Child Care System Reform in Bulgaria

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Bulgaria – general information

• Bulgaria is an upper middle income country located in Southeastern Europe. In 2007, Bulgaria became a member of the European Union. Bulgaria is the poorest EU member state with the highest share of population in risk of poverty. Poverty in Bulgaria is disproportionately concentrated in two ethnic minority groups: Roma and Turkish.

• Bulgaria is ranked 57th in the UNDP Human Development Index (gross national income of US$ 6,870 per capita- World Bank, 2012). In 2011, Bulgaria had 28.4% of its young population aged 0-17 years living below the national poverty line (Eurostat, 2010). Eurostat further indicates that 51.8 % of young children aged 0-17 years, including 49 % of children less than 6 years old, are at risk of poverty or social exclusion (2011).

• According to the final results of the last census in 2011, the population of Bulgaria is 7,364,570 people. Bulgaria is in a state of demographic crisis, which is one of the most difficult problems for the country. Population growth is negative (-0.796% for 2012). The main reasons are low birth rate, significant emigration of children going abroad with their parents and continuing relatively high infant mortality. The 2009 mortality rate for infants under 1 year old was 8.9 %.
Map of Bulgaria

HMs financed by state budget – 130 (2013)

HMs financed by project – 17 (2013)
Roma in Bulgaria

Bulgaria is a country with multiethnic population in which the following main ethnic groups can be identified: Turks, Roma, Armenians, Jews, Walachians, Russians, Tatars, Karakachans, Arumanians.

• According to the 2011 census, the Roma count for 325 343 persons (4.9%) and constitute the second largest ethnic community in Bulgaria. However, unofficial estimates by Roma NGOs and independent experts incl. CE suggest that the size of the Roma population could be as high as 700 000 or 8-10% of the population. Over the last twenty years in Bulgaria, the Roma has reached the social bottom and there can be identified a worrying trend of concentration and self-exclusion. In some cases, the level of poverty among the Roma is more than ten times higher compared to non Roma population

• Roma in Bulgaria are not a homogenous group, but are differentiated along several lines such as social status, religion, linguistic preference, traditions and cultural specifics.
Roma in Bulgaria

44.13% of the Roma in Bulgaria (2011 census) live in rural areas. The Bulgarians are much more urbanized than the other two major ethnic groups – Turkish and Roma. People in Bulgaria who live in villages have more restricted opportunities and choice in many aspects, they are faced with:

- a greater level of poverty;
- a higher level of unemployment;
- a lower level and quality of education;
- harder access to health care, as well as a number of problems of social nature.

Bulgarian villages concentrate a great part of the ethnic population – only 22.5% of the Bulgarian ethnic group live in villages.
Roma in Bulgaria

Due to a long history of discrimination, the Roma constitute the most disadvantaged ethnic community in Bulgaria. The following data should underline their vulnerable position in the Bulgarian society:

- The poverty rate among ethnic Roma in Bulgaria is higher than the poverty rate among ethnic Bulgarians or ethnic Turks (Roma: 84.3%; Bulgarians: 31.7%; Turks: 40%).
- The unemployment rate among Roma is also significantly higher with between 50% and 80%, depending on the definition of unemployment;
- The life expectancy at birth among Roma is 66.6 years, while for ethnic Bulgarians it is 72.3 years;
- As a result of poor living conditions, malnutrition, and lack of sanitation the prevalence of infectious diseases, including tuberculosis and hepatitis is significantly higher among the Roma population.
- In the 2009 measles outbreak continued, affecting mainly the poorest Roma communities, predominantly children. The official rate of immunisation was 96.1%. Even so, there were 21,927 registered cases of measles in 2010, and 20 out of 24 mortalities were Roma children.
- UNICEF’s National Survey on Nutrition and Child Rearing Practices of Children 0-5 showed high levels of anemia among babies and young mothers, particularly serious amongst Roma.
- 50% of the Roma families have a chronically ill family member, and 20 % have two.
- The percentage of Roma persons with a disability is six times higher than the Bulgarian population.
- Only 52% of Roma families have running water in the house or surrounding yard;
- The tradition of large families and early marriages places women at increased health risk.
Field work
Child care reform in Bulgaria

• Bulgaria is among the first countries which signed the UN Convention on the Rights of the Child, and ratified in 1991. However, the practical implementation of the UN Convention on the Rights of the Child in Bulgaria started almost 10 years later with the adoption of the Child Protection Act in 2000;

• The Child Protection Act (CPA) recognises child protection as a focal point of state policy and regulates the rights, principles and measures for child protection, state authorities and municipalities and their interaction as well as the participation of individuals and legal entities in such activities.
The beginning

• **1998 - First** joint WB/UNICEF, UNDP assessment mission on child protection issues serves as starting point for the preparation of the Child Welfare Reform Project (Bulgaria Government/WB funded)

• **2000 - The** Government adopts the Strategy and Action Plan for Protection of Child Rights

• **2000-2003 The** Child Protection Act (CPA) is adopted, setting the basis for the establishment of the State Agency for Child Protection (SACP) under the Council of Ministers, (as the main Government body responsible for management, coordination, and control in the area of child protection; Management of national and regional child protection programs), the NCCP (advisory body to the chairperson of the SACP, with representatives from all Governmental and non-governmental institutions engaged in the care of children), and the Child Protection Departments (CPDs) under the Social Assistance Directorates (DSAs – as child protection responsible bodies at municipal level).

• **2003** - Ordinance on the criteria and standards for social services for children
• **2003** - Ordinance on procedures for application, selection and approval of foster families and placing children in them
Child care reform in Bulgaria

• The Child Protection Act (2000) places **child protection in the focus of the state’s policy and regulates the rights, principles and measures for child protection**; A new philosophy is at the foundation of this Act – the child regarded as a legal entity and not as a passive subject of state and society care.

• By passing CPA, Bulgaria **started building a new system** for child protection which encompasses all legal areas related to children under 18.
Child care reform in Bulgaria

Historically the child protection was focused on children without parental care, children with disabilities and children with deviant behavior. The socio-economic changes in the country brought for emerge of new risks for the children and families and thus for the recognition of new social groups subject to policy measures. Those groups included:


The strategic policy documents and legislation target the reforms to the children at risk. The documents envisage measures targeted at a broad number of children at risk groups. There seem to be no missing target groups of children in the documents. However, not all children are equally treated as potential beneficiaries. Younger children (0-3 and 3-6 years old) and care-leavers seem to be the focus of the reform according to the reform documents.
Target Group

Children at risk are defined in Child Protection Act as:

- children without parents or parental care;
- children victims of abuse, violence, exploitation and all other forms of inhumane or humiliating treatment and punishment in and outside their families;
- children for whom there is a danger of compromising their physical, psychic, moral, intellectual development;
- children with disabilities and serious illnesses.

In addition to this legislation, the strategic and program documents determine as target groups:

- children placed in specialized institutions;
- children without parental care;
- children with disabilities – mental and physical;
- street children;
State Agency for Child Protection

- **State Agency for Child Protection (SACP)** — is a specialized body of the Council of Ministers for management, coordination and control in the field of child protection. Major powers are associated with the development of state policy for child protection in conjunction with bodies carrying out childcare, developing and enforcing national and regional programs relating to child protection. SACP is committed to providing methodological support of the Child Protection Departments.

- **SACP was established on the January 1, 2001, authorized to carry out the following functions:**
  - management, coordination, and control in the area of child protection;
  - management of national and regional programs, provision of methodological guidance to the Child Protection Departments in local level;
  - initiation and participation in the development of relevant legislation, control on the respect of the rights of children;
  - maintenance of a national information system on the children at risk;
  - licensing private service providers for provision of social services for children.
- **SACP’s chairperson is appointed by the Council of Ministers (CoM) and s/he reports annually to the CoM.**
- **The National Council for Child Protection (NCCP)** is an advisory body to the chairperson of the SACP, with representatives from all Governmental institutions and NGO.
Policy level

There are five more ministries whose responsibilities partially include policy making and provision of services to children at risk.

- **The Ministry of Health (MH)** creates the state policy for health care, including licensing of the medical establishments, establishment of standards for medical care. The MH administers the Homes for Medical and Social Care of Children (HMSCC). They provide care and upbringing for children aged 0-3 years. **They are the only residential care institutions for children 0-3 years old in the country.**

- **The Ministry of Education and Science (MES)** manages the state policy in the fields of education and science. The MES administers the **special schools for children with mild mental disabilities and other health problems** and the boarding schools for children with deviant behavior.
Policy level

- **The Ministry of Justice (MJ)** - the MJ administers the correctional facilities, including those for children. There are 2 special correctional facilities for children – one for boys and one for girls. The MJ is also responsible for international adoptions.

- **The Ministry of Interior (MI)** administers the Juvenile Temporary Placement Homes (JTPH) for children, the Child Pedagogical Units (CPU) and the detention facilities for children. The MI is also the main body responsible for measures under the Domestic Violence Law.

- **The Ministry of Finance (MF)** - determines the state mandated activities in social services and develop cost standards for funding social services. The financial standards for social services and specialized institutions and the annual budget funds are proposed to the Council of Ministers (CoM) by inter-ministerial committees comprising member of the respective ministries, the MF, the Association of the Municipalities and NGOs.
Participants: Administrative Framework – national level

The main institutions with responsibilities in respect of child protection, planning, delivery and management of social services are:

National level:

- **The Ministry of Labor and Social Policy (MLSP)** elaborates the state policy in the sphere of social assistance, social services and child protection. The MLSP has several executive agencies responsible for the implementation of specific policies, of which the Agency for Social Assistance (ASA) is relevant for this assessment.

- **The Agency for Social Assistance** – (ASA) approves opening and closing of social services - state-delegated activities, develop methodologies for social services, inspects social services, and maintains a registry of providers of social services. Through its "Social Assistance" directorates provides child protection and social assistance. The other ASA main responsibilities: administration of social benefits and family allowances for children, provision of social services, control over the adherence to the adopted criteria and standards for social services, issuing of decisions on the establishment and closure of the state-delegated social services, registration of legal entities and physical persons as service providers. **The ASA has structures at municipal and regional level.**
At regional level: In Bulgaria there is no elected local administration at regional level. There are 28 regions in the country and for each of them a regional manager is appointed by the government as its representative. The following deconcentrated structures operate at regional level:

- Regional Social Assistance Directorates;
- Regional Inspectorates for Education;
- Regional Health Inspectorates.
- Regional courts - have the mandate to decide on domestic adoption cases.
Participants: Regional and municipal level

At municipal level: The Municipal authorities are autonomous elected structures for local self-government. They have responsibilities in the fields of education, health care, social services, juvenile delinquency, etc. Municipal authorities have the following responsibilities (related to CP):

- planning and management of the social services at their territory, in relation to the community-based services as well as the specialized institutions. They can outsource service provision to private service providers;
- create policy on social services and create and provide social services;
- negotiate the provision of social services with external suppliers, monitor the quality;
- Social service providers can be: state, municipal or private - as well as NGOs which are entered in the register of the ASA and have license from SACP.
Participants: Regional and municipal level

• The Child Protection Departments are the specialized structures at the local level responsible for child protect (part of The Directorates for Social Assistance (DSA)); The main functions and operational implementation of the child protection measures are performed by the Child Protection Departments (CPD);

• CPD’s work is a subject to serious criticism. The main problems have to do with a lack of enough social workers. Only 55% of employed staff members are social workers. A social worker in Bulgaria works on an average of 112 cases. According the European Standards leading to good practices, a social worker shall be in charge of and deal with an average of 20-30 cases. Other serious problems are the low payment of the social workers in the CPD, the lack of initial or further training as well as professional supervision
The key characteristics of the child reform are:

- **The decentralization** of the management of the public social services to the municipal authorities was introduced with the amendments to the Social Assistance Act (SAA) in 2003.
- **Municipal authorities have the mandate to plan and establish social services**, employ the staff, provide inspection and control. The financing of the social services is twofold:
  - There are a range of social services determined as **state-delegated activity**. The list, the number and the capacity of those services are approved every year with a decision of the Council of Ministers (CoM). The subsidy for each service is calculated on the basis of approved financial standards per place in the establishments for social services. These services are subject to inspection and control by the ASA.
The decentralization

- The financial standards for the state-delegated social services are aimed at ensuring minimum level of quality.
- They cover payments for the staff and operational costs.
- They do not include investment costs for refurbishment and purchase of equipment. If such are needed, they are covered by the municipal budgets. The eventual savings from the state subsidy can be re-allocated by the municipalities to other social services.
- This financial mechanism doesn’t provide possibilities for flexible management.
Outsourcing of social services

- The possibility for **outsourcing social services to private service providers** was **recommended by the World Bank (WB)**, the process was supported by the independent efforts of other NGOs and international organizations.

- The **contracting procedure** is described in the **Implementing Regulations for the Social Assistance Act**. The **decision on the outsourcing** lies with the **municipal authorities**. The outsourcing is a **competitive public bidding procedure**. The selection is based on the quality of the proposal and the proposed budget.

- **NGOs and entities** under the Commercial Act are eligible. The **financial subsidy** is based on **standards which have two components** – for staff payments and for operational costs.
Deinstitutionalization

- Deinstitutionalization has been among the main objectives of the child protection reform in Bulgaria due to the high institutionalization rate of the children and the lack of community-based services.

- The issue was brought to the attention of the Government by international organizations, NGOs and was also a significant issue in the process of EU accession.

- Despite the progress up-to-date, there is still a significant number of residential institutions and the quality of care provided in them is not good. The government continues its efforts for closure, restructuring and reform of specialized institutions for children.
Deinstitutionalization - Initiation

- Until the initiation of the reform process in 2000, the specialized institutions were the main form of services and protection for children at risk. Because of that, Bulgaria had among the highest rates of institutionalization in Europe.
- Moreover, the specialized institutions were subordinated to different ministries and had separate, individual regulations. Children suffered institutionalization, with low quality of care. They moved from one institution to another depending on age and disability, without adequate assessment, planning or monitoring procedures. Child rights have been seriously violated.
- The initiation of the reform was linked to pressure coming from international organizations (UN Committee on the Rights of the Child, UNICEF, World Bank), as well as Bulgarian NGOs. Major factors were also the findings and the recommendations from the EU in the regular accession reports.
Deinstitutionalization

• On 24 February 2010 the government adopted a national strategy entitled “Vision on deinstitutionalization of children in Bulgaria”. The adoption of this programming document and the long term political commitment to closing the institutions are undoubtedly a huge step forward.

• This process received additional budget support through the EU Structural Fund Mechanism.

• Until 2010, the youngest children in care were not part of the deinstitutionalization program but enhanced advocacy resulted in a plan to close 10 infant homes (out of 32).
Deinstitutionalization - Policy documents

- The main document describing the process was the Plan for Reducing the Number of Children in Specialized Institutions 2003 – 2005. The development of the plan was proposed by the SACP, it was developed by an inter-ministerial group. The plan includes measures targeted at the gatekeeping, improving the quality of care in the specialized institutions and allowing for more children to leave faster the specialized institutions. The reduction of the use of residential care was planned to allow to improve the quality of care (by reform) and to use the existing capacity (material, human resources, etc.) of the specialized institutions for provision of community-based services (a process called re-structuring).
Types of specialized institutions

• The definition for *specialized institution* adapted in the Child Protection Act (CPA) included only the *Homes for Disabled Children, the Homes for Children Deprived of Parental Care and the Homes for Medical and Social Cares for Children (HMSCC)* as the specialized ones.

• The *special schools and correctional boarding schools* under the Ministry of Education and Science (MES) and the *Social Vocational Education and Training Establishments* were not covered by this definition and thus were not covered by the deinstitutionalization efforts.
Types of specialized institutions

At present, residential care is provided in the following institutions:

- **The Homes for Medical and Social Care for Children under the Ministry of Health (MH).** These homes are the only ones where children between 0 and 3 years, both with and without disabilities (mixed), are placed. Most of them located in the biggest cities. Mainly medical staff is employed in such institutions and, despite serious reform for improving the quality of care, the institutions still apply a medical approach to care of children. Decision about placement of children can be taken only by the Child Protection Departments (CPDs) and the courts. **These institutions are financed by the MH.** The average cost per child in 2006 was approximately 4133 euro.
# Homes for Medical and Social Care for Children

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Types of specialized institutions

- **The Homes for Children Deprived of Parental Care** offer placements to children without disabilities, aged between 3-18 years. Until 2007, these institutions were under the MES. From 2007 they have been decentralized to the municipal authorities and their name was changed to **Children Homes**. The staff is still with predominantly pedagogical profile. Decision about placement of children can be taken only by CPDs and the courts. These institutions are now financed by the municipal budgets, with a state subsidy based on per capita costs. _The average cost per child in 2006 were approximately 1823 euro per child._
Types of specialized institutions

- The Homes for Disabled Children have been managed by the municipal authorities since 2003. Children with mental and physical disabilities in the age group 3 – 18 years are placed there. Decision about placement of children can be taken only by the CPDs and the courts. These institutions are financed by the municipal budgets with state subsidy based on per capita costs. The average cost per child in 2007 were approximately 3004 euro. (N of homes – 25; N of children – about 1500)
Types of specialized institutions

- There are several residential care establishments, which are not treated as specialized institutions. Those are:

  - **The Special Schools** under the MES where children with mild mental disabilities are placed. There were 62 such schools and 24 of them offered residential care. Children are placed there with a decision of the Diagnostic Committees.

  - **The Schools for Children with health problems** (eye-sight, hearing, chronic diseases) are also under the MES. Children are placed there with a decision of the Diagnostic Committees.

  - **The correctional boarding schools** (Socio-Pedagogical Boarding Schools and Correctional Boarding Schools) for children with deviant behavior under the MES. The children are placed there with decision of the Local Commissions for Juvenile Delinquency and the courts. They are enrolled in vocation training classes.
Community-based social services

• The introduction of the **community-based services** was a long process which started with pilot practices of NGOs and the process was supported by international donors (till 2007); The need to be developed a network of community-based services for all vulnerable group was a strong recommendation of the regular EU reports;

• The legal framework within which are provided community-based social services is based on the Social Assistance Act, Regulations for its application, Child Protection Act (CPA), Regulations for its application and criteria and standards of social services;

• The CPA gives a legal definition to “services” as “**social services in the usual home environment**”.

Community-based social services

According to the Regulations - the menu of community-based social services includes the following:

- Personal assistant;
- Social assistant;
- Household assistant;
- Home social patronage;
- Day Care Centre;
- Centre for social rehabilitation and integration;
- Family shelter;
- Temporary shelter;
- Centre for social support;
- Centre for work with street children;
- Centre for professional training of social workers;
- Crisis Centre;
Community-based social services

- Foster Care;
- Temporary Housing;
- Protected Housing;
- Supervised Housing;
- Mother and Baby Unit;

It is important to note that community-based social services are not exhaustively listed in the Regulations. Other social services can be offered as well, if necessary and according the needs of the population in the municipalities.
Criteria and Standards for the Quality of Social Services

- For the first time, the Bulgarian legislation introduces criteria and standards to be met by the social services provided, which are described in the Ordinance Laying down the Criteria and Standards for the Provision of Social Services to Children adopted in 2003 by the Council of Ministers. The criteria and standards for social services for children are designed to ensure a safe and secure environment for the upbringing of children, protecting their rights and interests as well as improving their general well-being and providing better quality and accessibility of social services for children.
Criteria and Standards for the Quality of Social Services

The main standards are related to:

- Location and facilities for providing social services in specialised institutions;
- Standards and criteria for eating;
- Health care;
- Educational services and information;
- Organisation of leisure and personal contacts;
- Staff

The established standards and criteria are minimal and are designed to ensure the quality of the social services provided regardless who the service provider. The social services for children shall be result-oriented, which has not been achieved at this stage of the reform.
Criteria and standards for quality assurance of social services

- The analysis of current regulation comes to the conclusion that in Bulgaria, **standardized indicators for quality assurance of social services have been defined primarily for services for children.**

Standards have been defined for the following social services for children:

- Social services for children delivered in the usual home environment or close to it;
- Standards for providing of foster care;
- Standards for social services given to children in social institutions;
Who can provide social services?

- The state;
- Municipalities;
- Physical persons of Bulgarian nationality, registered under the Commercial Law, and legal entities (trade companies, cooperative societies, non-profit legal entities);
- Foreign physical persons or legal entities from EU countries or from other countries – parties to the Agreement on the European Economic Area, registered as traders according to their national legislation.

In reality local authorities are a privileged provider – they have an a priori access to secured financial resources (state budget or local budgets), and are not bound to register or seek license along with the other providers.

Private providers – can be divided into two subgroups – traders, and non-profit providers.
Conclusions and recommendations:

- The community-based social services are much cheaper than the institutionalized social services, and answer to a greater extent to the needs of the target groups;
- A number of municipalities haven’t made a realistic assessment of the need for specific types of social services. The offer of community-based social services on the territory of the municipality is uneven because of inaccurate assessment of the needs of local population;
- Successful management of the social services system is the availability of qualified and committed personnel.
- Measurable standards for quality assurance of particular services, and efficient mechanism for control of their practical application should be improved.
The results, facts and problems:

- The number of children entering institutions is around 3,000 per year; only 1.19% of children in infant homes are orphans.
- The majority of institutionalized children are Roma, abandoned for social and health reasons. Children in institutional care do not have the desired adequate care.
- The average duration of stay in institutions remains long – approximately 14 years and the quality of care is poor. In 2010 the Bulgarian Helsinki Committee carried out an inspection of all institutions for children with mental disabilities and noted a total of 238 deaths between 2000 and 2010, including 31 deaths attributed to insufficient nutrition and 84 to inadequate care.
The results, facts and problems

- The most disadvantaged children facing multiple deprivations and social exclusion are:
  - Roma children - highest poverty levels, poor living and sanitary conditions, poor nutrition, limited access to health, education and social services, inappropriate parenting practices, teenage pregnancies;
  - Children with disabilities - inappropriate access to education, health and social services;
  - Children living in residential institutions - deprived of parental care and having limited access to quality health and education services. A significant number of children living in residential care also belong to the other two groups placing them in an extremely disadvantaged and marginalised position.
Recommendations and next steps

• Closing the gate for children’s admission to institutions by funding and promoting the measures for prevention of abandonment;

• Reforming the child protection system and its financial and resource support to ensure the quality of measures for protection of the children in institutions and the children at risk of abandonment;

• It is necessary to continue the trend for outsourcing the entire process of delivering the foster care service, with external providers specialising in this service.
Recommendations

• A change is needed in the mechanisms for monitoring child and family care and services both in specialised institutions and in the alternative services for child and family. Central monitoring and control should seek to measure the resulting change in the child’s situation and not focus on paperwork and procedures.

• Amendments to the legislation are needed so that young people leaving institutions are regarded as a social group in need of specific support.
Thank you for your attention!

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