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Child Care System Reform
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Development of alternative services, including foster care, within the framework of reforming child protection system

Experience of Bulgaria

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The following is a summary of the Bulgarian experience in implementing a comprehensive reform of the care and protection system for children at-risk. It shows the achievements as well as the lessons learned during this challenging process, which indeed still remains incomplete. I would like to share my experience as a social activity instructor at the St. Kliment Okhridsky Sofia State University as well as a direct participant in the reform process, in the capacity of expert, consultant and Head-, since 2001, of a non-profit organization[1] providing services for children and families at risk in three major cities in Bulgaria (Sofia, Shumen and Pazardzhik). The NGO has an approx. of 500 service users per year.

1. The need for reforming the child care system in Bulgaria

The reform of the childcare system in Bulgaria is considered to have started in 1991 when our country ratified the UN Convention on the Rights of the Child. But in fact the reform began almost a decade later – after an exceptionally critical report made by the UN Committee on the Rights of the Child (CRC).

In 2000, a national representative survey "Social Assessment of Child Care in Bulgaria"[2] was conducted with the support of UNDP and the World Bank, and I was a member of the survey team. The survey demonstrated the following:

1.1. A great number of children in Bulgaria are placed in out-of-home care. Thus, in 2000 over 30,000 children were placed in institutional care. The number decreased down to 15,000 after adopting the definitions of "at-risk child" and "child in institutional (social) care"

1.2. Residential form of care for children at risk prevails. It was found that whatever the problem of a child (absence of family or appropriate parental care, being mentally or physically disabled, behavior problems, etc.) society and the state responded in the same way – by placement of the child in a Child Home.

1.3. No coordination within the at-risk child care system. Social homes, as a principal form of care, were under the control of five ministries with the respective regulatory and sub-regulatory systems generally unrelated to each other. Child Homes are classified based on the type of problem (homes for children without parental care (HCWPC), homes for disabled children (HDC), educational boarding schools (EBS) and social-pedagogical boarding schools (SPBS)), or depending on age level: homes for children without parental care are divided into homes for 0-3, 4-7 and 8-18 year-olds. It is safe to say that these institutions are targeted to themselves, not the needs of children.

1.4. Low quality care: only the cost of basic needs such as provision of shelter and meals, access to medical assistance and education is reimbursed. The low quality of care is related to:

▪ Remoteness of social homes from major population centers which leads to problems related to access to education, provision of quality staff, social integration, etc.

▪ High occupancy rates in social homes: mostly – over 70 children per home, with a large number of homes where over 150 children reside, which increases social isolation;

▪ Working methods are inadequate to the needs of children; all homes use the collective-oriented methodology focused on well-disciplined organization of activities, which leads to the children having a low self-esteem and problems with socialization and starting an independent life. Children's groups are formed based on age level, which is far from resembling the natural home environment. Gaining experience mostly in one group, without being stimulated for individual development or receiving support for integration into other groups, does not ensure the development of individual potential. It was found that the main problem for the children leaving social care institutions was inability to

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[1] Institute of Social Activity and Practice (ISAP) www.sapibg.org, sapi@abv.bg
[2] Social Assessment of Child Care in Bulgaria, UNDP, 2000.

cope independently. In other words, placing children in state care created an additional difficulty, rather than a compensation for the absence of family.

▪ Long duration of stay; the survey showed that the stay of the majority of children in social care institutions is more than three years. Actually, the majority of children are placed in social care homes after birth to stay in them up to the age of majority.

▪ Fragmentation of living arrangement and inability to control such fragmentation. The division of homes for children without parental care based on age level and depending on affiliation to different ministries (Ministry of Health (MH) and Ministry of Education and Science (MES)) leads to the child's personal history being fragmented or even absent. Transferring to other institutions is performed without any intermediary procedure and without requirement for interrelation. This entails radical changes for the child who is left without a qualified assistance, experiencing such changes as traumatic events with impacts depending on age and other specific conditions. This is one of the main reasons for various problems experienced by the majority of children during puberty and youth periods: learning difficulties, behavior problems, addictions, etc.

▪ Absence of family ties: both the living arrangement and the philosophy of care in social homes do not only encourage the child's relationship with the family but very often compete with the family or even make believe that such relationship is harmful[3].

▪ Qualification of the staff (educational and medical) is inadequate in terms of skilled functions[4]. In homes for children below 3 years old without parental care, over 80% staff is of medical profession because these homes are part of the Ministry of Health structure. The children receive a quality medical assistance, which is far from being sufficient for their development as human beings. In fact, the most serious negative impacts of educating children in social care homes are created at this age level, and the staff being not prepared to satisfy the needs of actually relinquished children considerably aggravates the negative impacts. Homes for 4-7-year old children employ children's educators, while homes for 8-18-year old children teachers. Until 2007, these homes were affiliated to the Ministry of Health, with differentiation based on school attendance age.

1.5. Free access to child placement in a social institution – the survey demonstrated that the doors of Bulgaria's social homes are "wide open". It was found that children placed in the homes actually had a family and that of them the number of orphans was below 1%. The main reasons for placement in care are social (poverty, illness, long absence of parents, etc.) and also simplified access (mostly by the director's decision which is in the conflict of interest area)[5].

2.   Priorities for the reform in Bulgaria

The main priorities for the reform were deinstitutionalization of care for children at risk, development of alternative community-based services, provision of individualized assistance and improvement of the quality of care and services.
Deinstitutionalization of care for children at risk was planned to be carried out through the following instruments:

2.1. Narrow access to social institutions - In narrowing access to social care homes, we relied upon the freshly adopted Law on Child Protection (in 2001) which requires that removal of a child from the family be allowed only by a relevant independent authority (in our case by a court). The court will adopt a decision based on a proposal by the child

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[3]ISAP 2004. Assessment of needs for provision of methodological support and instruction to reform specialized children's institutions and for development of community-based services improving the well-being of children   www.sapibg.org In this survey, the staff of social homes consider the main difficulty to be the necessity for children to return to their family even once a year.
[4]Assessment of needs for training specialist working with relinquished children and youth in Bulgaria; Relay 2 project, 2007. État des lieux et diagnostique des besoins de professionnalisation des acteurs de la relation d'aide aux publiques en situation d'abandon – synthèse européenne www.relais2.eu
[5] 3.a. The number of staff in a social care home depends on the number of children in it.

protection department – a key structure within a newly developed child protection system. The proposal will be made based on the assessment of child's needs and the identified risk of violation of his or her rights. This allows elimination of the bad practice of placing a child in a social care home upon the decision adopted by persons who are interested in such decision.

Summarizing the data for 2001-2007, it is safe to say that a decrease in the number of children in specialized institutions has become a very strong trend. Compared with 2001, the number of children in such institutions has decreased by 4,590 or 36.4%.

Chart 1: Number of children placed in specialized institutions in 2001-2007:[6]
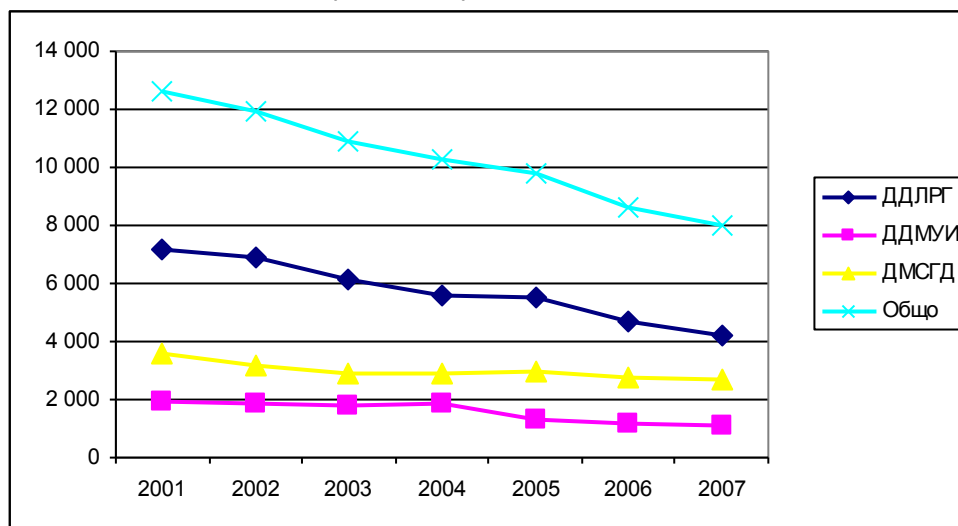
As of 31/12/07, the total number of children in specialized institutions was 8,019. In comparison with the previous year, the number of such children had decreased by 634 or 7.3%. The portion of children in specialized institutions related to the country's child population had decreased from 0.78% in 2001 down to 0.67% in 2005 and 0.61% in 2006, whereas, in 2007, the portion of children placed in specialized institutions related to the total child population was 0.58%. According to preliminary data from the National Institute of Statistics, the total size of Bulgaria's child population as of the end of 2007 was 1,390,843.

Chart 2: Decrease in the number of children in specialized institutions related to the size of same-age child population by type of institution:[7]

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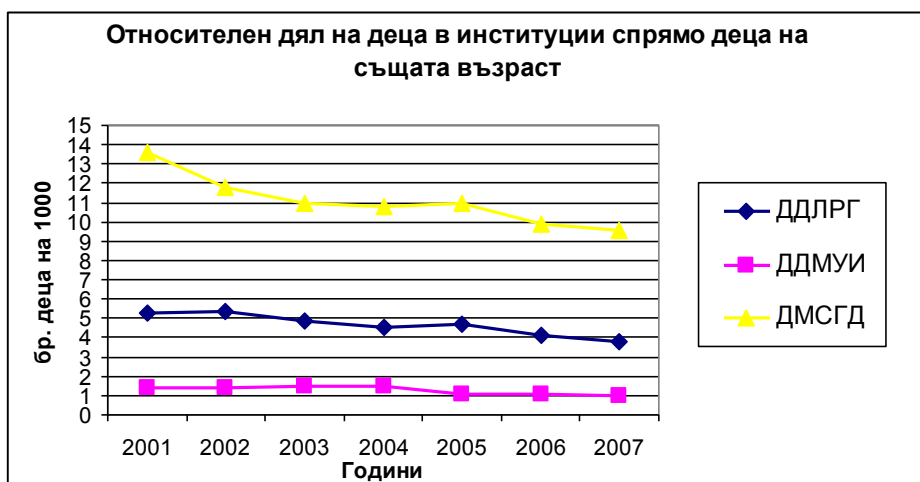
[6] Annual report on the activity of the State Agency for Child Protection 2008 www.sacp
[7] Ibid

Due to the general trend of decreased size of child population, the decreased number of children placed in specialized institutions related to the total size of child population also should be taken into consideration. In other words, the decreased absolute number of children in social care homes is rather due to the drop in the total child population size, so the relational portion of children placed in specialized institutions is still high in comparison with the total child population.

2.2. Introduce a new individualized and child-centered methodology in all organizations providing care and protection for children, namely a case management system which implies the study and assessment of the individual needs and social situation of each child and planning interventions based on such assessment. Using this methodology throughout the country, particularly in social care homes, has been and still is connected with great difficulties as the work teams working in these services are generally unprepared for such changes. Of special importance in using the individual case assessment methodology was the adoption of minimal quality standards. Despite the difficulties, thanks to individual case assessments and plans for children in social care homes, a large number of them could be returned to their biological parents or relatives. The quality of care and services for children was improved mostly thanks to the introduction of minimal standards for each service, including for the so called residential service provided in social care homes, and also due to introducing a licensing procedure for providers of services for children and families at risk.

2.3. Create a regulatory framework for the newly developed alternative services. It is evident that the newly established protection system needs new services to be provided in order to function properly. That is assessing whether the removal of a child from the family is beneficial for the child rather than needed for interested parties. Otherwise, if the removal of a child from the family is necessary and there is no other alternative but placement in a social care home, there is no question of deinstitutionalization. The development of new, family base alternative care services, was facilitated by some changes in social policy and social legislation. Among the changes was the state delegating particular functions to local authorities, i.e. decentralizing all social services over several years and creating a legislative framework for attracting into the services market new players: municipalities (called "communities" in Bulgaria) and non governmental organizations (NGOs) – that is private service providers. Currently in Bulgaria, in the sphere of child care and protection only homes for children below 3 years old are still under the control of the Ministry of Health (MH). At the same time, to ensure the access of all people to a full package of services, the state has introduced a legislative regulation of a continuum of services to be provided in all geographical locations and provided funding for them according to a unified national standard. In delegating competencies, the state is still exercising the control function – through funding, standards and licensing procedures. Local authorities are responsible for the study of population needs, planning and the development of adequate services for which they receive funding from the state. Thanks to a reform of legislation, NGOs are currently entitled to provide services (funded by the state and local authorities - 'communities") through tenders announced by a local authority. To provide services for children and families at risk a license, issued by the State Agency for Child Protection (SACP), is required. Introduction of a regulatory framework into the social services market has allowed development of a number of new quality modern services throughout the country. The new legislation facilitates an actual interaction between NGOs and local authorities. In practice, new community-based social services are developed within an NGO's pilot project, in cooperation with local authorities, to be introduced as such on the municipality ("community") level; after that an application for the state funding will be filed, and the service will be either provided by the municipality ("community") or proposed in a tender organized by the municipality for NGOs. The initial apprehensions and distrust of local authorities in respect of NGOs have declined and is still reducing after local authorities have witnessed the successful experience of pilot municipalities ("communities"). Pilot municipalities had been participating in a national project of the Government and the World Bank that was supported by other donors as well, including EC – a project "Reform

for Improvement of Children's Well-being in Bulgaria"[8]. A number of projects funded under FAR Program[9] by EC structural funds, which projects are being implemented in cooperation between NGOs and local authorities are having the same positive reactions. As far as we know, among the 12 new EU member states Bulgaria is the only country in which such practice, traditional for old EU member states, is being introduced.

The trends for development of social services in Europe, and probably throughout the world, may be summarized as follows:

- Changes regarding the place of service provision. Early in the last century, and later on, to avail oneself of the majority of services it was necessary to abandon the home environment. Then, during a transition period, it was possible as a service user to benefit from a service at place outside of the home setting. This practice has now evolved into the current trend for services that are "outreach services" reaching out the to service users. In other words, services provided as alternatives to social care homes – so called community-based services – are received at the place of the service users. Such services may be also defined as social services to prevent placement in social care homes, i.e. outreach services targeted to the child and family needs.

- Rresidential care homes as previously was the only form of out-of-home care, are being replaced by so called family-based placement. In other words, whenever necessary for the best interests of the child to remove him/her from the biological family, different forms of alternative care, similar to the home environment are provided. For children, the following forms of care may be provided: adoption, foster care and residential care. In most countries, within the framework of deinstitutionalization, small communities are created where the living environment is similar to the family one.

- Following the modern trend, the alternative services for children at risk in Bulgaria may be divided into two main categories: family assistance services (additional parenting services), and family-substitute services.

3. Social community-based family assistance services

After adoption in 2003 of the subregulations of the LCP, 9,017 children had been returned to their biological parents[10] by the end of the first half of 2008. Social family assistance services are meant to prevent placement in social institutions, support a return children to their biological parents, and, ultimately, provide a safe permanent environment for children's growth and education in compliance with the UN Convention on the Rights of the Child. Such services are provided within the framework of measures to protect the family environment in compliance with the Law on Child Protection. The services are stipulated in the Law as Centers for Social Support, Mother and Child Centers, Day Care Centers, Complexes for Provision of Social Services, Centers for Social Rehabilitation and Integration. All these centers receive the state funding depending on their potential (occupancy rate).

3.1. *Services intended for preventing the cases of abandonment of newborns.*

In Bulgaria, the proportion of infants abandoned just after birth is very large. This has caused the need for development of a package of services to prevent such cases, e.g. prevention of unwanted pregnancies, provision of sexual education, instruction on the the serious impacts of institutional care on the young child, provision of consultations for young mothers and families on parenting skills, and placement of young mothers for three months in centers where they can stay together with a child, receive support and intermediation with the family and other institutions, develop parenting skills and learn to

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[8] The project was implemented in 2001-2006 in the country's ten pilot communities. The main activity was enhancing the potential of local authorities and child protection system through provision of trainings, consultations and international support. This resulted in creating, based on communities' strategies, Complexes for Provision of Social Services for Children and Families (CPSSCF). The task of introducing services within these complexes was entrusted to NPOs that are still in charge of affairs in nine of ten such complexes.

[9] FAR Program before joining EU "Deinstitutionalization of Care through Development of Alternative Services"

[10] Annual report on the activity of SACP 2008 www.sacp

cope independently. In Bulgaria, there are about 10 such centers, mostly within Complexes of Social Services.

3.2. Social services to facilitate the return the child from a social care home to the family. These services are intended to improve the relationship of the child with the family and facilitate mutual adaptation to living together. The services are provided by teams comprised of social workers and psychologists within the framework of Centers for Social Support (CSS).

3.3. Family assistance services *(additional parenting services).* <u>Centers for Social Support</u> provide the following services: education and consulting for parents, parent's schools, development of parent's potential, classes for expectant and new mothers, classes for new fathers from the gipsy community, and others. The Centers also undertake various forms of parental care: support for children with difficulties in school or at risk for dropping out of the educational system, case management for children in overcoming difficulties, studios for hobby development, etc. The services are provided individually or in groups. Additional parenting services are also provided in <u>Day Care Centers</u> intended for street children, children at increased risk for dropping out of the educational system (mostly children of national minorities who don't speak Bulgarian, so measures are taken to ensure their school readiness), and children with disabilities. <u>Complexes for Provision of Social Services for Children and Families</u> normally comprise a Center for Social Support, Mother and Child Center, Day Care Center and, in most of the complexes, <u>emergency reception center for child victims of violence.</u> The experience in providing such services, mainly by NGOs, has evolved into developed methods adopted on the state level, which is a step forward in guaranteeing the quality of services in every place where they are provided. Quality control of services and of compliance with child rights are performed by the State Agency for Child Protection.

4.   Social community-based family-substitute services for children

Among community based family substitute services are services provided within the framework of protection measures related to placement in out-of-home care: they are adoption[11], foster care (including kinship care), family-type homes, children's villages.

The problems related to deinstitutionalization of care in Bulgaria are due to the underdevelopment of this category of services. It was found that Category 1 services were received mostly by a new target group having had certain unmet needs before; but the development of such services does not appropriately address the issue of lfacilitating the exit of children in social homes or the removal of a child from the family due to violence or neglect. Apparently, the most serious problems that we have faced and still are facing are those in developing foster care.

4.1. Kinship care. The success achieved in this area is in that the number of children placed in family-based care in 2004 excelled for the first time the number of children placed in social homes and this balance still remains. The success is mainly due to the kinship care protection measure, allowing a relative or close family to care for the child. The carer receive financial support and the opportunity to use social family assistance community-based services. As of 30/06/08, the total number of children receiving kinship care was 5,713, or 184 higher than in the same period in 2007. The number of children placed in kinship care over the same period was 1,395. Over the same period in 2007, the number of children placed in kinship care was 1,134. Children are placed in kinship care by the court after being referred by the child protection department. In parallel, a CSS provides such services as education, consulting, children's services, etc. Practical experience shows that this measure should be perceived as a form of foster care, which implies compulsory education, period of adaptation for the child and family, and subsequent support and supervision.

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[11] Rather services facilitating adoption, as in Bulgaria adoption is still not a protection measure.

4.2. Placement in foster care. There are different forms of foster care in Bulgaria: voluntary and professional, short-term and long-term, and substitute. In early 2009, the total number of children in foster care was as many as 220, with the number of foster families being 250. In comparison with 9,000 children in social homes, the figures show that foster care is underdeveloped in this country. What are the reasons for this?

In 2006, upon request of UNICEF and SACP, the Institute of Social Activity and Practice (ISAP) and ACR (Agency for Comparative Reviews) conducted a nation-wide representative survey "Attitudes of the population of the Republic of Bulgaria towards foster care services"[12]. The survey studied the reasons for small numbers of foster families and the extent to which the situation is caused by the problems associated with the placement procedure (forms of foster care, requirements for applicants, etc.), problems associated with its application (potential of organizations, absence or insufficiency of informational campaigns), or attitudes towards foster care which hamper the development of such services. Apart from citizens, the participants in the survey were professional groups, staff of specialized children's institutions and child care system, specialists from the non-governmental sector with experience in developing foster care, foster family applicants and approved applicants to become foster families. Our wish was to test a myth about Bulgarians' 'popular psychology' which was widely spread among professionals and policy makers. Based on the 'popular psychology', Bulgarians reportedly do not understand the meaning of a short-period care for the child, and do not wish to become foster parents. From this perspective, Bulgarians do not perceive the idea of a child's education as a service and believe only in adoption as an opportunity to educate a "somebody else's" child.

The main conclusions from the survey results commented upon in the context of the current situation prove the following:

A. *One of the reasons for the underdevelopment of foster care is insufficient awareness of the population, which is still the case today*. More than half of the respondents (54 %) were unable to define correctly what foster care is, while 18% perceive foster care as adoption or preparednes for adoption. The survey found that there is a relation between understanding the term 'foster care' and considering the idea of applying for foster care. In spreading awareness, of special importance are TV programs and brochures. The current data on the development of foster care shows that wareness campaigns of good quality for various groups of population are very efficient.

B. Among the population, the level of readiness to become a foster parent is very high, which is at contrary to statements of those working in the sphere of child protection. On the whole, it is difficult to generalize about the population's readiness for foster care, as, on the one hand, the data are contradictory, and, on the other hand, they should be interpreted in the context of insufficient awareness of the foster care concept. In terms of other conditions, mainly those related to the child and funding, 40% of population report the potential readiness to become foster care family. The data show that people from small population centers generally report more readiness in comparison with major cities. At the same time, only 3.5% report that they are considering the possibility of becoming foster parents. Irrespective of conditions, 8-12.5% of respondents said that they were ready to become foster parents. The data show that 42% of the population report their readiness to provide child care on week-ends, festival celebrations or holidays, while about 25% for a month period. Foster parents with child care experience are more responsive to various temporary-stay forms of foster care and other forms of child-family relationships. They clearly understand-, and are fully aware of the fact that the home environment does not necessarily mean family-type ties and relationships, but may be simply an opportunity for the child to stay together with a family. The highest level of readiness to provide child care for a short period (week-ends, holidays and up to month-long periods) is reported by the youngest portion of population

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[12]ISAP "Attitudes of the population of the Republic of Bulgaria towards foster care services" 2006. Total number of respondents - 803, which is in accordance with the study scope initially established by the survey methodology. Of all respondents 48.9% are males and 51.1% are females. About 78% respondents have a family , 18.1% are singles including widowed, divorced or actually separated. Full text of the report in Bulgarian and English: www.sapibg.org

– aged up to 37 years. The population aged above 50 years prefer to provide child care for half-year or year-long periods. The readiness to provide child care for periods longer that one year or for ever is reported by the population aged 38-50 perceiving a long period of child care as an opportunity for adoption, and most of adoption applicants are within the same age group.

C. Most of the population have a positive attitude towards family-based care and do not perceive institutional care as an appropriate form of care*.* If necessary, people would prefer to entrust their child to a foster family, which means that foster care and placement of children in family-based care take first place. About 30% would entrust their child to a foster family, with or without payment, regardless of whether the time period is long or short. The second largest group of respondents (25%) would entrust their child to a small family-type social home with qualified caregiving. Only 4% of respondents would prefer to place their children in state residential care, which marks a serious change in comparison with responses to the same question in the 2000 survey. This survey reported social homes for children as being most trusted.

D. The population's leading positive motivation is not related to financial compensation, which is a widely-spread concern among specialists*.* Over two-thirds of the population report as a strong motivation, the capability of doing something good or helping. Over one-third (39.6%) of respondents report their readiness to become foster parents for children for whom a foster family is the only chance for getting to know the nature of family relationships.

E. Being afraid of an unknown child is the most constraining factor, according to a study of population's motivations for providing foster care. This fact is important to the philosophy of foster care. The survey found that people are ready and need to get to know the child before making a decision. To the question "What other conditions would you set to become a foster parent?" 53.1% of respondents set the above described condition in the first place. The second most important condition is "possibility of child selection" (51.8% of respondents). It should be noted that this is a predisposition, and experienced foster parents report their readiness to foster an unknown child. In terms of motivation and readiness to foster a child, the most important factor is age level, namely the possibility of choosing the child's age; 46.3% of respondents reported such readiness. Of great concern is no readiness to foster children with illness, disabilities or behavior problems. This is the least preferred group. People are ready to provide support for Roma children more often than for children with illness, disabilities or behavior problems.

F. The survey demonstrates that financial motivation is a considerable factor for 48% of population. This is a most predictable result, given the current social-economic situation in Bulgaria. Part of the survey was focused on the study of population's financial motivations. Experts express concern over abuses that may accompany the financial motivation. The introduction of qualified foster care has demonstrated that such concerns do not have any ground and that in fact it is not money that is the main barrier in developing the service in Bulgaria.

G. The potential of the social protection system is assessed as insufficient for provision of foster care. The survey results show discrepancies between assessment of the potential of child protection departments (CPD) – from the perspective of users and partners – and self assessment by those working within the child protection system. In terms of competence and responsibility, self assessment by CPDs of their own potential is highly positive. Where the notion of potential implies sufficient amount of time and human resources, there are absolutely opposite opinions: from statements on full readiness to serious concerns over unpreparedness in case of necessity to receive a large number of foster care applicants. According to the opinion of partner organizations (NGOs) having experience in developing foster care, CPDs have no potential to become the main and single authority to develop foster care. This argument is based on the fact that child protection departments are overloaded and incapable of performing their activity appropriately. At the same time, in terms of their qualification and professional identity, the competence of CPDs is questioned as well. According to NPOs, foster care is not

being developed as it is under the control of those who don't believe in it. This conclusion made in the survey has been proved in recent years when the remaining barriers were eliminated, e.g. funds were provided and a qualified foster care boom was expected. In fact, the main problem was the existent social protection system and the level of its readiness to deliver the foster care service.

H. The survey made it possible to introduce changes into the regulatory framework of foster care in Bulgaria and establish a qualified foster care system. The review of the survey results shows that specialists assess the regulatory framework of foster care as overregulated in comparison with all other forms of care, which is a barrier in selecting and applying for foster care. The survey results also show that people on the whole (over 80%) approve the main provisions of the regulatory base: requirement for each family member to have a minimal income, requirements related to age level and availability of private space for the child, etc. Financial compensation received by the foster family and requirement for maintaining relationships with biological parents are the two provisions stipulated in the regulatory base that cause contradictory attitudes among both citizens and specialists. The majority of people agree that it is necessary to provide funds to support a child, but almost half of respondents (about 50%) are uncertain as to whether the financial compensation for foster parents and maintaining relationships with biological parents are necessary. The survey made it possible to introduce a change into the regulatory base in 2007 according to which placement in kinship care is understood as a form of foster care; foster families were given an opportunity to participate in child selection (mainly in terms of age); qualified foster care was introduced; external providers were given an opportunity to perform selection, assessment, education and support for foster families. Practical experience shows that all this is not sufficient as agreements are concluded between foster parents and organizations within the state care system whose potential is insufficient and whose impact is rather constraining. Therefore, according to the latest changes in the Law on Social Assistance proposed by NPOs, the foster care service may be fully provided by an external provider (NPO with a license). We believe that this change will lead to a considerable increase in the number of foster families in this country.

Adoption – in terms of procedure and responsibility – was also reformed, which, at the beginning, had lead to prolonged stay of children in infant homes. The number of adopted children over the period in consideration in 2008 was 858 – of them 674 were adopted in Bulgaria, while for 184 children an approval was received for their international adoption. In comparison with the previous year, the number of internationally adopted children more than doubled, with the adoption rate in Bulgaria being 34 children less. One of the main problems in adoption is the placement of child in residential care for temporary education upon request of parents but such temporary education normally lasts for years. According to the currently applicable regulations, the adoption procedure may be applied if parents or family during a period of six months have not maintained contact with the child placed in residential care, but there are no expressly stated requirements as to the meaning of "contact" or "interest". Actually, a phone call made within this six-month period is enough for the social home's staff (who are naturally interested in the child's stay) to recognize that the parents are interested in the child. This has lead to an absurd situation: the number and duration of stay of children in homes for children aged up to 3 years have increased over the recent years. The NGO and National Children's Net Alliance in this country insists on introducing a moratorium on placement of infants in social homes and giving priority to the development of foster care for newborns and infants. Actually, there is no such care. According to the approved changes to the Family Code being considered by the parliament, if a family has not provided foster care for a child within a six-month period the child immediately becomes subject to entering into an adoption register and the adoption procedure may be initiated.

4.4.   Placement in new services providing the residential form of care. Recent years have seen the development of a new service – Center for Family-Based Placement providing family-type environments for children aged 8-12 years. The service is

underdeveloped since little consideration is still being given to it due to a the policy of reforming the existent institutions[13] in which considerable funds are ineffectively invested.

5. "Lessons" learned during a period of reforming the system of care for children at risk in Bulgaria

5.1. The services for children and families at risk should be developed within the framework of a clear and task-oriented policy in the sphere of social support for families and positive parenting. This means promotion of positive parenting and prevalence of services stimulating and empowering families. This also implies coordination between- and integration of social services with employment support measures and social support (cash assistance), otherwise social services will be both costly and inefficient. The preventive measures should by family-centered.

5.2. Partnership and networking are key to an efficient care- and protection system for children and families at risk. The development and good quality of services related to human needs are impossible without clear regulations concerning responsibility, functions, and mechanisms of interaction between the Governments, central and local authorities, individual providers and NGOs. The absolutely inefficient centralized approach in Bulgaria is evidenced in the sphere of foster care development: if foster care is not delegated to those organizations that are interested and competent enough to perform such service other conditions, whatever favorable, will be insufficient.

5.3. Giving priority to the development of measures to guarantee the long-term satisfaction of child's needs. Foster care, as well as placement in a social home is temporary measures that should not be perceived as a solution to the problem, with the exception of certain specific cases. Efforts should be made to provide a safe permanent environment which means biological family, relatives and close friends, or adoption. It should be noted that all participants, especially adopting parents, are in need of additional services, which again makes it necessary to introduce a package of universal services available for all families.

5.4. To develop foster care and other alternative services, it is advisable to consider a program for closure of social care institutions, including a moratorium on placement children in them (or part of them). Practical experience shows that as long as social care institutions exist, children will be placed in them despite the existence of other services. Reportedly, the care institutions believe more in placement of children in social homes than in foster care, but actually they don't recognize it. This is evidenced by a fact (which we were surprised to know about during the survey and which is still causing concern) that: the number of approved foster families greatly exceeds the number of children placed in them. Very often, foster families lose their motivation due to a lengthy approval procedure followed by a lengthy period during which the child is not placed in them.

5.5. There is a need for professionalization of care and services for children and families at risk. This issue covers all aspects of the reform, including development of standards for vartious support professions based on clear competences required to perform the service, coordination between the training of specialists working with children and these standards, and introducing a permanent training system.

Regarding support professions, the need for supervision should be stressed. In Bulgaria, supervision is part of the quality standard for children's services which is being observed by only individual providers.

The lessons learned in foster care is as follows: to make this for of alternative care efficient we need to change our attitudes towards foster families and perceive them as partners rather than clients. In other words, foster families come to be perceived as professionals and colleagues who share our difficult responsibility of caring for the

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[13] In 2007, the Alliance comprising over 90 NGOs in Bulgaria insisted that the Government would undertake obligations in respect of a program for closing traditional-type social homes during a period of 10 years. This had lead to changes in attitudes and formulations in the Government rather than clear policies in this sphere.

children entrusted to us by the state. It should be stressed that children who will be placed in foster care are actually relinquished children, so people must be professionally trained to be able to meet the needs of such children. It becomes clear that one's own parenting experience is not enough.

In June 2009, a major project of UNICEF, ISAP and ISS (International Social Service in Bulgaria) will be launched to establish Agencies for Foster Care to provide a package of services in selection, assessment and education, including concluding of agreements with foster families and providing support for them after placement of the child. One of the goals of the project is to develop a competence-based training program for foster families. Our experience is not large but it proves that such training is of great importance. Cases have been reported in which a foster family returned the child mainly due to inadequate training. The families being attracted to foster care should not be misinformed about foster care as being an easy task. Very often, foster care brochures feature nice blue-eyed child models arousing pleasant expectations. In fact, as we all know, it is not easy to be a parent nowadays; neither is it to be a foster parent. To find the best approach it is essential to understand the child's needs, perspectives, etc., but in order to understand and intervene, it is necessary to be professionally competent. This means the need for professionalization in this sphere.

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