into foster families and adoption'. There are considerable concerns, however, among many respondents that while the training provided to date has been important and useful, it needs to be supplemented further for a range of reasons. Turnover among new CPD social workers has been high and many of those who were trained initially have since left and those coming in have not necessarily had access to the training that was given to their predecessors:

> *'...CPD social workers have been appointed on a temporary basis, new social workers are not prepared, not trained and supported...' (National NGO)*

> *'They [CPD social workers] have been trained to prepare children for foster care placements, but not to reintegrate'(Regional authority manager)*

> *'...a key problem for practitioners is the CPDs they have high caseloads 100 or more cases, not supportive structures and not enough expertise...'*
> (National NGO)

Recruitment, preparation and training of staff for the new FTPCs has also been problematic for a range of reasons including low salary levels, the changing demographics of the 'children' with disabilities moving to FTPCs from the Disability institutions and administrative issues to do with the way that the FTPC funding is being managed.

'there is a gap in the education system, especially about multiple disabilities... the criteria and selection process for FTCP care staff is a challenge...I'm not sure whether we can find them.' (Regional authority manager)

'...the salaries are laughable... the methodology for recruiting staff is a barrier to creating a good developmental environment for the child.'

(Regional authority manager)

Training and support of FTPC staff is, however, of critical importance:

' Social workers and carers need support and supervision otherwise they come up with makeshift solutions. People who work on training and education fail... to share good practices' (NGO group consultation participant)

'The inception training included rules and methods to communicate and answer to the child's needs having knowledge of the specific diagnosis of each child. At the time of bathing, feeding, types of games, verbal and non verbal communication.' (FTPC staff members)

Staff retention at new FTPCs has also been an issue, one regional authority manager reports 'I heard that in some regions 70% of the FTPC staff has already left'. Another regional authority De-I project manager comments:

> *„The service was supposed to be delivered only for children but it happened to be for young children and adults as well. This was unexpected and some of the staff quitted. We have persons of 36-44 years old and were not prepared for this. Our clients are with many disabilities and retaining staff is a risk factor."*

Overall, the National Strategy and the Vision outline a strategic objective and set of activities which are focused on a systematic building of the professional capacity of social workers and other key personnel such as FTPC care staff, specialised foster carers and community based auxiliary service staff who are of critical importance to the achievement of the goal of the Vision. Some steps have been taken towards achieving this building of capacity during the implementation to date, but a longer term view and more systemic approach is required in order to ensure that workforce planning for the child care system can meet the current pressures of the deinstitutionalisation process and the challenges of the changed system in the months and years ahead. This concerns all areas of child and family social work including family support and prevention of separation, reintegration, child protection, foster care and adoption, family type alternative care provision but is of critical and urgent importance in relation to disability services for children of all ages, for young adults and for older adults. This concern about professional capacity across the wider system is widely shared and acknowledged at all levels of the system from front-line practitioners through service managers, municipal and Regional decision makers and at the national level among NGOs, state agencies and Ministries.

5.7. Does the implementation of the Action Plan lead to the improvement of child welfare?

As the Action Plan itself highlights, in order to answer this question, there is a need to define and legislate for an understanding of 'child well-being' or child welfare that can be commonly understood and applied across the spheres of child protection, social care services, education, health, justice, social protection and community development. This review was not an evaluation of the impact of the Action Plan implementation on children and young people, their welfare or their care. It was possible to gather some perceptions from the child welfare professional community and from a very limited sample of young people, but this cannot in any way be considered to be a definitive assessment or evaluation of whether there has been 'an improvement of child welfare'.

Many respondents interviewed for this review expressed concern about whether the reliance on Family Type Placement Centres, and other small group home type services, that are so central to the strategy of the Action Plan will actually end with children continuing to be institutionalised, but just in smaller institutions in new locations. A common discourse across all those interviewed was about the 'danger of re-institutionalisation', 'is it going to be the same institutions just smaller?', 'new small group homes are not so different', 'it is important to take the institution out of the child, not the child out of the institution'. This concern was reflected in anxiety about the size of the FTPC s – '12 permanent places + 2 for emergency placements' – among the professional community; about the lack of additional staff and other specialised resources for children (and adults) with disabilities - several respondents mentioned that the standardised FTPC service specification was 'designed for children without disabilities' in terms of inadequate funding for this type of service and a lack of support services in the community; in concerns about whether former Disability institutional staff can or should be recruited into the new services as they may just perpetuate their 'old practices'; and concerns about the standard design for

the FTPC buildings which many respondents perceive to be 'more like small institutions than family type housing'.

There is also a concern expressed by many government and non-government child welfare professionals, whether service providers or decision-makers, that the careful two-stage process of individual assessments that has been carried out is being compromised as individual care plans are in danger of being sacrificed in a scramble to fill empty FTPCs so that funding conditions can be met. As one NGO elaborates: 'These funding conditions were expressed in the "Methodology for financing based on the existing financial standard for state delegated services and it will be used in the two schemes - "Life in the Community" and Component 2 of "Let's leave no child". The Methodology stipulates that funds for the service are going to be calculated on the actual number of users, not on its full capacity. It is the Methodology that has led to the need of expanding the target group, uncertainties about the "lists" and unnecessary filling of the capacity of the new services, which raised concerns for "re-institutionalisation".'

The Action Plan provides for a 3-6 months process of FTPC staff and children meeting each other prior to the transfer to the new facility and for children to visit before making the move, but in reality it is not always possible for this to happen as planned: 'Three meetings between the new staff and the children and young people were organized in the institution before the actual transfer to the new facility. There wasn't transport for the children to visit, so we showed them photographs of where they will be moving to.'(FTPC staff).

Attempts have been made to ensure that children and young people (and adults) from the Disability institutions and Infant homes have been involved in the decision-making processes as far as possible through case conferences in the second stage of individual assessments undertaken in 2012 and 2013, in order to ensure that good decisions are being made about care plans and to ensure that the best interests of each individual child are being determined and listened to. It has not, however, always been possible to involve children and young people. According to a report on the case conferences from the NGO Lumos (Lumos, 2013) – 25% of children and youth in Disability institutions and 5% of children over 3 with disabilities assessed in Infant homes were involved in their case conferences and took part in decision-making.

Three young men who had left large-scale institutional care and are now living in a protected house for three months were interviewed for this review and they observed that when living in a smaller group environment, 'the staff can't ignore you and just sit there drinking coffee...I think it is better like this; to be in an apartment rather than in those big buildings. There you just eat and learn nothing.' They also suggested that in large-scale institutions younger children are more vulnerable to violence and bullying from older children and in a smaller, more 'family-type' environment, any violence will be more visible and can be minimised by the staff.

One NGO, the Center for Independent Living[14] conducted an in-depth interview in 2012 with four young people with disabilities who had moved to a small group home (SMG in the quote below from the CIL website) from an institution and recorded the following perceptions:

> *'I felt better in the large institution. When they got me here, I couldn't stop crying for a week', says a young woman living for the last couple of years in a brand new SMG. Another client of the SMG 'service' shares: 'I miss the social institution. If I could choose I would have stayed there and never moved here.' Still another inhabitant wondered: 'The furniture is new, everything is brand new and clean, but it was better before... I don't know why, I had everything there… More people around.' The young lady quickly finds an explanation: '…it was better in the previous place because each room had a bathroom. Here we have two toilets altogether, one of which is for the staff only. When*

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14 Center for Independent Living, Re-I of De-I, 27.03.2013 http://www.cil.bg/en/News/27.html - accessed 19.05.2014

A Children's home director interviewed for this review who had previously been the director of a FTPC perceives smaller institutions to be better as 'children receive better care and the staff has time to give more attention' but, she continued, 'some children want to be referred to FTPCs and some don't, especially those over 12 years old, what should happen if a child doesn't want to be referred?' This director stated that she was 'happy' with the process of individual assessments and 'hopefully the assessments will be implemented'.

To a lesser extent foster care, the other main foundation block of the Action Plan implementation to date, is also causing concern among some respondents, especially among child care professionals, both government and non-government. There is concern that foster care services have been established by newly recruited social workers who have little or no previous experience and insufficient training and support. Several respondents share the perception that foster care has been developed as a catch-all alternative care service without understanding the potential for it to function as a 'supportive temporary service for children and families' in order to prevent separation.

According to many child care professionals who took part in the review interviews, foster care has been largely used for babies and young children and not for older children or for children with disabilities and that when it is used for young children without disabilities it is usually for temporary care prior to adoption 'There have been no placements into foster care for children with disabilities [from the Infant home in this Region].'(Infant home director, Vratsa).

BOX 2 - CASE STUDY – A FOSTER MOTHER CARING FOR TWO CHILDREN

One foster mother, a former Infant home staff member, shared her experience of taking a child with disabilities from an Infant home for foster care and then agreeing to take a baby for an emergency, short-term preventative placement. She reports that she passed the necessary trainings, is being visited once a month by a social worker carrying out monitoring visits and 'strict checks on the environmental conditions, the number of beds for each child'. She described how it was she who took the initiative herself to organize and finance a surgical operation for her foster child which improved her condition and she started to walk. Another evident improvement she reports following the placement of the child into her care was the communication skills of the child:

"The child I took had an incompetent diagnosis. It was written that in the future there might be a need for orthopaedic surgery, even several operations very expensive ones. I even asked the social workers whether a financial help can be expected for these operations. Their answer was that I have to pass the TEMC and to start to save this money and invest them in a surgical operation. The moment I saw her, I was sure it is not this diagnosis and I started to search for a doctor by myself"... „Apart from the diagnosis, there were no other prescriptions about how to care for the child and no other specialists were visiting us with advice. I am a nurse, after all...When I took the baby the first child became very aggressive, even wanting to drink milk from a baby bottle. I bought the same bottle for her as the one of the baby...Nobody was consulting me about how to deal with the two children at once"... „I do not know about any plans or what would happen to the children. For the baby I was simply called on the phone one day unexpectedly. The social worker told me the case and said they do not have another family. We discussed it at home and decided to take the baby, a newborn, of a Bulgarian that wants the baby but needs some time to take the child with her. Some days after the child's birth they took me to the hospital, which is in another village in the region and I took the baby. We went together and met with the mother. Since then she is coming every month to see her child." (Foster parent, focus group participant, Montana)

While the case described in Box 2 is just one case and cannot be taken in any way to be representative of a whole body of practice across the whole project, it does illustrate several points both in support of the concerns of the professional community and in contradiction to them – foster care in this one case has been used in a range of ways including to prevent placement into Infant homes at birth and for a child with disabilities; although there is a widely held perception among some respondents that foster care is not being used for children with disabilities, both this case and the statistical data above on Infant home closures indicates otherwise; the professional community is probably justified in having concerns about how foster care is being implemented by municipal social workers who have inadequate training and support as the foster carer in this case does not seem to be aware of a care plan for either child in her care, appears to be receiving little support beyond a monthly visit from her social worker and if reintegration with the birth mother of the baby is the intended plan, then monthly visits and an open-ended stay in foster care are unlikely to be adequate for paving the way for a successful reintegration. Presumably there is more work being carried out with the mother of the baby, but the foster carer is not aware of it.

A representative of the National Foster Care Association who took part in the NGO group consultation summarises the concerns about the way that foster care is developing as follows:

> *'It is bureaucracy-ridden. Foster families are being exploited by the government, nobody knows what is really happening with kids in foster care. For example there are not adequate health assessments, not enough support for foster families. The CPDs move children from family to family with no lesson learning. Sometimes poverty is a trigger for removal of children into foster care placements and this is giving foster care a bad image'*

According to the NFCA in written notes submitted to the review team in June 2014, there are several issues reported by foster carers which justify the statement that 'foster families are being exploited by the government', which can be grouped into three main areas for concern:

1. **Contractual arrangements** which do not protect the labour rights of foster carers and their entitlements to sick leave, holidays, respite care and other support. The expectation that foster carers should have no other employment even though national legislation does not forbid this.

2. **Payment arrangements** including delays to or cancellation of one-off allowances for personal belongings or equipment for the foster child, late payment of foster care allowances designed to cover the costs of providing care to the child, absence of payment for transport costs for participation in organised training, visiting service or during the process of meeting their foster child, absence of payment to cover the costs of keeping a child's documents up to date for children who are going on to adoption.

3. **Placement arrangements** including lack of involvement of, or communication with, the foster carer about the care plan for the child, the planned length or purpose of placement, about the child's history or health situation; foster carers may have expressed a preference to care for only some kinds of children, but then children are placed with them who have a different profile; foster carer support system is experienced by carers are being focused on checking up on them rather than supporting them or increasing their capacity or access to other services for the child.

Without an in-depth evaluation it is hard to establish on the available evidence exactly how foster care is being used at this stage of Action Plan implementation, but the overall impression is of foster care being used in a growing range of ways without a consistent body of practice or set of standards having yet been applied within set service specifications although they are in the process of being developed. There is a concern among some respondents that without concerted action, there could be a risk of harm coming to children in inadequately prepared and supported foster families..

The Agency for Social Assistance states:

'A strictly regulated framework is designed for the provision and development of [foster care] services... measures and actions for improving the quality of foster care in 2012 and 2013 have included:

● Updating the Methodology for the terms and conditions for provision of the service in accordance with the legislative changes from inter-institutional work group

● Development of Standard # 14 related to synchronization of the foster care procedures with the adoption procedures (the standard is included in the updated Methodology). The Standard consists of 2 procedures – for national adoption of foster children and for international one;

● **Development of Guidelines for cooperation and interaction** when implementing administrative procedures for adoption (national or international) of children placed in foster families, social services – residential type, specialized institutions

● **Updating of the Training Programme for candidates for foster family** (annex to the Methodology)

● **Development of a tool** – methodology for assessment of the quality of the social service "foster care"

● Provision of official letters to RDSAs with guidelines to support the process of provision of foster care in relation to legislative changes, as well as for coping with the above problems

● Work meetings with RDSAs to present the achievements in development of foster care as well as some challenges and problems

● A project activity is "elaborating a draft of financial standard for the foster care service". To the present moment, this draft is developed by two university professors and is expected to be presented to the inter-institutional work group. This will contribute to changes in state legislation that will enable foster care to become a state delegated service'

The ASA emphasizes, and this review confirms, that here have been some very important results in relation to the development of foster care since the beginning of the implementation of the Action Plan. There has been an increase in the number of foster carers available to children overall, there has been an increase in the number of older children using foster care and in the number of children with disabilities using foster care. According to the ASA, '…as of April 2014 and as part of the project, 1295 children have been provided with foster care – 612 children were aged 0-3 years, 659 were aged 3-14 years and 24 children were aged 14-18 years. Of these 76 children were with disabilities.'

As stated at the beginning of this section, it is not possible to give an evaluation of whether 'improvements to child welfare' are being achieved without a full, participatory evaluation, but based on the evidence available to this review the following observations can be noted:

● if the FTPC visited for this review was typical of all FTPCs, then they appear to be located within communities and although they do not look like domestic housing, they are well-constructed and fit for many possible purposes as community based services, including small-scale residential units

● physically moving children from the isolation which is typical of most Disability institutions into the community has the potential to bring enormous benefits eventually that will improve child welfare and well-being; these benefits can accrue where genuine social inclusion has been achieved; it is understandable that these benefits may not be evident immediately as a process of deinstitutionalisation has to take place for the child herself or himself as well as a process of knitting the FTPCs and into the fabric of the local community and helping their residents to find a place and be actively engaged in the life of the community – both of these processes can take considerable time

● lessons learned from the Mogilino, Teteven, Gorna Koznitsa and Shiroka Luka closures which have been documented (Know How Centre, 2013; UNICEF, 2013) show that there are undeniable child

welfare gains from moving children into small-scale care, even if it is not immediately 'family-like' and if links out to the education and social services in the community are not established straight away

- many of the benefits of living in community-based FTPCs will depend on the ability of the FTPC staff and the staff in the wider municipal and Regional network of services to ensure that the children living in FTPCs can take part in 'normal' activities outside of the FTPC itself including school, day-centres, municipal sports, culture activities and employment

- the foundation appears to have been laid for a foster care system that is accessible to more children than before the Action Plan implementation, this may require consolidation and fine-tuning, but the benefits of foster care, especially for young children have been well-documented. While it is right to have healthy concerns about inadequately supported foster care, it seems likely that children who have been moved from Infant homes to foster care or who have entered foster care instead of Infant homes are benefiting from 'improvements to child welfare'. These improvements can be sustained and shared to even more children in the future as long as the system is being underpinned by systemic application of quality standards in foster care including implementation of child protection measures at all stages of the fostering cycle, strong assessment and training of carers, support for carers and for children in placements, regular reviews of care plans with clear goals and objectives being established for each child in a foster care placement, child participation in decision-making, support for children to maintain links with birth families where appropriate, strong monitoring and leaving care support. The development of foster care further could benefit from greater involvement of foster care specialist NGOs in the elaboration of standards and legislation.

CONCLUSIONS –
STRENGTHS AND WEAKNESSES
OF THE ACTION PLAN
AND ITS IMPLEMENTATION

6. Conclusions – strengths and weaknesses of the Action Plan and its implementation

STRENGTHS

Political will and commitment

Nearly all respondents cite political will and commitment first when asked about the strengths of the Action Plan and its implementation – as one participant at the NGO consultation meeting undertaken for this review commented: '*Government has brought NGOs and municipalities along*' and another emphasised the importance of the '*high level commitment at the beginning between institutions at the national level*'. Several respondents noted that although there have been delays, the political commitment and focus has been maintained in spite of a 'politically frustrating year'. The EU project manager interviewed for the review also perceives that '*Bulgaria has a very good policy framework, there are some challenges in implementation – to ensure continuity from one government to another, not to lose momentum and ensure a continuous commitment from government to government*'.

Senior government representatives from both of the main Ministries responsible for implementing the Vision and Action Plan have a strong understanding of the process and confirmed the political commitment of the new government:

> '*Closures will happen as planned of specialised institutions ...*
> *Stays in institutions cause damage to children, it is vital to establish a family*
> *environment and balance this with the need for speed. We have to continue...*
> *De-institutionalisation is a deep-seated and deep-rooted political,*
> *institutional reform*' (Deputy Minister of Labour and Social Policy)

The Ministry of Labour and Social Policy also expressed the conviction of the Government that the process of deinstitutionalisation that has begun with children must also apply to '*...the elderly and adults with disabilities, those who require long-term care. The UN Convention on People with Disabilities has to be integrated into legislation.*' This echoes the EU perspective that De-I is a social policy priority in Bulgaria, with an additional affirmation that '*children will nevertheless be a focus*', which will continue to have EU support. This is a welcome and important acknowledgement of the need to extend the scope of the Vision which means the door is open for the development of a comprehensive disability policy that can ensure the children with disabilities who are being deinstitutionalised as part the Action Plan can have a strong hope of never being sent 'back' to large-scale institutional care as adults.

Also notable as an important feature of the political will and inter-sectoral commitment to the reform is that the child welfare NGOs have organised the Coalition 'Childhood 2025' which provides broad-based unified backing to the implementation of the Action Plan. The coalition has the potential to act as a non-government counterpart to the big decision-making Ministries and appears to be involved in a constructive and ongoing policy dialogue with the government. As noted in the Common European Guidelines on the Transition from Institutional to Community-based Care[15], NGOs have a range of roles to play in good deinstitutionalisation processes, one of which is to help sure that momentum and commitment to reform is maintained when changes in government take place.

Another manifestation of the strong political commitment driving the Action Plan implementation can be found in the broad consensus among nearly all stakeholders that 'what has started needs to be completed'. While many stakeholders have concerns about implementation to date and identify a number

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15 European Expert Group on the Transition from Institutional to Community-based Care, November 2012

of risks and challenges which are discussed in the next section of this report, there is nevertheless a strong commitment to an 'irreversible' process that has to be seen through to its planned conclusion

Clear vision that is understood and owned by a range of stakeholders at all levels

Respondents at all levels and from all sectors, from front line practitioners through to the most senior decision-makers, communicate strong understanding and ownership at all levels from of the key elements of the Vision and Action Plan:

> *'[Strengths?] the Vision and principles and key approaches, the concept of De-I – this all brings the stakeholders together' ... 'ownership by civil society and municipalities'... 'the plan establishes responsibilities and commitments including legislation and attitude change' (not just five projects'...(*participants, NGO consultation group)

> *'From the outside it looks as if the Ministry of Labour and Social Policy is leading and in charge, but there are responsibilities at all levels and across sectors.'* (Deputy Minister of Labour and Social Policy)

Regional and municipal respondents commented on the success of the Vision and the Action Plan in creating 'good synergies between structures and levels' and one Mayor noted:

> *'De-Institutionalisation is not just a word, day-to-day we implement this. We have clear objectives, implementing policies and we take maximum care in moving children'.*

A Regional authority Agency for Social Assistance representative added that 'inter-institutional relations are very strong, state, municipality and NGOs work hand in hand.'

Municipal and Regional government participants from a Region which is not participating in all of the 5 projects' activities, demonstrate less vigorous ownership of the Vision than some other stakeholders, but nevertheless there is an evident strong understanding of what needs to be done in the Region across all areas of the Action Plan and evident results

> *'Three years ago we had 130 children in the Infant home, now there are 42 children...bureaucracy has reduced and adoptions have been accelerated... children stay for shorter periods of time. Compared to other regions foster care has been slow to develop, but we have families well-established with 2nd and 3rd children being placed. The reasons for the reduction in numbers of children in the Infant home are better prevention in the maternity ward; quick reintegration – children are placed for treatment and then returned to parents.'* (Infant home director)

Thorough and professional individual assessments for all children with disabilities over 3 years being moved into community based services are cited as a strength by nearly all respondents.

> *'The process started with detailed assessments, with additional resources, we were able to identify important factors in children's needs. The assessments are constantly being updated. The second assessment – a conference of teachers, friends, significant adults, the children themselves took part. This was very important for taking decisions... A service map was developed based on children's needs.'* (Vratsa, Regional authority consultation group)

'Individual assessments are one of the strengths of the implementation'
(participant, NGO consultation group)

There are some concerns among many respondents, however, as to whether the individual assessments and plan are being implemented. The delays in building services have also meant that plans are being acted upon at a much later stage than the original assessments and even the second assessment/ case conferences. Many children who had their second assessment/case conference in April 2013 are still waiting for the plan to be implemented a year later – in the words of one national government representative '...*there has been a lack of synchronisation of timing for the 5 projects*'.

SOME ELEMENTS OF THE DESIGN OF THE ACTION PLAN CAN BE CONSIDERED TO BE BOTH STRENGTHS AND WEAKNESSES.

The focus on deinstitutionalisation of children with disabilities *and closure* of 8 Infant homes and all Disability institutions as a priority has meant that there is are clear, short-term and achievable objectives towards which all key actors have been working. It is a weakness, however, that the focus on moving children out of the large, old institutions for children with disabilities has probably contributed to prevention and family support becoming a secondary priority and to the sidelining of the Regional plans as a driver for service development. It is possible that in the eight pilot areas of the POSOKA: semeistvo project, the prevention work has been more successful and the Regional plans have been used more systematically to plan and develop services. This question of Regional plans implementation is discussed further under 'weaknesses and challenges' and in section 7 of this report which suggest recommendations for the next phase of the Action Plan implementation. Some respondents suggested that the strategy of developing new infrastructure to which children with disabilities can be moved has been an important way of motivating municipal authorities to be involved in the deinstitutionalisation process as the very tangible building projects that this has entailed are a good way of engaging them in the process '*to motivate municipalities to build houses and to pay attention to this issue*'.

The staggering of the Action Plan implementation by phasing in new services gradually and piloting some types of institution closures is seen by some respondents, mainly Regional and municipal authorities and service managers, as a strength of the Action Plan design:

'Phasing in and piloting has been a strong aspect of the implementation.'
(MoH experts)

'It's good not to have done it [de-I] en masse, but as a gradual process, the longer it takes the better it will be for all concerned.' (Infant home director)

Some other respondents see the process as having been too slow and the delays caused by the contracting procedures for the building of infrastructure as symptomatic of municipal authorities putting up obstacles to the deinstitutionalisation process ... '*municipalities in small villages with old institutions are causing delays and putting up barriers*'(National government decision-maker); '*the process has been centrally driven so it has been difficult to convince municipalities to invest in these services for children.*' (participant, NGO group consultation)

Building on lessons learned from previous deinstitutionalisation processes

The Action Plan itself emphasises the need to build on best practice and many respondents highlight that there has been some success in this regard. One NGO notes that now there is a '*welcome for children moving to communities, three years ago there were problems*'. Another highlights '*being able to learn from mistakes*' as a key strength of the implementation.

A number of NGOs however are not satisfied that the government has based its strategies and approaches sufficiently on existing good practice especially in foster care: '*We have applied internationally recognised standards to its foster care services, documented them – it is a ready model. Why not use it?*' (NGO consultation participant), but also in prevention and family support – see a discussion of early intervention services below. The EU also perceived a need to do a lot more in '*internalising the suggestions of NGOs, in consultation with NGOs, while recognising that NGOs may sometimes be pushing their own agendas and interests and understanding that the Bulgarian government may have had concerns about NGO capacity in the past to manage EU funds, there is now more confidence in their ability – the EU wants NGO experience to influence both design and implementation*'

While there appears to have been some attempt to ensure that evidence is being gathered from evaluations and monitoring that can help to inform both practice and policy developments moving forward, for example through a series of evaluations by the Know How Centre, these have not been officially commissioned by the government as part of the implementation of the Action Plan and the plan itself does not appear to have set aside resources committed to assessing good practice and supporting its replication as part of the implementation. Commitment to building strong evidence-based policies and practices appears, in the words of one respondent, to be '*lukewarm at best*'.

Large investment in infrastructure for community based services

As discussed above, this investment into new buildings for community based services and into the costs of getting them established, staff recruited and trained represents for some respondents a strategically important activity from the point of view of engaging municipal partners in an activity they can understand, a point of entry into the deinstitutionalisation process. For others it represents the necessary pre-condition for moving children with disabilities out of social isolation in large institutions and into the community at least on the short term. Either way, the emergence of community-based facilities, whatever their shortcomings, that can be used to create 'family-like' care settings can be counted a strength.

For some respondents however, the expenditure of large amounts of money on buildings just to create smaller institutions and the danger of 're-institutionalisation' outweigh these benefits and the investment in infrastructure can be considered a failure of the Vision:

> *'Social neglect rather than disability has meant they [children] are not prepared for independent living. Parallel and separate systems are being set up, small group homes are the worst part of the reform.... What is needed is inclusion. In the health and rehabilitation system; integrated education, inclusive education - speech therapists and specialist staff in mainstream settings...housing in regular residential areas, private space – one room for each child; replace social workers with carers trained to take care of the children in the way they would their own children; specialised foster care for children with disabilities...'* (NGO consultation participant)

This issue was highlighted also in a report[16] on lessons learned from the closure of the Mogilino Disability institution:

> *'It seems as if sheltered housing is generally created where there are buildings and municipal structure or organisation ready to invest in project development and management of the future service. Focusing on buildings and not on people leads to the uncomfortable feeling that people with disabilities are used (once again) for job creation and absorption of funds.'*

The Centre for Independent Living also highlights the possible high level of profit available to construction companies from this activity and the risk of corruption that accompanies any construction and infrastructure projects[17].

On balance however, the move to small-scale residential units in the community is accepted as a necessary step by most respondents as summarised in these comments from one 'Childhood 2025' coalition member

> *'We agree that there are risks of "re-institutionalisation" especially after the adoption of the Methodology for funding of the FTPCs established under the projects, based on the actual number of placed children, not on their capacity, but we think we should be looking for ways to prevent these risks, and not fully condemn FTCs (or other type of small group homes) as "small institutions". In our opinion, they are a necessary transition period in the DI process (hopefully short), especially for children and young people with disabilities, allowing them to go out of the social (and geographical) isolation, which they are currently in, and develop social skills and self-confidence for a full life in the community.'*

The EU representative interviewed also agrees that there is a need for community-based services and that '*…inclusion is the ultimate goal. The form it takes depends on what is affordable balanced with the numbers who need the services and with standards. I've seen small group homes for 6 children with terrible services and for more than 10 with good services, it is not only about numbers.*' According to government representatives at local, Regional and national level, the FTPCs will become state delegated services and will be funded according to their capacity. This tends to indicate that the current concern with the funding based on number of children placed is temporary and will reduce once the services transfer to the State budget.

WEAKNESSES AND CHALLENGES

Prevention and family support needs strengthening even in regions with comparatively developed networks of community based support services

As the monitoring data discussed in section 3 of this report illustrates, and as many respondents who participated in this review confirm, prevention and family support services have not had the attention they need to become effective in preventing entry into formal care as a whole, not only institutional care. There are examples of good practice across the country documented in a range of reports and identified during this review, but these are not being implemented in a systematic way in all municipalities.

There appears to have been some success in prevention and family support interventions in maternity hospitals reported by many stakeholders, but the monitoring data presented in Figures 4-6 and 10-11 above does not entirely support this perception. There are fewer referrals into Infant home care

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16 Assessment of the Closure of DDMUI – Mogilino, Summary in English, UNICEF Bulgaria, October 2013
17 Center for Independent Living, Re-I of De-I, 27.03.2013 http://www.cil.bg/en/News/27.html - accessed 19.05.2014

from maternity wards, and it seems likely that this is mainly because of more successful prevention in maternity hospitals as discussed above, but the available data does not offer conclusive evidence of whether there are fewer preventions of relinquishment or whether the same numbers of relinquishments are happening and children are being placed into foster care from the maternity ward. The adoption data shows a small drop in the number of adoptions per 100,000 infants aged 0-3 years in 2013 and this could be because of improved prevention work, but overall the numbers of children in formal care have not decreased. With further data it should be possible to disaggregate the infants from the overall child population and establish whether the proportion of children in formal care aged 0-1 or 0-3 has fallen in 2012 and 2013 which would be a clear indicator supporting the reports of the 'POSOKA: semeistvo' project and NGOs that successful prevention has been taking place rather than more children having been moved from maternity wards into temporary or long-term foster care.

Nearly all respondents identify the need for the Action Plan to focus more on prevention and family support:

> *'... parents need help to accept their child's disability and see their child's future, to prepare their child for independent living. There needs to be assistance for the child in the setting where the child should be – in kindergarten and school, in rehabilitation services, in employment. Help is needed from peers, disability advocates, not specialists...'* (NGO consultation participant)

> *'...there is a lack of focus on prevention. Interagency work ie between education, health and police etc is happening, but inappropriate and unnecessary placements on the basis of poverty alone are still happening. The need to establish links to poverty alleviation is a priority...'* (NGO consultation participant)

> *'...prevention is falling behind...'* (National government representative)

> *'...work with parents has been left out. Working with parents and prevention is not only about poverty, it is multi-dimensional across all social protection areas. There is more room for involving NGOs in working with parents to prevent inflow of children, sometimes NGOs can do this better than the State...'* (EU representative)
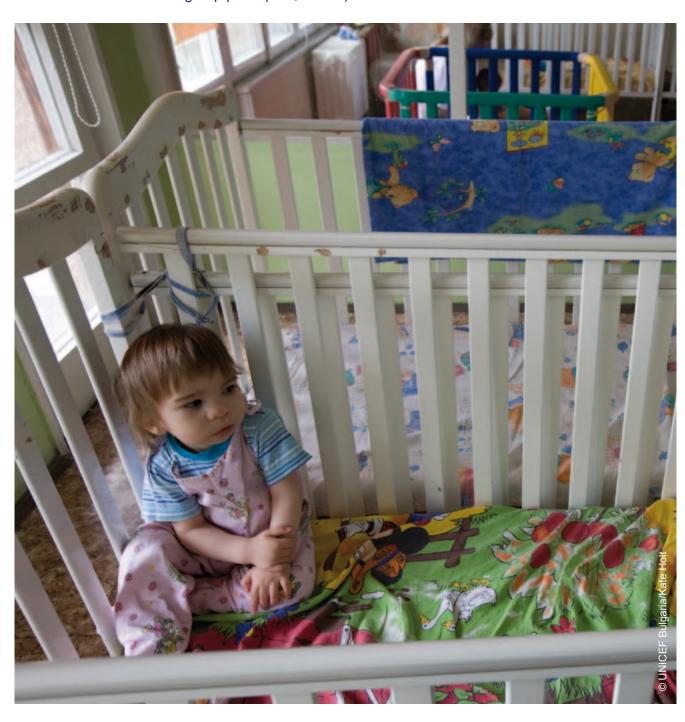
And to take a more systemic approach to prevention:

> *'changes in legislation, a family support act was planned but never materialised – social support, social services law, education – this social infrastructure has not happened'...'the 5 projects are a Ferrari and the legislation changes are a horse drawn cart'...* (NGO group consultation participants)

> *'A lesson learned is that there has been a lack of work on prevention with families, this is a priority and needs to be done with EU support. Early childhood development, kindergarten, parents, nurseries... Secondly, municipalities and NGOs need to be more involved – how are the structural funds being used to operationalise the family support and prevention?' (*NGO group consultation participant)

There is a need to define 'formal care' and whether Guardianship of relatives is considered to be a type of formal care or whether it is counted as successful prevention of separation. The UN Guidelines on Alternative Care for children clearly defines Guardianship ordered by a competent authority as formal care.

Montana Region municipal services shared success stories about prevention, but Vratsa Region services revealed an inability to deal with perceived 'causes' of relinquishment and 'bad parental behaviour'. In both Regions there appears to be a tendency to blame parents, especially parents of Roma origin, for having too many children in order to gain financial benefits 'child birth is a sort of a business because of social benefits' which reveals the impotency of the system when addressing poverty and social exclusion. Parents' experiences in Vratsa confirm prejudice of specialists in social services organisations about Roma families and the lack of skills to work with marginalised families:

'I stopped asking questions about anything, because they just blame me for being Roma, and Roma women they give birth to many children and then live on social assistance. There are many cases like that, but why label all of us guilty. I am Roma and I am not ashamed of that.' (Mother of 2 children, focus group participant, Vratsa)

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Even in Montana, where the Regional authorities are proud of a long-standing commitment to deinstitutionalisation, family support and community support services, they also highlight the importance of adjusting the goals of the reform towards prevention and away from deinstitutionalisation:

> *'...there is a need for mobile teams for prevention; the big challenge is prevention, especially in the rural areas. Need for specialists (social workers, psychologists, with experience in working with families)'...'...our Region is working on many projects however the share of those having prevention measures is very low. There is a need for more projects focused essentially on prevention and not on deinstitutionalization.'*(Montana, Regional authority group consultation)

There are clear differences in the experiences of parents and the narrative of professional front-line child protection and family support social worker from Montana where there is a long history of developing community based support services and Vratsa where services are comparatively less developed. In neither case can these experiences be taken as representative or characteristic of all experiences of either system.

Roma parents from Vratsa shared their experience of a system which is quick to remove children rather than to offer support that can prevent a removal:

> *'Somebody calls them, they come in an hour or two, enter your home with police and do not care about anything you say. Just take them [the children]."* (Mother, Roma origin, CPD reintegration case, Vratsa)

Parents and young people from Montana described more positive experiences of prevention interventions.

The kind of services needed for prevention are very similar to those needed for reintegration – intensive social work interventions, working in partnership with parents to bring about changes in the family environment. While reintegration work is clearly happening in both Montana and Vratsa in some places it appears to be slow and not always effective:

> *'We can take a child from the home for some hours, but the reintegration process is very slow... The methodology is for about 18 months, sometimes it takes longer. If it is about prevention than it is a year.'... 'The successful cases are few. This process is very difficult. 3-4 cases can be mentioned. It is impossible for the reintegration to work this way. The greatest part of the requests for reintegration are by parents that just depose the documents to prevent the child to be registered in the adoption lists'...' It is pretty easy to forecast how the case would be developed. If it is a parent striving for the child, it could happen. But how to deal with parents whose children are for 10 years in institutions?'*(Municipal CPD and CSS Social workers)

These delays and the slow process of reintegration are confirmed by some parents as summarised in Box 3.

> **BOX 3 PARENT EXPERIENCES OF REINTEGRATION**
>
> Four parents, all of Roma origin, who are current clients of reintegration cases in the CPD shared the following common concerns during the focus group discussion:
>
> 1. Superficial analysis of the situation, however an immediate, up to 2 to 3 hours reaction on behalf of social workers, for taking the child out of the family;
>
> 2. Slow process of reintegration, especially for small children up to 3 years;
>
> 3. No regular feedback from the social workers about their case and the progress they make as parents.
>
> One mother shared her story: *„One night my husband was drunk and I decided to take my child to another place. When we came back home at 8p.m, we found the door locked. It was February and very cold outside. The police saw me and my child on the street and dragged us immediately to the police station, where a social worker took my child to an institution and I was asked to sign a paper. I didn't know it is about taking my child to an institution for 6 months. I was unaware what will come next. On the next day I went immediately to the CPD and asked my child to be given back to me. But the social worker showed me the paper I had signed. I didn't know it is about six months. It took me two months to bring my child back. But you have to be very stubborn. I was about to hire an attorney to help me but finally a worker at the Community Support Centre (CSC) helped me. You do not know what a trauma it was this stay for my child".*
>
> Another mother had left her children with relatives while she worked abroad: *„I came back from abroad the day after the CPD has taken my children and went straight to the CPD. I didn't know even where my children where. One was place in a Home in X, the other in an institution here, in the town, for 0-3 year olds. I was told that I am going to have my children back a month later. It is already 9 months that they are still there. On my request for reintegration I was redirected to the CSC and now I am waiting. What I hear is just promises."*
>
> Another mother of 2 children shared that she is *'waiting at any moment to have my children back. Since two months I am living in a rented apartment and that was the final thing they wanted from me. I am taking my child (4 y.o.) home for each holiday but nobody is telling me when to plan their coming back, nothing about a date. You just wait. They do not give the youngest children to be taken for holidays. You can just visit them at the institution."*

Montana professionals and service managers mentioned some bottlenecks in the system that impact on their ability to carry out effective prevention and family support work with families where there is a risk of removal of children from parents:

> *'There is a need to be able to provide financing from the first day of placement into foster care. There is a need for small amounts of immediate financial support when a child that can prevent a placement into care ... for one-off assistance for prevention and reintegration. The Child Protection Act of 2000 and regulations have to be reviewed. At the moment we remove the child and then work towards reintegration. It is important that foster care becomes seen as temporary.'*

According to the ASA *'the average number of opened cases per one social worker is 44 which leads to the conclusion that the workload and pressure on CPD's staff members is huge'*. At the time of the review, many other respondents also perceived the CPD social workers as having large caseloads '100 cases or more each' and CPD social workers in Vratsa and Montana both report caseloads of 60 cases. It seems likely that the capacity of services and the caseloads of CPD social workers varies across

the country and from municipality to municipality and that there is a need to rationalise this capacity and ensure it is being deployed to most effect. The ASA reports that '*as of the end of December 2013, there were 835 CPD staff members deployed and 220 people hired under the project 'Strengthening the capacity of the Agency for Social Assistance to improve the quality and effectiveness of social work' and that in 2013 these staff members participated in 18,885 legal proceedings concerning the rights or interests of children*'. It could be that significant additional resources are not required in order to strengthen prevention and family support work, rather a redirecting of existing resources into more effective services and interventions. The role of the CPD as a decision-making and gate-keeping mechanism in this system needs to be used as effectively as possible to refer children to the existing services that can meet their needs and the needs of their families as well as to ensure that gaps in services can be identified. It is possible that a detailed review of the caseloads and functions of CPD social workers will indicate a need to reduce the caseload to a more manageable number to ensure the best possible quality of decision-making in the interests of children. It is possible that the case manager function of the CPD social workers can be strengthened with the service delivery functions being more clearly assigned to other parts of the service delivery system.

Services for children with disabilities

The needs of children with disabilities seem to be seen by most stakeholders largely in terms of medical needs. It is not clear whether the International Classification of Functioning – Child and Youth version has been translated into Bulgarian or not. It is fairly clear that it is not being used in policy or practice development in the health or social sectors. It is possible it has been used at least to some extent in education reforms that seem to be underway and accompanying the Vision and Action Plan in a parallel process that is welcomed by most respondents in principle, but which appears to be problematic in implementation and which needs to be linked more closely to the Vision and Action Plan. Resource centres and resource teachers are supposed to be accompanying children out of residential or specialised education facilities and into mainstream education settings.

Prevention and family support social services for children with disabilities appear to exist in most Regions, but as several NGOs advocating for the rights of people with disabilities quoted earlier in this section of the report have noted, they tend to be parallel structures – day centres established to provide day services to children with disabilities rather than places for children with disabilities in mainstream child care, pre-school or school services. Parents of children with disabilities who took part in a focus group discussion in Montana confirm this assessment of services that stand separately from schools, health services and other mainstream services. They also highlight a lack of expertise on disability among staff working in these services. Ultimately these services, though better than nothing, don't quite meet the needs of their children or of themselves as main carers:

> **BOX 4 PARENTS OF CHILDREN WITH DISABILITIES ON SUPPORT SERVICES IN MONTANA**
>
> One mother of a 10 year old child with autism says, *'Our only support is the Day care centre where they care pretty well for the children, but they also lack specialists. They love the children, but do not have the capacity to provide the quality service to improve the condition of our children... American doctors and a specialist care for my child for which I am paying in Sofia, 3 times per week for 4 hours at a centre for children's therapy. In Montana the only possibility for your child is the Resource centre which is about one resource teacher caring for your child for half an hour per day and one speech doctor that is caring for all children in Montana and Vratsa regions and comes for a visit once per week, for an hour.'*

Another mother of a child with cerebral palsy points out that, *'10 years ago, there was not even a resource centre. Now I am happy that I can use the Day Care Centre. And I am also happy with those protection houses and I hope they will continue to develop them. Our children are at risk. They depend on us for everything. It is good to know that a quality service will be available in case something happens to us.'*

The parents highlight lack of coordination between health, education and social services as problematic and emphasise the critical role they play accompanying their child to all these services.

'The moment I started to visit the different institutions, each was working on his own. I had to choose from one to another advice. There was nobody to make a plan what to do step by step.' The capacity of the paediatricians is not sufficient; everything is concentrated in Sofia: *'When we got the diagnosis at the Psychiatry for Children in Sofia the attitude of the doctors was terrible. They just gave me the papers. There was no support from the doctors. „Your child is autistic, he is not going to visit school. You cannot change anything". And that was it.'*

An important issue is the disability assessment which is the key to accessing social services , but which appears to exclude the child from the education system: *'children with disabilities having a medical official statement for 50+% disabilities can visit the Day care centre. Such percentage is accepted by the Educational system that the child cannot receive an educational diploma, no matter what'.*

Other services for children with disabilities – early intervention services

The eight Infant homes which are being closed as part of the pilot under the Action Plan will be replaced, in the same building, by a set of services which are characterised by the Ministry of Health as 'health-social' services and by the Regional and municipal authorities and service managers interviewed for this review as 'early intervention services'. While this demonstrates a positive redeployment of resources from institutional care into outreach community based services, it is of some concern that these 'early intervention services' appear not to have been developed with an understanding of 'early intervention services' in terms of best practice in Bulgaria or internationally.

According the project implementation team in Montana, the six services being planned to replace the closing Infant homes come together under one roof called an 'Early Intervention Centre' and include services that are essentially health services:

1. Post-natal Mother and Baby unit for two mother and baby pairs. The unit will target babies born genetic disorders identified at birth. The unit will be used to *'train the mother in how to look after the baby'*.

2. Mother and baby health service – identify peri-natal problems for both mother and child, serving the whole Region.

3. Mobile grassroots teams – *'outreach work with under-age mothers to prevent premature births and to follow up after birth with feeding advice, physiotherapy and rehabilitation, immunisations etc.'*

4. Family consultations – ambulatory service for 50 new mothers, similar to the mobile teams, but based in the centre.

5. Day centre for 20 children aged 0-7 years with disabilities both from their own families and those placed in the FTPC

6. Specialised residential care *'for children with serious disabilities needing 24 hour continuous medical care 6 permanent beds and 2 beds for respite care for short periods'*.

According to the Ministry of Health team responsible for implementing the POSOKA: semeistvo project the planned services are: 1. Mother and Baby Unit, 2. Day Care Centre, 3. Family Consultative Centre, 4. Early Intervention Centre, 5. Centre for Maternal and Child Health, and 6. Specialized Residential Care for Children up to 7 years-of-age who need constant health care.

All these services are more medical mother and child health services than social services, and are only early intervention services in that they and the last service in this list appears to represent a reluctance to 'let go' of the children from the Infant homes who are perceived to be very disabled. At the time of this review there were 6 children still in residence in the Infant home – already a reduction from the 13 children resident at the end of 2013 recorded in the monitoring data analysed above – and it seems likely that none of these children will actually leave the Infant home but will be moved into the new 'continuous care' unit. A superficial observation of all six children by the author suggests that none of these children require 'continuous medical care' that could not be handled by a competent foster carer with good access to regular health services including to emergency services. None of these six children were oxygen dependent, or in need of dialysis machines or other life-support systems. Even if they had been in need of this kind of equipment, it is perfectly possible to provide this equipment in the home and train parents, foster carers or FTPC staff to operate it and provide parents or carers with nursing support in the home. There is no reason why these children should be left behind in residential care and there is no clear reason why planning appears to be taking place for 'continous care' services at the Ministry of Health.

The Ministry of Health states that it *'...clearly understands the need of every child to grow in a family environment, but at this stage of the DI process when there is a lack of families who are willing to take care of children with severe health conditions, MoH has to take care of children with disabilities for whom no family environment is found. That is the reason why we – MoH – create the service Specialized Residential Care for Children up to 7 years-of-age who need constant health care. MoH doesn't plan services for "continuous care" for children. What we plan is the service Specialized Residential Care for Children up to 7 years-of-age who need constant health care, i.e children with disabilities or illnesses, for some of them until reaching a stable health condition which will allow them to go back in their birth or foster family; for others, until finding a family environment that would be able to respond to their specific needs. In that new service it is not only the medical needs of the child that would be paid attention to.'* In the view of the author, however, there is a great risk that the medical needs of these children are far more visible than their other developmental, emotional, individual and social needs and there is a very considerable risk that their needs cannot be met in the kind of specialized residential care that is currently being developed even for short periods.

The needs of the six children observed in the Infant home could be met better in many cases by access to good quality assistive devices which could help them to be more mobile, enable them to communicate more effectively and therefore facilitate their move away from a setting where they are perceived as having only medical needs and into a family-based or family-type setting. The government has a programme for providing assistive technology and devices to children and adults with disabilities:

> *'People with disabilities are entitled to a targeted allowance for the purchase and repair of aids, devices, equipment and medical devices, included in the lists under Art. 35a(1) of the Law for Integration of People with Disabilities. This allowance is granted on the basis of an application-declaration submitted to the DSA at the permanent address of the person by:*
> *1. The person with a disability himself / herself, their legal representative or another person authorized by him / her;*
> *2. Legal representatives or families of relatives or foster families where children are placed under Art. 26 of the Law on Child Protection - for persons under 18 years of age;*
> *3. The directors of specialized institutions in which children with disabilities are placed.'* (ASA, notes submitted in response to first draft of this report)

As one NGO notes, however, there may be a need review the approved lists to ensure that they are up to date in terms of latest development in technology, equipment and devices for children and adults of all ages including young children:

> *'Quite often the age of the people receiving the assistive technology and their individual needs are not taken into consideration. Usually specialized children's chairs, strollers, etc. are more expensive than the planned in the list, besides some necessary assistive technology are not at all included. For parents of children with cerebral palsy is extremely difficult when they need to buy a suitable stroller, according to age and disability, or chair – there's nothing different from the list that they can get (paid by the state), and the children need special walkers, standing frames, etc. We think it is important that this list is updated and extended.'* (NGO comments submitted in response to first draft of this report)

Adults responsible for the care of children with disabilities, whether in institutions, foster care, FTPCs or parents in their own homes, need to know what assistive technology is available and how it can help to increase functioning. The children observed in the Infant home had no specialized equipment that could help to increase their gross and fine motor functioning, communication and other functions. One model of providing assistive devices to children is to create a 'library' where parents/carers can borrow a device, get help with having it fitted and learning how to use it, and then return it when the child grows out of it. Of course not all devices can be used by multiple users, but an assistive technology centre in every Region could go a long way to help increase functioning and inclusion of children with disabilities.

There is a model of early intervention services based in an NGO in Varna which is based on international best practice, has been evaluated[18] and which, according to the Ministry of Health has helped to inform the development of 'early intervention services' in the former Infant homes. This is a service for children under 3 years of age with developmental delays which supports parents or carers to understand their child's developmental needs in a holistic way, not only from a medical perspective and which works with parents as full partners, usually in the family home, in order to maximise each child's developmental potential. More information about early intervention services in Europe can be accessed through the European Association on Early Intervention – EURLYAID www.eurlyaid.eu

300 children may remain in institutional care because of medical understanding of disability

It is important to note that it was difficult to access data on the numbers of children and young people with disabilities in Bulgaria in order to be able to assess the extent to which this particular target group is being adequately served by community based services. Given that children are being assessed for the purposes of accessing disability benefits, day services and education services, it should be possible to gain at least some idea of how many children with which kinds of disabilities, of which age and in which locations in each Region in order to be able to forecast needs for services. The Regional planning assessments include some of this information, but it does not appear to have been aggregated up to the national level to support planning processes focused on prevention and reintegration.

A related and equally important issue, already touched upon earlier in this report, is that the overly medical view of disability in Bulgaria among a range of professionals has had a strong impact on the latest stages of planning for moves to community based services. The De-I implementation teams mentioned that 300 children are being further assessed for their needs for medical support services. According to the SACP planning experts, concerns seem to focus on 'difficult behaviour' which includes: explicit sexualised behaviours, 'aggressive' behaviour and depression. Mainly medical services and

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18 Early Childhood Intervention Services for Children with Disabilities in Bulgaria: an alternative to institutional care for 0-3, Research Report, Apostolov et al, Karin Dom Foundation, 2013

specialised care are seen by the Ministry of Health and other professionals as being needed for the children and adults who are perceived as having mental health problems. As one NGO comments, '*there is a serious misunderstanding of the term "challenging behaviour" and it is often interpreted as a disease, that's why psychiatric care and accommodation in mental hospitals or wards is resorted to'*. It is not conceived that these services could be provided by local health services and therefore, once again, there is the risk that the inability of the system to meet the needs of people with disabilities means they will be housed, for the convenience of the system, in isolated institutional care. If this ends up happening, then it will represent a huge failure of the Vision and the Action Plan implementation if it happens. In many cases these 'children' are in fact adults and this issue underlines the urgent need to define an all embracing policy on Disability that encompasses the whole life cycle and can ensure that community based services can rise to the challenge not only of addressing the immediate needs of the former long-term residents of Disability institutions, but of all children and adults with disabilities now and in the future.

Centrally driven process and administrative barriers to planning based on individual needs

As discussed above, the process in implementing the Vision and the Action Plan has largely been centrally driven from the top and this can be seen as a strength as it has helped to ensure commitment to a process that according to project managers in Sofia has been a '*first attempt to fund across a range of EU structural instruments*'. So, while necessary for generating and communicating political will and financial commitment, this centrally driven approach has sidelined Regional planning and decision-making and local ownership of both service planning and service delivery. The greatest risk with this approach is that the services being developed may not necessarily be needed and the decisions that are being made about redeployment of resources and staff have been taken out of the hands of the managing authorities at the local level. There is confusion among municipal and Regional authority managers about some aspects of the deinstitutionalisation process, for example about whether the methodology for the FTPCs permits recruitment of staff who were previously employed in Disability institutions or Infant homes and concerns that in their localities they cannot find other staff with relevant experience.

According to the ASA, the EU structural instruments that are funding the creation of FTPCs, protected houses and other infrastructure have to fund services to full capacity immediately. This means that places in newly opening FTPCs cannot be filled gradually on the basis of individual plans to allow the staff and new residents to gradually become acquainted, but have to be filled immediately. This appears to be having two consequences that are of considerable concern to nearly all stakeholders:

1) The plans for children are not being followed and some children are being moved to fill open places rather than waiting until their planned facility is ready to receive them. This could mean that children are being placed away from significant friends or away from family members who want to maintain contact with them. Once these services become state delegated and therefore funded by the state budget, the pressure to have full facilities will no longer be an issue as they will be funded on their capacity and not on the number of children in residence.

2) The FTPC staff, often newly recruited and without experience of children or adults with disabilities, are being placed under even greater pressure as their facilities are being filled quickly and without adequate time being given to preparation either of children or staff. Some Regions are experiencing high turnover of staff as a result or are finding it hard to recruit staff.

According to the EU, the EU structural instruments cannot be used to fund operational costs or 'daily running costs', but can be used for one-off additional coasts or to cover bridging costs such as temporary payment of social worker salaries. The EU asserts that

'...the design of the programme and rules for the use of EU funds are negotiated at the National level... the goal is not to fill the small group homes... If there is a need to change the way funding is used ... it is up to the Bulgarian authorities to justify the changes as long as it is used for social policy. The capacity, experience and communication skills of the authorities to justify changes has improved.'

To some extent, it is possible that the evident anxiety about 'the lists' of children and their planned placements are symptomatic of an opaque decision-making process. The 'lists' represent a consolidated referral plan based on the assessments and case conferences for referring children to a particular location and residential service and then sent to the municipalities, specialised institutions, the Child Protections Departments and Regional Directorates for Social Assistance. ASA has centrally managed the development of the necessary services in the designated locations and then given the relevant referrals the go ahead as new services have come online, or possibly amended the referrals in order to fill available services more quickly. Some of the alterations to placements created in this way can be adjusted at a later date, but for some stakeholders, this represents a failure to manage the process in a child-centred way, based on the best interests of children. Given, however, that many of the children and adults for whom detailed plans have been generated have been in long-term institutional care, their needs, interests and wishes are likely to change as they become 'deinstitutionalised' and gain a perspective on their community, their world and their life decisions that was not possible in an isolated institution. Many residents for whom the current plan is long-term residence in a FTPC or protected house may find themselves able to contemplate a more independent future after a period of adaptation – if they are properly supported and if their care services are structured in such a way to promote individual development and support inclusion and independent living. It seems likely that a third and then a fourth assessment review and planning phase will be needed in the coming years before this important task of deinstitutionalisation of the Disability institutions and Infant homes that were in place at the beginning of the Action Plan implementation can be considered to be complete.

Monitoring – baseline data and key indicators

The Action Plan may have contained inaccurate assumptions about numbers and types of services needed as it based estimated need for services in 2010 on data from 2009 and an assumption was made that this data represented a static picture. In fact the population in the system of institutions for children with disabilities, in Children's homes and in Infant homes has been changing dynamically for many years, but this dynamic picture was not accounted for fully in the assessments and forecasting made. A few key issues have emerged since implementation of the Action Plan began:

1. An assessment carried out by Lumos across the country identified that in around 53% of cases assessed the relatives of children with disabilities are willing to maintain contact with the child or young person in question[19]. While there is no indication that this willingness to maintain contact could lead to reintegration, but it certainly raises questions about the very low estimate, 5% of children aged 3 or over with disabilities, for reintegration which was used in the Action Plan when calculating need for community based residential services.

2. The population in the Disability institutions is ageing and, as SACP experts said during this review *'every day we count how many children have had their 18th birthday and are no longer children'*. The service mix foreseen in the Action Plan as needed for children and young people being moved from Disability institutions, may not be the same as the service mix needed for an increasing number of adults.

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19 Assessment of Families, Lumos, 2012

3. The data used to assess need for services was not complete as it did not take into account the existing small group homes services at the time of the planning or the existing foster care services. Nor did it take into account the existing networks of community based services and their experience and track record in achieving reduction in the rate of entry of children into the system of institutional care or formal care as a whole. The 'rule of thumb' approach to estimating the numbers of each type of institution in each region by dividing the national monitoring data by 28 regions regardless of their size and patterns of service use, has presumably been adjusted by the project implementation teams following Regional planning, otherwise the plans are likely to be extremely inaccurate and need urgent revision.

4. The focus of planning was on the networks of institutions rather than on the Regional and national systems of child welfare as a whole including the extensive use of Guardianship care, this means that the planning and monitoring has been skewed towards only a part of the system and the data for monitoring the whole system is being fragmented across several agencies and structures so that the whole picture of the system of formal care and of the family support system is difficult to gauge.

Complex management arrangements

The lack of a consolidated 'whole system' monitoring system is a symptom of the constrained inter-agency coordination and communication which seems to have been a feature of the implementation arrangements of the Action Plan to date. The gaps between planning by the SACP and implementation by the ASA and municipalities particularly illustrate the risks of complex institutional and management arrangements. It could be, however, that these arrangements are a necessary evil given the complex nature of the funding arrangements and institutional mandates of each of the Ministries and agencies involved and the creation of the Inter-ministerial group at a high level and the Expert group represents a move towards a more consolidated decision-making process.

Communications strategy

The Action Plan relies heavily on the idea that each of the project teams would develop and implement a communications strategy to meet the individual goals of their particular project – the foster care project would focus on recruiting foster carers, for example and the Childhood for All project would focus on preparing communities for the arrival of children and young adults with disabilities into their midst. Many respondents indicate that communication strategies have largely been unsatisfactory and there are important gaps in target groups who should have been reached, '*communication with municipal and Regional authorities has largely been effective, but communities are not ready, and we need to do more to communicate the Vision to parents and families*'. The parents and carers who took part in the focus groups for this review displayed some understanding of the Vision and the Action Plan, but mainly in terms of its most visible and tangible components, the FTPCs and sheltered houses in the community.

Legislation, sustainability and financing mechanisms

The political commitment to sustain newly developing community based services through delegated state funding appears to be strong, but as yet there is some concern among many stakeholders that the development of a mechanism for ring-fencing funding from closing institutional services and re-directing it to the new services has been delayed along with many of the legislative changes envisaged in the Action Plan. At the time of the review, the Ministry of Labour and Social Policy reported that it was in the process of establishing a working group for the preparation of a new law on providing social services which addresses, among other things, the links between social assistance and social care services. The Ministry also confirmed that it has established '*an expert inter-ministerial group to try and*

find a mechanism for transferring resources from old institutions to new services'. Many members of the 'Childhood 2025' coalition are concerned however that there is no information available about the progress of these groups in developing the necessary financial mechanism.

БА note on capacity for community-based family support work with families that prevents the separation of children from their parents

During a discussion about the first draft of this report, the Agency for Social Assistance, the Ministry of Health and several NGOs all pointed to successful work with families that has prevented the entry of children into institutional care and has successfully kept them in the care of their own families. Monitoring prevention is one of the greatest challenges for any child care system as it is monitoring that which has not yet happened. The available child protection and child care system data examined above indicates that the number of children in formal care as a whole has not fallen and may even have risen slightly between 2011 and 2013. In comments submitted on the first draft of this report the ASA highlights that the number of successful prevention cases rose in 2013 to 3137 children remaining in their families from 1932 in 2012. If this had been the case, then there should have been a commensurate reduction in the number of children entering formal care in 2012 and 2013 respectively. If the data could be disaggregated by region and by age, then it is possible that these reductions in entry into formal care will be visible at the level of individual Regions or for particular age groups or other vulnerable groups of children who have been targeted by family support and other prevention measures. It is also possible that some of these preventions of separation were in fact placements into Guardianship care, but the existing data does not make this clear and it is not clear whether Guardianship care is considered formal care or not. The ASA details an impressive array of measures that are used to support families and prevention separation of the child from their birth family including large numbers of trained social workers in CPDs and in Social Services Departments and Departments for People with Disabilities as well as the following cash assistance programmes:

> *"Provision of social assistance through implementation of a differentiated approach" programme, "Integration of People with Disabilities" programme, "Child Protection through a transition from institutional care to alternative care in a family environment" programme. The aim of the programmes is to provide financial support to vulnerable groups, including children, which is in compliance with and implementing the guiding principle for protection - keeping them in the family.'*

Prevention cases can only be counted as successful prevention cases if the child in question really was at risk of entering formal care. Generic support programmes are targeting a much wider target group of children and families than those who are at risk of entering formal care. It seems likely that in the eight pilot regions for restructuring of Infant homes the level of prevention has been higher than for other groups, partly as a result of active gate-keeping and partly as a result of more focused and targeted family support work possibly with relatives and extended family also, but the data provided by NGOs, the ASA, SACP, MoH and other participants in the activities to support families does not reflect this increase. Data that is disaggregated at the level of each Region and for the target age group would provide the 'proof' of successful prevention – a lower proportion of children in any kind of formal care (including Guardianship care if it is defined as formal care) among the relevant child population, combined with the data on increased service provision to prevent family separation.

RECOMMENDATIONS ON POSSIBLE ADJUSTMENTS TO THE ACTION PLAN

7. Recommendations on possible adjustments to the Action Plan

Recommendation 1. Complete the deinstitutionalisation process that has started and adjust strategic objectives to include whole system reform

Following the initial drive for deinstitutionalisation of the children being cared for in Infant homes and Disability institutions that has been the central feature of the Action Plan implementation to date and that is poised to be completed in the coming year or two, there is an evident need to consolidate and re-balance the strategic objectives of the Action Plan for the medium to long term and their accompanying planned results, activities, indicators and monitoring systems. It is important that the Action Plan implementation remains committed to finish the deinstitutionalisation process that has been started – to close the remaining Infant homes and Disability institutions and to begin closure of the Children's homes - but equally important to re-focus the priorities of the strategic objectives on whole system reform with an emphasis on prevention and family support for children of all ages, all Regions and all abilities, as well as continuing the drive to deinstitutionalise the formal care system. It is important that the Ministry of Education and the Ministry of Health both fully recognise the importance of deinstitutionalisation as a policy priority and are full and equal partners in the process as it moves forward. The overall goal of the Vision and its key strategic objectives should therefore remain the same, with a clear focus on de-institutionalisation, but with greater emphasis given to whole system reform and prevention of separation than in the first Action Plan:

> **Re-statement of the Vision for Deinstitutionalisation goal and objectives**
>
> **Overall objective:** Guarantee the right of children to a family environment and access to quality care and services according to their individual needs
>
> **Objective 1** - Creating a wide range of community based child and familiy services based on good practice and innovative approaches
>
> **Objective 2** - building capacity of the child protection system - defining rights and responsibilities of child protection organs and service providers; building professional capacity
>
> **Objective 3 (& 4)** - Closure of 137 institutions by February 2025 and ban on residential care for 0-3 year olds beyond 2025

It will be important to ensure that the definition of 'residential care' in the third objective is clear for all stakeholders – FTPCs for example are residential care services, so this is a commitment to no children under-3 years in either institutional or residential care beyond 2025.

Options for Action Plan Objectives 2015-2025

It needs to be recognised that the underlying logic of the Vision is wholly in keeping with the two key underlying principles of the UN Guidelines on Alternative Care for Children, the 'Necessity principle' and the 'Suitability principle' – see Box 5:

BOX 5 THE NECESSITY AND SUITABILITY PRINCIPLES

iii. Applying the principles of necessity and suitability

The following are among the key elements to take into account to ensure that alternative care is used only when necessary and is appropriate for the child concerned.

Q1

IS CARE GENUINELY NEEDED?

Reduce the perceived need for formal alternative care

- Implement poverty alleviation programmes

- Address societal factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation...)

- Improve family support and strengthening services

- Provide day-care and respite care opportunities

- Promote informal/ customary coping strategies

- Consult with the child, parents and wider family to identify options

- Tackle avoidable relinquishment in a pro-active manner

- Stop unwarranted decisions to remove a child from parental care

Discourage recourse to alternative care

- Ensure a robust gate-keeping system with decision-making authority

- Make available a range of effective advisory and practical resources to which parents in difficulty can be referred

- Prohibit the 'recruitment' of children for placement in care

- Eliminate systems for funding care settings that encourage unnecessary placements and/or retention of children in alternative care

- Regularly review whether or not each placement is still appropriate and needed

THE NECESSITY PRINCIPLE

Q2

IS THE CARE APPROPRIATE FOR THE CHILD?

Ensure formal alternative care settings meet minimum standards

- Commit to compliance with human rights obligations

- Provide full access to basic services, especially health-care and education

- Ensure adequate human resources (assessment, qualifications and motivation of carers)

- Promote and facilitate appropriate contact with parents/other family members

- Protect children from violence and exploitation

- Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled

- Prohibit care providers with primary goals of a political, religious or economic nature

- Establish an independent inspection mechanism carrying out regular and unannounced visits

Ensure that the care setting meets the needs of the child

- Foresee a full range of care options

- Assign gatekeeping tasks to qualified professionals who systematically assess which care setting is likely to cater best to a child's characteristics and situation

- Make certain that residential care is used only when it will provide the most constructive response

- Require the care provider's cooperation in finding an appropriate long-term solution for each child

THE SUITABILITY PRINCIPLE

The first two objectives of the Vision are focused on ensuring that all possible steps are taken to ensure that children do not enter the care of the state, but remain in the care of the parents with all necessary support to ensure their well-being and safety. The third objective are focused on ensuring that if, after all, there is no other option for a child than entry into the formal care system, then the most appropriate and suitable form of care is available whether for short term or longer term placements.

The Action Plan objectives should follow the logic of the Vision objectives – prevention and protection to ensure that entry into formal care is only used when absolutely necessary and all other options have been exhausted; and deinstitutionalisation of the formal care system to ensure that only beneficial and appropriate types of formal care are available to children if they do need to enter care. The options proposed here are examples of how the Action Plan can focus on achieving specific aspects of each of the Vision objectives in order to ultimately achieve the overall Vision goal.

Family support to prevent separation of children from their parents

In keeping with the 'necessity' principle, objective 1 should have a focus on whole system reform to address the reasons and causes of separation and help families care for their children – for example '*the system of child care and child welfare is able to support parents to meet the developing individual needs and fulfil the rights of every child in every Region by 2025.*' This objective will require activities around several short, medium and long-term results if it is to be achieved. Parents who are experiencing poverty that is compromising their ability to care for their children are able to access the necessary financial, employment and housing support to enable them to fulfil their parental responsibilities. If they live in a particularly marginalised community or within a marginalised community, they live a particularly excluded or socially isolated sub-community, then there is a need to take a community development approach to identifying the factors that are compromising their ability fulfil their parental responsibilities and developing locally appropriate and effective responses. The role of social services is to identify children in need, assess what parents and families need and support parents to access the social assistance cash benefits to which they are entitled and to receive the services which they need and to which they have a right that can help them in their task as parents. Where children or parents have more complex needs, the role of community based social services it to identify those needs and ensure they are being met. Most of the elements are in place for such a system in Bulgaria, but activities need to take place that:

1. Define a concept of a 'child in need' of state support and a policy of supporting children in their own families wherever possible while addressing the underlying causes that could lead to separation. Families should be strengthened by the available social services and children should not be removed as a first action, a practice that seems to be currently dominant as indicated by one participant in the review, 'The Child Protection Act of 2000 and regulations have to be reviewed. At the moment we remove the child and then work towards reintegration'.

In consultation with the Regional and municipal authorities and with NGOs, the government may need to review and amend some parts of the legislation and administrative framework to prevent the unnecessary removal of children into formal care, even temporarily, and ensure the delivery of support that can prevent the need for removal based on the 'necessity' principle. These concepts should apply to all children – with or without disabilities, of any age, gender or ethnicity.

2. Carry out a comparative analysis of Regional data in order to identify municipalities or Regions which are achieving strong results in family support and identify the factors contributing to these strong results. Establish a mechanism for assessing the evidence base of proven interventions in Bulgaria and internationally and deciding which approaches, methodologies and standards should be promoted

to support all municipalities and Regions to be able to achieve similar strong results.

3. Invest resources in building the capacity of municipalities and Regions to develop and deliver the proven interventions that strengthen families, prevent separation and entry into formal care either through contracting out to NGOS or through municipal service development. The sustainability of this investment must be guaranteed by a long-term and strategic process of workforce planning for social workers and by a decision-making process that drives the development of a social services market or mixed market as appropriate.

Family strengthening approaches should be based on proven interventions and staff capacity needs to be built to support families effectively. **Social workers need to be able to respond flexibly and with practical solutions** for the challenges facing families including, where necessary, small amounts of funding focused on removing immediate barriers to adequate care provision in the home - lack of heat or electricity for example. Social workers need to be able to establish **links to other services**, ensuring that the focus on child well-being in the family is prioritised among other service providers including mental health and family planning services, education, housing and employment. Sometimes community development services or transport services could be the key to ensuring children can remain in their own families and social workers need to be mandated to engage with these types of services at the local level in order to prioritise children's rights to access these services and to fulfil the necessity principle of ensuring that all efforts have been exhausted before a child is removed into any type of care.

Disability cannot be a reason for removal of a child into care and **inclusion** should be an over-riding priority and there is a need for **assistants and assistance** to care for children with complex needs, to ensure that they can access mainstream education, health and social services. At present there is a risk of a whole system of parallel and separate disability services developing across Bulgaria – day care for children with disabilities for example instead of places in mainstream nurseries, kindergartens and schools.

Ethnicity cannot be a reason or removal or a child into care - discrimination against and exclusion of children with disabilities and Roma children is a complex socio-cultural phenomenon in Bulgaria, the Action Plan can make inroads into changing attitudes to Roma and to disability at least among professionals who work with them in social, health and education services. There is much successful practice in working with Roma communities that can be replicated, expanded and applied more widely to have a greater impact on strengthening families in these communities and preventing unnecessary separation.

Poverty cannot be a reason for removal of a child into care and there is a need for clear policy and legislation on family support and social assistance that can ensure that poverty alleviation programmes are clearly targeting children and their families. Strengthening families also means strengthening parenting abilities, skills and knowledge about child development. There are many parent training programmes with proven evidence bases that can help to change parenting behaviours and ensure a safer, more appropriate and developmentally suitable environment for children, including for children with disabilities – these can be adapted for use with parents in Bulgaria. Work with relatives through family group conferences can help to change the quality of care in a family, even in a family facing complex problems linked to poverty, mental health issues or where there is a risk of violence, abuse and neglect. All these measures need to be introduced into the daily working of services at the local level, whether NGO or municipal services to ensure that no child is removed unnecessarily into care.

4. Establish a cycle of monitoring, review and planning that can inform a constant updating of the system of services to ensure that newly arising challenges can be met by communities, municipalities and Regions as well as ensuring that that the quality of services that are always needed, for example for children with disabilities and their families, are maintaining their quality and effectiveness.

Indicators for objective 1 need to measure not only the effectiveness of the prevention system, but also the extent to which the care that children receive in their families is adequate in accordance with government policy on child well-being and development. Indicators drawn from the Vision include:

- Reduction by 30% of children in any type of formal care

- Improvement in development, health and education attainment and behaviour for each child

- Other potential indicators can be drawn from UN instruments and guidance:

- Removal into formal care of any kind and for any purpose is a last resort   and children have access to a range of prevention and family support measures before removal into care is considered.

- All measures are taken to support parents to provide adequate care for their child building on innovative and best practice.

More detailed system indicators and measures could include:

- Number and proportion of children in formal care of any kind disaggregated by age, gender, disability, ethnicity, municipality of origin, type of formal care, purpose of entry into formal care and intended length of stay

- Children at risk are identified at an early point in their lives and at an early point in the problems facing the family

- Every child who is assessed as being at risk of losing family care is referred to family support services to prevent entry into formal care. Were the needs of the child and family assessed with their involvement and did the services provided meet the assessed need?

- Children and parents assess the supportive, preventative services they are receiving or have receive as effective in addressing the problems that could lead to entry into formal care

Child protection

Child protection is defined here specifically in accordance with the UNCRC article 19 'protection from all forms of violence, from abuse and neglect'. This objective, like objective 1, is also based on the 'necessity principle' – only children for whom separation from parents is in their best interests should be removed into care and this objective focuses on ensuring that everything possible is done, even when there are concerns about the need for protection from neglect, abuse or violence, to prevent unnecessary separation. Objective 2 should be focused on ensuring that the state intervenes when a child is at risk of life or health, but not necessarily to remove the child as a first action. There need to be clear protocols for inter-agency working that ensure all decisions are taken in the child's best interest and based on comprehensive individual child and family assessments, that police, social workers and other key actors are clear about their roles, about definitions of abuse, neglect and violence and have clear guidance about interventions that can prevent abuse in the family and about when prevention is no longer an option. The involvement of children and parents in assessment and decision-making needs to be central to the protocols – stronger decisions that are more likely to be in the best interests of children can be made if they and their parents are involved in assessment, planning and decision-making. An example of how Objective 2 can be formulated is, '*the system of child protection intervenes to prevent and to protect children from abuse, neglect or violence and to ensure that perpetrators are brought to justice.'*

A key indicator drawn from the Vision and the first Action Plan against this objective could be: Increased effectiveness of interventions to prevent violence, abuse and neglect and to increase parenting capacity. Other indicators for Objective 2 can be drawn from the UNICEF Manual for the Measurement

of Indicators of Violence Against Children – for example 'number of children officially reported as victims of violence to authorities and number of substantiated cases of violence against children during a 12 month period per 100,000 children in each Region' and 'percentage of child victims referred to and percentage of child victims who used Recovery, Reintegration, and Psychological support services during a 12 month period'.

A similar set of activities to objective 1 is required to achieve objective 2 – a process of defining concepts, identifying strong practice, investing in proven interventions and sustaining the investment through human development processes and monitoring/review/planning – but with a focus on child protection and emphasis on prevention. An emphasis on prevention should not preclude swift action against perpetrators of abuse and violence. Child protection social workers and police as well as other key front-line professional in the health and education services, need to know how to assess risk, how to assess potential for change, to understand which interventions can be effective in preventing further abuse/violence or neglect. Services need to be developed that can intervene to work with parents and children to change abusive behaviour as well as to work with victims to support therapeutic rehabilitation.

Alternative care system

Objective 3 is based on the 'suitability principle' and should be focused on deinstitutionalisation and the creation of an alternative care system that is fit for the purpose of meeting the differing needs of children who cannot be cared for by their own families of all abilities, ages, genders and ethnicities, for whatever reasons, whether temporary or longer-term. The 'suitability' principle offers useful guidance – children should only be placed into care which is suitable or appropriate to meeting their needs.   The alternative care system should be flexible enough to offer placements for children who need emergency care, unplanned and short in duration, during a crisis; planned short care placements, for example respite foster care, therapeutic or treatment care, that are focused on achieving specific goals for each child during the stay in care; long term family-based care including adoption and foster care or family-type care including small group home care with a range of levels of support that can lead to independent living as an adult. If objectives 1 and 2 are successfully implemented, then the alternative care system will shrink as fewer children will be in need of formal care.

This objective includes a set of activities that is focused on seeing through the deinstitutionalisation process to its ultimate conclusion with the closure of all institutions in the country for children and ensuring that the alternative care services available to children and adults across the country are meeting defined needs, are of high quality, able to meet individual needs and are inclusive in nature. Activities are also needed to ensure that staff are fully trained and adequately managed and supported to deliver residential care services in small-scale settings and to develop and support a range of foster care and other family-based care services.   If Guardianship or kinship care is classified as belonging to the formal care system, then policy, legislation, guidance and training for social workers will be needed on the extent to which children in this type of care and their carers should be supported and monitored.

A similar set of activities are needed as for the other objectives, but with a focus on alternative care provision and the system of formal care:

1. Defining the role of the formal care system, accurately forecasting the range of need for formal care and ensuring it can be provided as needed. It will be important to identify the place of Guardianship, kinship care and informal care in this system and in the system of family support and child protection.

2. Identifying best practice and quality models across the country and internationally.

3. Investing in services of proven quality, monitoring and inspection to ensure quality is maintained. The continued drive for deinstitutionalisation should be based in individual needs assessments, municipal

and Regional plans, accurate forecasting of need for services and regular review of plans for each individual and for the network of services. A mixed market of care provision is more likely to be able to provide the breadth and depth of care services that are likely to be needed. Leaving care services are needed to support all children who are leaving formal care towards independent living including the transition into independent living, with support as necessary, for young people with disabilities including housing, employment education. Workforce planning and a long-term approach to ensuring the appropriate mix of services can be delivered in every Region by a qualified and supported workforce are essential to ensuring quality.

4. Quality control and monitoring outcomes for children in formal care, regular cycle of reviewing the forecasted need for services and reviewing individual care plans which contributes to a regular adjustment of the service development plans in each Region.

Children with disabilities are over-represented in the formal care system compared to the child population as a whole and there are a number of challenges relating to the provision of care to them which need to be considered in the new action plan. These considerations can be divided in relation to three distinct target groups:

1) Children who have left large-scale Disability institutions as a result of the De-I process initiated by the Vision during 2013-2014 and who are mainly in protected housing or FTPCs

   These children and young people who have been long-term institutionalised have very specific needs which require an individualised approach that may not be needed in future by children or young people entering the system of formal care. There is a need to recognise that this is a one-off, but long-term task which relates to maximising functioning of these children, supporting them to become 'deinstitutionalised' and to develop an individualised life plan which ensures their inclusion into the life of the local community, that helps them to determine their individual interests, personal development goals and enables them to access the education, health, employment and leisure services that can help them to pursue these interests and goals. The type of care which is required for this group of children and young people may not be appropriate for children who subsequently enter care from a family setting where their individual interests and personal goals may already have developed and the role of the carers is to facilitate and support. Staff in FTPCs and protected houses need ongoing training and support based on the ICF-CY to be able to carry out these tasks.

2) Around 300 young people who are likely to still be in large-scale Disability institutions at the outset of the next Action Plan implementation at the beginning of 2015.There is a clear and urgent need to ensure that these children and young people are moved out of the large-scale institutions and that these institutions are closed. The main barriers to moving some children seem to be linked to anxiety about how best to provide community based mental health services as the behaviour of many of these children and young people seems to be perceived as a risk to themselves or others if moved into community-based services. There is a need to ensure that qualified assessments have been done and that services are developed that can support these individuals in the same way as the first group to 'deinstitutionalise' and to enter safely into community life. Links to health and education services need to be strengthened and if necessary a system of additional training for local health, education, child protection, police services and for other community members in receiving municipalities needs to be carried out to ensure that the community is ready to receive these young people with understanding and are enabled to support them as needed. Key worker systems are needed for all FTPCs to ensure that each individual child or young person has an individual with whom they can develop a relationship of trust and who can represent their views and their interests in any situation that may arise or in decision-making.

3) Children with disabilities who may enter the system of formal care in the future will be considerably fewer if objective 1 is achieved. Those who do are most likely to enter the system when they are already adults and moving from family-based care into supported independent living. The formal care system needs to be ambitious in planning for family-based care only for children with disabilities and not basing plans on an assumption that there are some children for whom 'no family can be found'. Foster families need to be recruited specifically for the purpose of providing long-term foster care to children who have been relinquished by parents because of their disabilities and they need to be supported in the same way and by the same services as the families of children with disabilities. Due consideration needs to be given to the policy of providing individual budgets to the families of children with complex, multiple disabilities in order to support them in providing care, to prevent relinquishment and to ensure that foster carers are not privileged over birth families.

As discussed elsewhere in this report there are no children who can only be cared for in 'continuous care' facilities – all children can be cared for in families with the right support. It will be important that this question is carefully reviewed before the next Action Plan is finalised and that plans for continuous care facilities are replaced with plans for reintegration to birth families with appropriate packages of support, long-term foster care where this is not possible or FTPC placements with appropriate packages of support.

Children in formal care with disabilities need to have short, medium and long-term plans for their eventual exit from formal care into supported independent living. Community-based continuous care services may be needed for adults, but for very few adults. Careful planning in each Region is required to determine the extent that these services will be needed in future.

Foster care – service specifications for foster care services need to ensure that if a child enters foster care that they are entering because the need this placement and if it is certain that they need a placement then the purpose of their placement is clearly defined. Standards are needed to ensure that a professional team is supporting placements that contact with birth family is being maintained and children are monitored in their placements and that carers are supported. The more complex the placement, the more intensive support is required. Some types of foster care require the possibility for foster carers to be able to access expert advice and consultation 24 hours a day and this feeling of being supported and of sharing responsibility for the care of the child is often of more importance to foster carers than the payments they receive for their work. Care plans for children in foster care, as with residential care, need to be reviewed on a regular basis and to be adjusted as the child grows and changes. Foster care can be used in many ways as a prevention and support service under the range of services offered to families under objective 1 and 2 – for emergency care, for respite, for therapeutic interventions and for parents and children together. There is a wealth of system data that can be used to monitor the effectiveness of foster care including purpose, length, quality and outcome of placement both short and long-term.

FTPCs – key considerations for the next Action Plan are the introduction of key worker systems, case management for children in FTPC placements so that if they can be moved into foster families or returned to birth families that the CPD social workers are managing these processes, child protection procedures. There is a need to ensure that there are individual care plans, schedules and timetables for each child, that interests of each children are developed and pursued and that each care plan has objectives and clear activities both within and outside the 'home'. Children need to be involved in all decisions about their daily lives and activities and about their own development goals. Link workers in the education, health, leisure and employment services in the local community could help to facilitate inclusion. It is important that children are supported to work towards independent living with support where necessary, to establish and maintain contact with parents and family where possible. Staff need to have the skills, knowledge, supervision and support to carry out these tasks.

Adoption is one of the main outcomes of entry into formal care for children aged under 3 years and an important part of the government child care policy. While adoption is often the best option for babies, there is a need to ensure that the children who are being placed for adoption really cannot be cared for in their own families and adoption really is the only option for this child; that the adopter is being selected for the child and to meet the child's needs rather than the adopter selecting the child to meet his or her own needs; that adopters are adequately prepared and support sufficiently after the placement to meet the challenges that a growing children represents in the family. If the government wants to be sure that adoption should continue to represent a major element of child care policy for babies and infants, then there is a need to monitor outcomes for children in adoption in the short, medium and long-term.

Indicators for this objective can be drawn from the Vision:

- Zero children in institutions by 2025

- Staff/child ratios in formal care services; proportion of children in foster care and residential care in each region

As well as from international guidance and best practice including the UN Guidelines on Alternative Care for Children and the BCN/UNICEF Manual for Measuring Indicators for Children in Formal Care:

- Proportion of children with disabilities or of Roma origin in formal care reduced to X by 2025; proportion of children with disabilities or of Roma origin in residential care reduced to X by 2025; zero children aged 0-3 years in residential care

- Placements into formal care become of shorter duration and have clearly elaborated goals focused on return to birth family where possible, having short, medium and long-term perspective and taking into account each child's individual needs as he or she grows

- Outcomes for children in formal care are commensurate with those of their peers in family care

Structure for managing implementation

The new action plan can focus more clearly on the overall objectives of the Vision of Deinstitutionalisation if it moves away from short-term 'projects' and focuses on long-term strategic objectives and activities that contribute to achieving all objectives, or to achieving individual objectives. This will mean a management system that is focused on the end results and key milestones for each strategic objective and not on the processes that are helping to move towards the end results. It is important to note that deinstitutionalisation is a process for achieving a system of alternative care for children that is more effective in meeting their individual needs and ensuring their rights are observed. The Vision for Deinstitutionalisation makes this clear with overall goals that are focused on preventing separation of children from their families. A possible framework for an adjusted Action Plan is proposed in Table 4 below with examples of activities, indicators and milestones discussed in this report inserted into the framework in Annex 2.

Table 4
Possible framework for structuring the Action Plan for Implementation of the Vision of Deinstitutionalisation in Bulgaria 2015-2020

Overall objective: Guarantee the right of children to a family environment and access to quality care and services according to their individual needs

Overall objective: Fulfil the Vision for Deinstitutionalisation of Children in Bulgaria

	Objective 1	Objective 2	Objective 3 & 4
Vision for Deinstitutionalisation of Children in Bulgaria	Objective 1 - Creating a wide range of community based child and family services based on good practice and innovative approaches	Objective 2 - building capacity of the child protection system - defining rights and responsibilities of child protection organs and service providers; building professional capacity	Objectives 3 & 4 - Closure of 137 institutions by February 2025 and ban on residential care for 0-3 year olds beyond 2025
Planned outcomes and activities proposed for an adjusted Action Plan 2015-2020	Objective 1 - prevention of separation of children from parents	Objective 2 - protection from violence, abuse and neglect	Objective 3 - deinstitutionalisation of children's care services and provision of alternative care suitable for a range of needs

Key indicators from Vision and first Action Plan

Objective 1		Objective 2		Objective 3	
Reduction by 30% of children in any type of formal care	Improvement in development, health and education attainment and behaviour for each child	All decisions are taken in child's best interest and based on individual child and family assessment	Increased effectiveness of interventions to prevent violence, abuse and neglect and to increase parenting capacity	Zero children in institutions by 2025	Staff/child ratios in formal care services; proportion of children in foster care and residential care in each region

Additional indicators in keeping with Bulgarian Government policy, UNPD, UNCRC commitments or drawn from UN Guidelines on Alternative Care for Children, UNICEF Manual for Measurement of Indicators of Violence Against Children and BCN/UNICEF Manual for Measurement of Indicators for Children in Formal Care

Objective 1		Objective 2		Objective 3	
Removal into formal care of any kind and for any purpose is a last resort	All measures are taken to support parents to provide adequate care for their child building on innovative and best practice	Number of children officially reported as victims of violence to authorities and number of substantiated cases of violence against children during a 12 month period per 100,000 children in each Region	Percentage of child victims referred to and percentage of child victims who used Recovery, Reintegration, and Psychological support services during a 12 month period	Proportion of children with disabilities in formal care reduced to X by 2025; proportion of children with disabilities in residential care reduced to X by 2025; proportio of children aged 0-3 years in residential care reduced to zero	Placements into formal care become of shorter duration and have clearly elaborated goals focused on return to birth family where possible, having short, medium and long-term perspective and taking into account each child's individual needs as he or she grows

Activities and inputs

Objective 1 - prevention of separation of children from parents		Objective 2 - protection from violence, abuse and neglect		Objective 3 - deinstitutionalisation of children's care services and	
Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget

All objectives	
Funding from EU Operational Programmes	Funding from Bulgarian State Budget

Key activity 1 - Defining concepts and guidelines; adjusting primary and secondary legislation as necessary

Key activity 2 - identifying proven interventions

Key activity 3 - Investing in replication of proven interventions - infrastructure, training, management capacity, workforce planning, closing institutions

Key activity 4 - Establish a cycle of monitoring, review and planning

Key milestones/interim results

Recommendation 2 Develop a Disability policy

The development of a disability policy together with people with disabilities, which addresses the whole life-cycle and legislates for the provisions of the Convention on the Rights of People with Disabilities, will be key to ensuring that the child welfare and family support system does not continue to develop separate, parallel services. A comprehensive Disability policy will also help to ensure that from birth, or from the moment when a child's disability becomes apparent, parents can have confidence in a vision for their child's future that is shared by the nation as a whole and that can help them to be able to provide the care their child needs when they are a child and as they transition into independence in adulthood with the necessary assistance and support in place. One mother of a child with disabilities quoted above in this review, is happy that she 'can use a day care centre' something that was not available 10 years ago, but she is already thinking ahead about her daughter's future and looking with interest at the new FTPC buildings and protected housing as possible resources for supported independent living for her daughter when she becomes an adult.

A particular need has been identified in this review for strengthening the capacity of the workforce to deliver services for children with disabilities and their families 'there is a gap in the education system [for professionals] especially about multiple disabilities...'. The International Classification of Functioning (ICF) and the International Classification of Functioning – Child and Youth (ICF-CY) is an internationally recognised framework for a holistic understanding of disability and reflecting this understanding in policy and practice. This approach challenges the traditional medical model, a model which is dominant in Bulgaria, and offers a way of developing services that can maximise functioning and inclusion of children and adults with disabilities and minimise the barriers to functioning and inclusion. There is a need to introduce the concept of a non-medical model of disability at all levels of the child and family system – national, Regional and municipal - and across all sectors – health, education and social policy, NGO, housing, transport, employment. A comprehensive and systematic training programme could go a long way to preparing the ground for the development of a Disability policy and to ensuring that the frontline workers in the De-I process are able to be more ambitious about the children with disabilities who are currently in institutional care or about to be moved into FTPCs or protected housing.

There is a need to be more ambitious about reintegration of children with disabilities into their own families, about having more confidence in the health, education and social services that exist across Bulgaria that they will be able to provide necessary services and support. There is a need to be more ambitious about supporting parents to care for their children at home, about finding, preparing and supporting foster carers for children with multiple disabilities. If this means providing medical equipment in the home, then this is what needs to be done and the EU structural funds offer an excellent opportunity to ensure that the necessary equipment can be bought and installed into the homes of children with disabilities or into the homes of their carers.

The government programme for providing assistive devices and technology to children and adults with disabilities needs to be reviewed and updated to ensure that all children have access to the latest technology, that there are specialists in every Region who are able to assess functioning and advise parents or carers on appropriate assistive devices for each individual child and to ensure that parents and carers, including in residential services, know about the latest developments and are able to support the children in their care to access appropriate and relevant technology.

Recommendation 3 Re-visit planning assumptions, understand reasons for family separation and build a response based on municipal and Regional assessments and plans including long-term workforce and social care market development strategies

Locally driven decision-making and locally appropriate solutions

Municipal and Regional plans based on assessed needs can better target the causes of separation and ensure a balanced mix of services and gatekeeping that meet locally identified needs and prevent entry into formal care except when needed. There may be similar needs in many municipalities and Regions which can be met by models that have proven interventions and a strong evidence base, but municipal and Regional planning teams need to be supported to identify local causes of separation and choose the right mix and volume of services that can target those causes. Locally manager community development grant programmes focused on addressing causes of separation in marginalised communities are also recommended as a strategy for strengthening families and reducing reliance on formal care.

There is a need for a **communications strategy** that can address knowledge gaps, for example about non-medical models of disability and about successful models of support and prevention, and misapprehensions for example about mental health issues, at the local level. These communications campaigns need to be carefully targeted to appropriate stakeholders and reinforced by national messages communicating the strong political commitment to the Vision of De-institutionalisation including support for families, child protection and deinstitutionalisation of the child care system.

Workforce planning and development of a mixed social services and mixed social care market by municipal and Regional authorities is needed in order to meet the needs identified in the municipal and Regional plans and ensure their sustainable delivery. Local planning for workforce development needs to take a long-term view and to fit within national policy priorities – in this case strengthened prevention and child protection services and a deinstitutionalised formal care system that can offer a range of formal care for a range of assessed needs. Municipal and Regional authorities need to be supported to take a national view in terms of developing training and staff development programmes that can draw on best practice across the country and not only be limited to the locally available expertise.

The social care market can be developed if the appropriate commissioning framework is in place – standards, funding mechanisms, licensing and contracting procedures, monitoring and inspection systems. Some key principles for the developing the market are to ensure that the best provider for the job is selected meeting standards set at the national level; a developmental approach is taken to licensing, contracting and inspection systems (rather than a punitive approach); that contracting, financing and monitoring is outcome and results driven; cheapest is not always best – there is a need for guidance on cost-effectiveness assessments that are linked to quality standards and to outcomes in the short, medium and long-term. A differentiated system of financing is needed that recognises that more intensive service provision to meet a more complex range of needs requires more cost and more skills and the most-skilled organisations should be used wherever possible. The development of the social services market will depend on the availability of NGOs at the local level who can deliver specific services, the capacity of the municipal authorities to develop those services in the absence of an NGO and/or the ability of national or Regional NGOs to become service providers at the municipal level across the whole country in order to deliver specialised types of prevention, child protection or formal care services such as respite or emergency foster care, therapeutic services, early childhood development services, specialised disability foster care or small group home services.

Recommendation 4 Establish a monitoring system with a unified data set from all MLSP departments, MoH and MoE which is disaggregated by Region, age, disability, gender and ethnicity

Monitoring is needed not only to track progress in implementing the Vision, but also to inform planning, budgeting and decision-making in an ongoing cycle of assessment, planning, implementation and review. Key indicators need to be developed that are linked to objectives and key milestones outlined in the proposed Action Plan under Recommendation 1 above. All data needs to be disaggregated by Region and include both actual numbers and proportions of relevant child population. Disaggregation by gender, ethnicity, age and functioning should also be introduced in order to ensure that the planning and monitoring cycle is able to identify particular risk groups and to respond appropriately to new challenges as they emerge. The monitoring system should be bottom up with municipal monitoring data being aggregated to Regional and then national level, but within a framework set at the national level which cuts across Ministerial lines of management. This approach will enable comparative analysis at national level which can then further support the processes of planning, identifying good practice and decision-making about investment of resources. Indicators need to be selected that are both qualitative and quantitative and a process for monitoring needs to include feedback from children and parents as well as observations of specialists and experts – this will help to ensure that quantitative data is being checked and triangulated with a range of perspectives and offering as 'true' a picture as possible to inform decision-making. Ideally the government should be budgeting to commission periodic evaluations which involve extensive consultations with service users as part of a comprehensive monitoring and evaluation framework that can help to inform policy development and decision-making as well as practice development.

Recommendation 5 Management structures for implementation of the Action Plan should be based on the overall goal and the strategic objectives with joint responsibility for achieving key milestones and interim results shared across the sectoral managerial teams in the Ministry of Labour and Social Policy, Ministry of Health, Ministry of Education and Ministry of Finance

Inter-ministerial working group – responsible overall for implementation and decision-making about the Vision and the strategic objectives of the Action Plan

Expert group – ensuring that the Inter-ministerial working group are able to take informed decisions based on monitoring and a thorough understanding of best practice and innovation.

Regional government representation in decision-making – ideally at the level of the Inter-ministerial working group, given that the Regional and municipal authorities are the main implementers of the Action Plan.

Consultation on key decisions with wider stakeholder groups including NGOs – this can be arranged through a range of mechanisms including the expert group, consultative status in the Inter-ministerial working group or through special commissions ordered by the Inter-ministerial working group to contribute expertise to specific issues, for example the development of a policy on Disability. The existence of the NGO Coalition 'Childhood 2025' offers the Inter-ministerial a strong counterpart and help to ensure that Ministers are able to benefit from NGO expertise and experience when taking key decisions.

Evidence-based decision-making – should be a main principle for the Inter-ministerial working group with decisions informed by monitoring data. This requires a certain amount of discipline about the generation of reports that are presenting aggregated data and can help Ministers to quickly understand the issues and the available options.

Recommendation 6 Long-term strategy of workforce development for social workers and social care workers

Workforce planning for the social work profession needs to be linked to the planning and monitoring cycles outlined above across all three objectives – the numbers of social workers or care workers needed, in which locations and to deliver which types of services are of key importance when planning a sustained programme of career development. Consultation with professionals in front-line roles as well as managerial roles and practicing in a range of service types will be essential for ensuring an effective programme of building capacity that can attract and retain social workers.

In addition, the review has identified what appears to be a critical gap in the system of professional qualification in relation to disability services. A range of 'narrow' specialisms either don't exist or are in very early stages of development such as occupational therapy, physiotherapy and speech therapy, but of more concern is the general lack of understanding of disability issues among social workers and care workers who are working with children with disabilities and their families. This issue needs to be addressed as a matter of first priority. The ICF-CY should inform the basis for any training or education programmes.

Urgent priorities – this year and next year within the current Action Plan implementation

A support mechanism is needed for FTPC and protected houses staff to support the immediate task of moving and adapting children and adults with disabilities into community based residential and foster care services. The mechanism needs to provide immediate intensive support as children are moved into new settings and more medium term support as children are deinstitutionalised and their care plans need to be reviewed and refined. Support needs to focus on trouble-shooting and advice as problems emerge, but also on ensuring a consistent approach is being taken to ensuring individualised daily routines are developed for each child both within the residential setting and outside in the community.

Immediate and comprehensive introductory training on understanding disability, functioning and social models of disability based on existing models of good practice for a range of social workers and social care staff in a range of settings FTPC, protected housing, CPDs, Social Services Complexes and community centres – individualised supervision for staff in FTPC for developing individualised and structured programmes of care and work with each resident.

Mechanism for ring-fencing funding from closing institutions – MLSP and Inter-ministerial working group including the Ministry of Finance and with appropriate support from the Expert Group.

Elaboration of service specifications for specialised long-term foster care or FTPC care for children with multiple disabilities, 'key worker systems' and continuous care supported housing services for young people and adults with multiple disabilities.

Unified monitoring system – all data sets should be managed as a single set and should be linked to the formal care system as a whole as well as to the system of preventative services. The contingent of 'children' who are leaving Disability institutions for community based services as part of the current Action Plan implementation, but who are over 18 years of age should be clearly identified within the monitoring system so that their outcomes can be tracked.

Policy on adults in FTPCs intended for children – child protection policies, staff support, procedures and training for staff.

Further elaboration of foster care standards and service specifications including for respite care and emergency foster care – drawing on best practice models already existing in Bulgaria.

Review and update the list of assistive technology, training specialists and increasing access to latest

developments in assistive technology for children and young adults who are leaving Disability institutions and entering community based care and for those in their own family care or in FTPC or foster care.

Review and refine plans for Infant homes replacement services including early intervention building on the experience and learning from the POSOKA: semeistvo project when planning the restructuring of the remaining Infant homes. Plans for Infant homes should focus on the needs in each Region and be inter-disciplinary in nature, not planned only within the health department of the Region or within the Ministry of Health.

Medium term priorities

New Action Plan for implementing the Vision of Deinstitutionalisation elaborated in full consultation with the professional and NGO community which maintains the focus on deinstitutionalisation of children's care services and closure of all children's institutions but also adjusts implementation to whole system reform including prevention and family support – as per recommendation 1 above.

Comprehensive disability policy developed together with people with disabilities that is based on the ICF-CY and ICF; the UNCPD and includes a more ambitious policy in relation to inclusion of children with disabilities across all spheres of life – family, education, health, social services, transport, physical environment, culture, sport, leisure and with a more ambitious and up to date assistive technology policy and programme for all Regions. The policy also needs to map out a process for deinstitutionalisation of adult services.

Evidence from Roma community proven interventions to inform policies and legislative guidance linking social development, social assistance, child protection and deinstitutionalisation processes

Individual review of all children with disabilities who have been moved after a suitable period of adjustment to new services – adjust care plans to take into account personal changes and individual perceptions following move. Adjust Regional system plans accordingly for suitable service development in the medium to long term.

Service standards consolidated for alternative care services and preventative foster care services.

Social assistance payments and linkages with child protection and family support social services.

Glossary

Formal care – defined in Article 28.b) ii) of the UN Guidelines on Alternative care for children as '*all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures*'.

MSLP – Ministry of Labour and Social Policy

MH – Ministry of Health

MES – Ministry of Education and Science

MF – Ministry of Finance

MJ – Ministry of Justice

ASA – Agency for Social Assistance

SACP – State Agency for Child Protection

DSA – Directorate for Social Assistance (in municipalities)

CPD –Child Protection Department (in DSA)

Institutions for children

The names and acronyms used for different types of children's institutions in official data and reports are sometimes transliterated from the Bulgarian into English or sometimes given in translation - HMSCC is the translated English acronym for DMSGD – in all cases these labels can obscure the purpose and target group of the institutions in question for the uninitiated. For the purposes of this report the following simplified terminology has been used to denote the different types of children's institutions which are the focus of the Vision and Action Plan:

Infant homes – denotes 'Homes for the Medical and Social Care of Children' - also known as 'DMSGD' and 'HMSCC'. These homes provide services to children aged 0-3 years of age and are medical institutions under the Ministry of Health.

Children's homes – denotes 'Homes for Children Deprived of Parental Care' – also known as 'DDLRG' or 'HCDPC'. These homes provide services to children without disabilities aged 4-17 years of age.

Disability institutions – denotes 'Homes for Children with Mental or Physical Disabilities' – also known as 'DDMI', 'DDMUI', 'DDFYSI' and 'HCMR', 'HCYMR' or 'HCPD'. These institutions provide services to children and young people with disabilities aged 4-17 years.

Community-based services

Like institutions, the different types of community-based services that have emerged in Bulgaria over the last 10-15 years have acquired a range of names and acronyms. The Action Plan uses many of these acronyms:

CSC – Community Support Centre

CSS – Complex for Social Services or SSC – Social Services Complex

FTPC – Family Type Placement Centre

SFF – Specialised Foster Families

FCC – Family Counselling Centre

MBU – Mother and Baby Unit

Several types of centres, sheltered housing or supported independent living services have developed and the definitions given here are from the Regulation for the Implementation of the Social Assistance Act:

Transition Homes – a professionally supported independent living service for adults preparing to leave a specialised institution

Transition Homes for Children – same as above but for children

Centre for Temporary Accommodation – for children or adults – short-term residential service for up to 3 months per year for homeless persons

Protected Home – a professionally supported independent living service for children or adults

Supervised Home – a type of social services related to providing assistance and consulting persons who have reached 18 years of age, who leave a specialized institution, transition or protected home and who are to live independently, these also being intended to prevent their further accommodation in a specialised institution

Shelter for children – a complex of social services, provided temporarily for a period of up to 3 months to homeless children or young people in case of an urgent necessity of satisfaction of their basic needs, related to provision of accommodation, food, health services, hygiene, social, psychological and legal consulting

Centre for the Social Rehabilitation and Integration of Children – a complex of social services, connected with implementing of rehabilitation, social-legal consultations, educational and professional training and orientation, preparing of individual programmes for social integration

Social education-professional centre – a complex of social services, intended for professional training of young people aged 16 years of age or more with specified degree of reduced capacity to work or who have no parental care or who have suffered violence or are victims of trafficking.

ANNEX 1 List of participants in De-I Review April-May 2014

No.	Title and organisation/ institution
1.	UNICEF, Child Protection Specialist
2.	UNICEF, Child Protection Assistant
3.	UNICEF, Consultant DI & ECD
4.	Consultant on Community Work & Regional Planning, ASA/UNICEF
5.	Centre for Independent Living, Director
6.	Chair of the State Agency for Child Protection
7.	Head of Department Rights of children, rights of people with disabilities and discrimination, Office of Ombudsperson
8.	Agency for Social Assistance, Deputy executive director
9.	Director of International cooperation, programmes and European integration Directorate, MLSP
10.	Deputy Minister of Health
11.	Expert "European Projects", National Association of the Municipalities in the Republic of Bulgaria
12.	Executive director, International Social Service Bulgaria
13.	Representative of the Bulgarian Association for Persons with Intellectual Disabilities
14.	Representative of the Centre for Independent Living
15.	Psychologist, Centre for Independent Living
16.	Programme Officer, Eastern and Central Europe, OAK Foundation
17.	Programme Coordinator, Hope and Homes for Children Bulgaria
18.	Child Policy Director, National Network for Children
19.	Family and Child Justice Policy Coordinator, National Network for Children
20.	Programmes and Projects Manager, SOS Children's Villages Bulgaria
21.	Social Activities and Practices Institute
22.	Coordinator, Know How Centre for Alternative Care for Children
23.	Child and Space Association
24.	PR, Lumos Bulgaria
25.	National Representative for Lumos in Bulgaria
26.	Director, For Our Children Foundation and representative of the National Association of Foster Care
27.	Chief Inspector in the Child Rights Oversight Directorate, SACP, branch Vratsa
28.	Expert in the Child Rights Oversight Directorate, SACP, branch Vratsa
29.	Chief expert "Regional Development", Regional Administration Vratsa
30.	Chief expert, Regional Administration Vratsa
31.	Director of the Regional Healthcare Inspectorate and member of the Regional DI Team
32.	Acting executive director, Regional Social Assistance Directorate (RSAD) – Vratsa, former Chief expert child protection, RSAD – Vratsa, to become member of Regional DI Team
33.	Regional coordinator "Childhood for all" for Vratsa, SACP
34.	Project coordinator "Development of the system for planning and implementing of social services at regional level" for Vratsa, Agency for Social Assistance (ASA)
35.	Project coordinator "Development of Social Services for the Region of Vratsa"
36.	Director of the Child Protection Department (CPD), Vratsa
37.	Director Social Assistance Directorate (SAD) Vratsa
38.	Chief expert in Vratsa Municipality and project coordinator "Chance for children and adolescents"
39.	Representative, Vratsa Municipality

40.	NGO representative, school psychologist, Vratsa
41.	Representative of NGO that used to provide social services Bureau for Social services, Mobile Center for old people, Community Support Centre closed in 2008
42.	Health mediator, Regional Administration Vratsa
43.	Manager of Mother and Baby Unit in Vratsa
44.	Manager of the Community Support Centre (the service is provided by the municipality)
45.	Social worker, Day care centre for children and adults with disabilities "Zornitsa"
46.	B-, young man aged 19 years, Supervised Home
47.	M-, young man aged 25 years, Supervised Home
48.	I-, young man aged 24 years, Supervised Home
49.	Psychologist, Supervised Home
50.	Director of the Home for Medical and Social Care for Children, Vratsa
51.	Director of Home for Children Deprived of Parental Care, Vratsa
52.	Regional Governor of Montana
53.	Mayor of Montana
54.	Deputy Regional Governor of Montana
55.	Director of "Humanitarian Activities" Directorate, Municipality of Montana
56.	Chief expert, "Humanitarian Activities" Directorate, Municipality of Montana
57.	Project manager of social projects in the Municipality of Montana
58.	Director of CPD Montana
59.	Expert in the Regional Education Inspectorate and member of the Regional DI Team
60.	Director, RSAD Montana
61.	Chief expert "Child protection" in the RSAD
62.	Regional Administration Montana, social activities
63.	Manager of project for reform of the Home for Medical and Social Care for Children
64.	Director of FTPC for children
65.	Director of Day Care Centre for Children and Adolescents with Disabilities and Day Care Centre for Adults with Disabilities
66.	Manager of project for 3 FTPC for children with disabilities and 1 Protected Home (part of the "Childhood for all" project)
67.	Director of Complex for Social Services including a Crisis Centre for children and Community Support Centre
68.	Director of the Home for Medical and Social Care for Children
69.	5 team members of a newly opened FTPC
70.	Representative, De Passarel
71.	State expert, 'State Policy for Child' Directorate, SACP
72.	National Coordinator, 'Childhood for All' Project (Project 1 in the Plan), SACP
73.	Member of the National DI Unit, SACP
74.	Project Manager, 'Support' Project, SACP (ERDF project)
75.	Project Manager, 'I Have Family Too' Project, ASA
76.	National Coordinator, 'I Have Family Too' Project, ASA
77.	National Coordinator, Planning Social Services, ASA

ANNEX 1 List of participants in De-I Review April-May 2014

78.	National Coordinator, 'Strengthening the capacity of the Agency for Social Assistance to improve the quality and effectiveness of social work' project, ASA
79.	Project Manager, 'Direction: Family' Project, MoH
80.	Deputy minister of labour and social policy
81.	Head of department "Information and Analyses", SACP
82.	State expert, SACP
83.	State expert, SACP
84.	Representative, Bulgarian Center for Not-for-profit Law
85.	Director, Know How Centre for Alternative Care for Chidlren
86.	Representative, Equilibrium Foundation
87.	Representative, The Cedar Foundation
88.	V-, reintegration, mother of a child, 2.6 months in an institution, placed there at her request;
89.	D-, supervised reintegration, mother of one child;
90.	P-, mother of -2 children, reintegration
91.	G- & I-, mother and father, supervised reintegration for 5 children, one child under 3 still in an institution;
92.	D- & X- supervised young mother and father of her child
93.	Social worker, Vratsa region CPD,
94.	Social worker, Vratsa region CPD,
95.	Social worker, Vratsa region CPD,
96.	Social worker, Vratsa region CPD,;
97.	Family consultant, CSS, Montana region
98.	Social worker, CSS; Montana region
99.	Social worker, CPD, Montana region
100.	Social worker, CSS, Montana region
101.	Social worker, CPD, Montana region
102.	Social worker, CPD, Montana region
103.	Social worker, CPD, Montana region
104.	Psychologist, CSS, Montana region
105.	N-, parent of a girl, 23 years old, brain cyst, epilepsy;
106.	N-, parent of a girl, 29 years old, mild intellectual disabilities;
107.	P-, parent of boy, 10 years old, autistic
108.	S- , parent of a girl, 11 years old, child with cerebral palsy
109.	S-, receiving help from SSC because of deviant behaviour of one daughter;
110.	S-, young man 20 years old, successful case for prevention for life risk;
111.	T-, foster care parent for 2 children.

Annex 2. Possible framework for structuring the Action Plan

	Overall objective: Guarantee the right of children to a family environment and access to quality care and services according to their individual needs		
Key milestones/interim results	**Objective 1 –** Creating a wide range of community based child and familiy services based on good practice and innovative approaches	**Objective 2 –** building capacity of the child protection system - defining rights and responsibilities of child protection organs and service providers; building professional capacity	**Objectives 3 & 4 –** Closure of 137 institutions by February 2025 and ban on residential care for 0-3 year olds beyond 2025
Planned outcomes and activities proposed for an adjusted Action Plan 2015-2020	Overall objective: Fulfil the Vision for Deinstitutionalisation of Children in Bulgaria		
	Objective 1 – prevention of separation of children from parents	**Objective 2 –** protection from violence, abuse and neglect	**Objective 3 –** deinstitutionalisation of children's care services and provision of alternative care suitable for a range of needs
Key indicators from Vision and first Action Plan	Reduction by 30% of children in any type of formal care / Improvement in development, health and education attainment and behaviour for each child	All decisions are taken in child's best interest and based on individual child and family assessment / Increased effectiveness of interventions to prevent violence, abuse and neglect and to increase parenting capacity	Zero children in institutions by 2025 / Staff/child ratios in formal care services; proportion of children in foster care and residential care in each region
Additional indicators in keeping with Bulgarian Government policy, UNPD, UNCRC commitments or drawn from UN Guidelines on Alternative Care for Children, UNICEF Manual for Measurement of Indicators of Violence Against Children and BCN/UNICEF Manual for Measurement of Indicators for Children in Formal Care	Removal into formal care of any kind and for any purpose is a last resort / All measures are taken to support parents to provide adequate care for their child building on innovative and best practice	Number of children officially reported as victims of violence to authorities and number of substantiated cases of violence against children during a 12 month period per 100,000 children in each Region / Percentage of child victims referred to and percentage of child victims who used Recovery, Reintegration, and Psychological support services during a 12 month period	Proportion of children with disabilities in formal care reduced to X by 2025; proportion of children with disabilities in residential care reduced to X by 2025; proportio of children aged 0-3 years in residential care reduced to zero / Placements into formal care become of shorter duration and have clearly elaborated goals focused on return to birth family where possible, having short, medium and long-term perspective and taking into account each child's individual needs as he or she grows

Annex 2. Possible framework for structuring the Action Plan

Key milestones/interim results	Activities and inputs							
	All objectives		Objective 1 – prevention of separation of children from parents		Objective 2 – protection from violence, abuse and neglect		Objective 3 – deinstitutionalisation of children's care services and provision of alternative care suitable for a range of needs	
	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget
Key activity 1 - Defining concepts and guidelines; adjusting primary and secondary legislation as necessary								
Review of CPD caseload and refining guidance to Municipal Social Services providers on removal of children into formal care and accessing preventative support services		Definition of 'children in need' which can be applied following individual assessment and help families to access necessary support services and financial support		Define CPD role as case managers and/ or commissioners of services from NGOs or municipal social services organisations in revisions to Child Protection and Social Services legislation	Incorporation of policies and guidance on prevention of unecessary child separation and clear thresholds for intervention into service specifications and normative framework for all workers in the child protection system.	Define CPD role in assessment of the need for formal care for children experiencing abuse, neglect		
Child protection protocols with clear guidance for CPD social workers, police, health and education workers in place and operational					Education programmes in child protection protocols for CPD social workers, NGO and state social workers, police, health and education workers in all Regions = XX EURO from HROP	Ongoing top-up training and a system of increasing qualifications on child protection across a range of professions and disciplines.		
Social workers, care staff, social protection staff, foster carers and other key staff working with children with disabilities and their families understand and apply a model of disability based on the ICF-CY and ICF in their day to day practice	Training in ICF-CY and ICF for MLSP, MoH and MoE national level policy staff, NGOs and academic institutions = XXX EURO from HROP	Inclusion of a concept of disability based on the ICF-CY and ICF into service specifications and standards and into municipal and Regional policies and service contracting mechanisms.	Training in ICF-CY and ICF for child and family social workers in People with Disabilities and Social Services Departments, Social Services Complexes and other community based support services = XX EURO from HROP	Inclusion of ICF-CY in higher education programmes for social workers, social pedagogues, teachers, housing specialists, lawyers, sociologists, psychologists and all professions relevant to children with disabilities and their families.	Training in ICF-CY and ICF for CPD social workers, NGO and state social workers, police, health and education workers in all Regions = XX EURO from HROP	Incorporation of understanding of child protection vulnerability of children with disabilities into child protection training and procedures for a range of front-line workers	Training in ICF-CY and ICF for FTPC staff, specialised foster carers, foster care social workers, training in key worker systems for children with disabilities in FTPC and other residential care = XX EURO from HROP	Incorportion of an understanding of disability based on the ICF-CY and ICF into service specifications for all types of alternative care including job descriptions for social workers, foster carers and FTPC carers.
Adoption of a disability policy which addresses the whole life-cycle and legislates for the provisions of the Convention on the Rights of People with Disabilities	National assessment, drafting and consultation on disability policy for children focused on the whole life cycle - early childhood, education, health, social services, sport and culture, assistive technology, transport, environmental accessiblity, housing, employment, supported independent living, individual budgets and assistance. Involvement of disability rights organisations, municipal and Regional authorities and service providers, National and local NGOs - all sectors and disciplines = XXX EURO from HROP.							

Annex 2. Possible framework for structuring the Action Plan

Key milestones/interim results	Activities and inputs							
	All objectives		Objective 1 – prevention of separation of children from parents		Objective 2 – protection from violence, abuse and neglect		Objective 3 – deinstitutionalisation of children's care services and provision of alternative care suitable for a range of needs	
	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget
Key activity 2 - identifying proven interventions								
Identification of successful proven interventions - family support and prevention models, child protection and formal care models with strong evidence bases in Bulgaria and globally which address the causes of child and family separation and ensure suitable alternative care.	SACP and intersectoral expert group resourced and supported to establish criteria, review evidence base, models for replication and train national, Regional and municipal decision-makers, service providers and NGOs = XXX EURO from HROP	Regulation on piloting proven interventions including funding mechanisms and monitoring mechanisms.		Based on Regional plans, identifying the main causes of child separation from family and creating service development plan. Planning service delivery through relevant NGO or state service providers in each municipality drawing on best practice and proven interventions for prevention and family support.	Identifying best practice for working to prevent abuse, neglect and violence in families where these behaviours are more likely		Review proven evidence base in Bulgaria and internationally for example respite foster care, multi-dimensional therapeutic foster care, emergency foster care for infants, contact families, kinship care, informal care support services etc. = XXX EURO from HROP for identifying and piloting services and training others to replicate	Introduce case conferences and gatekeeping procedures for all decision-making about entry of children into any form of temporary or permanent formal care
List of approved technical aids updated to take into account new technology and technical aids 'libraries' established in every Region which are used by all children with disabilities	Review of latest assistive technology and technical aids available globally for children and young people = XXX EURO from HROP for expert group including disability NGO groups to undertake review	Ministry of Labour and Social Policy to expand and update list of technical aids and assistive technology available to children and young people with disabilities and their families or carers						Children and young people with disabilities living in formal care of any kind or in supported independent living arrangements have full access to the same range of assistive technology and technical aids as children and young people living in their families.

Annex 2. Possible framework for structuring the Action Plan

Key milestones/interim results	Activities and inputs							
	All objectives		Objective 1 – prevention of separation of children from parents		Objective 2 – protection from violence, abuse and neglect		Objective 3 – deinstitutionalisation of children's care services and provision of alternative care suitable for a range of needs	
	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget
Key activity 3 - Investing in replication of proven interventions - infrastructure, training, management capacity, workforce planning								
Mixed market of social services delivering effective services in prevention of separation, child protection and alternative care	Development of municipal and/ or regional commissioning mechanisms including financing, quality standards, licensing, contracts and monitoring/ inspection systems which are fit for the purpose of developing and delivering effective preventative, protection and alternative care services = XX EURO from HROP for expert inter-sectoral team made up of NGOs, State agencies and municipal authorities				Establishing services in each Region based on assessed need and Regional assessments and focused on intervening to prevent violence and to provide therapeutic interventions to children who have experienced abuse, neglect and violence. = XX EURO from HROP and XX EURO from RDOP and RDP for mobile inter-disciplinary teams, therapeutic multi-dimensional foster care and other proven interventions			
All children with disabilities accessing mainstream services and up-to-date equipment and assistive technology and using it in their everyday lives	Specialists trained at technial aids libraries to assess children's individual needs, fit necessary technical aids and train parents and children to use them = XX EURO from RDOP for new assistive technology to become availabe in every Region + XX EURO from HROP for training and establishing teams of trained specialists		Individual assistants created and trained for children with disabilities to attend school, access mainstream health and social services and other community services = XXX EURO from HROP and XXX EURO from RDOP and RDP	Respite foster care, kindergarten and school places for children with disabilities established in accordance with assessed need in all regions and municipalities			Moving children from Disability institutions and Infant homes into community based services, family-based care and back into their own families = XXX EURO for infrastructure for FTPCs, reintegration, specialised foster care	Individualised planning for all children in formal care which has short, medium and long-term developmental goals focused on increasing functioning, inclusion and whole life-cycle planning including education, eventual employment and supported independent living.

Annex 2. Possible framework for structuring the Action Plan

Key milestones/interim results	Activities and inputs							
	All objectives		Objective 1 – prevention of separation of children from parents		Objective 2 – protection from violence, abuse and neglect		Objective 3 – deinstitutionalisation of children's care services and provision of alternative care suitable for a range of needs	
	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget
Key activity 3 - Investing in replication of proven interventions - infrastructure, training, management capacity, workforce planning								
Parents are supported financially to care for their children when necessary - based on assessed need	Introduce policy and legislation on financial support for families with children that have been proven to achieve prevention of separation and other policy goals on child well-being		Assess and pilot options for family tax credits, child benefits, conditional cash transfers and other mechanisms that can be used to support children in their own families when poverty is constraining the ability of parents to provide care = XX EURO from HROP	Small flexible packages of financing introduced to actively support families struggling with poverty and housing problems			Financial support packages for reintegration to their own families of children from formal care settings based on assessed needs and agreed plans.	Support for formal care leavers
Marginalised children and parents are able to access relevant and effective support			Assess and pilot options for community grants to ensure children in marginalised and excluded communities and their parents are accessing all possible support to ensure an agreed minimum adequate level of care = XXX EURO from HROP and XXX EURO from RDOP and RDP	Introduce family group conferencing to all municipalities - training for FGC facilitators among CPD, RDSS and local NGO service providers				
Necessary infrastructure for piloting and replicating proven interventions in place			CPD social workers in all municipalities have access to transport in order to visit families as necessary = XX EURO for vehicles from RDOP or RDP; running costs from State Budget				Creating and replicating a range of formal care services that can meet a range of needs - eg. respite care, multi-systemic therapeutic foster care, etc.= XXX EURO from RDOP or RDP for creating services	Closure of 20 Infant homes, all Disability institutions and all Children's homes.

Annex 2. Possible framework for structuring the Action Plan

Key milestones/interim results	Activities and inputs							
	All objectives		Objective 1 – prevention of separation of children from parents		Objective 2 – protection from violence, abuse and neglect		Objective 3 – deinstitutionalisation of children's care services and provision of alternative care suitable for a range of needs	
	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget	Funding from EU Operational Programmes	Funding from Bulgarian State Budget
Key activity 4 - Establish a cycle of monitoring, review and planning								
Indicators based on agreed definitions of formal care, residential care, family-type care and other key concepts approved	National inter-sectoral (Health, Education, Labour and Social Policy) monitoring framework introduced and training provided to all key National, Regional and local bodies and NGOs	Annual report on Action Plan implementation based on national monitoring framework						
Regular review of municipal and Regional plans, based on assessments and monitoring of key indicators		Municipal and Regional teams receive support annually to carry out assessment and generate adjustments to service development plans						

All objectives

1. Define a concept of a 'child in need' of state support and a policy of supporting children in their own families wherever possible. Removal of a child into formal care of any kind should become necessary only in the case of a threat to life or health – a concept which needs equally clear definition. In consultation with the Regional and municipal authorities and with NGOs, the government may need to review and amend some parts of the legislation and administrative framework to prevent the unnecessary removal of children into formal care and ensure the delivery of support that can prevent the need for removal. The 'necessity' principle of the UN Guidelines on the Alternative Care of Children is a useful guide on this issue. These concepts should apply to all children – with or without disabilities, of any age, gender or ethnicity.

2. Carry out a comparative analysis of Regional data in order to identify municipalities or Regions which are achieving strong results in family support and identify the factors contributing to these strong results. Establish a mechanism for assessing the evidence base of proven interventions and deciding which approaches, methodologies and standards should be promote to support all municipalities and Regions to be able to achieve similar strong results.

3. Invest resources in building the capacity of municipalities and Regions to develop and deliver the proven interventions either through contracting out to NGOS or through municipal service development. The sustainability of this investment must be guaranteed by a long-term and strategic process of workforce planning for social workers and by a decision-making process that drives the development of a social services market or mixed market as appropriate. A particular need has been identified in this review for strengthening the capacity of the workforce to deliver services for children with disabilities and their families..

4. Establish a cycle of monitoring, review and planning that can inform a constant updating of the system of services to ensure that newly arising challenges can be met by communities, municipalities and Regions as well as ensuring that that the quality of services that are always needed, for example for children with disabilities and their families, are maintaining their quality and effectiveness.

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