Transforming Lives

Teteven Deinstitutionalisation Project

Acknowledgements to contributors to the Project

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In order to protect the children's right to privacy, all names have been changed in the case studies and situations have been generalised.

The project team

Project 'Restructuring of the Home for Medical and Social Care for Children (HMSCC) in Teteven and development of alternative social services for children and families (Centre of Social Support)' was implemeted by:

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Introduction

Young children are too often placed in institutions throughout the world and this occurs despite wide recognition that institutional care leads to extremely negative consequences for children. By being placed in institutions, children under the age of three are significantly more likely to suffer from poor health, physical underdevelopment and deterioration in brain growth, developmental delays and emotional attachment disorders. (Carter 2005; Johnson, Browne and Hamilton-Giachritsis, 2006).

Children need more than good physical care. Children need love, undivided attention and an attachment figure from whom they can develop a solid foundation for all their future relationships in life. Research on the attachment theory commenced in 1945, most significantly with John Bowlby. A scientific understanding of the child's developmental needs was established and this led to policy changes in post-war Europe and the United States with regard to the care arrangements for young children. Despite the scientific evidence and the daunting results of research in the early 1990s showing the damaging effects of institutional care, the practice of placing young children in institutions continues to be widespread around the world. In January 2010, in Bulgaria there were 2,334 children under the age of three living in 32 institutions.

On the 28th December 2010, the Bulgarian Council of Ministers announced the official closure of Teteven Institution for children 0 to 3 years old (officially named 'Home for Medical and Social Care for Children' – HMSCC). The decision was in line with the National Strategy 'Vision for Deinstitutionalising the Children in the Republic of Bulgaria' as well as with the concept for deinstitutionalising the children from the baby institutions approved by the Ministry of Health.

The closure took place within the project 'Restructuring of the Home for Medical and Social Care for Children (HMSCC) in Teteven and development of alternative social services for children and families (Centre of Social Support)' implemented jointly by NGO Equilibrium (Bulgaria), Hope and Homes for Children (United Kingdom) and the Municipality of Teteven (Bulgaria) and supported by the Bulgarian Ministry of Health, the Ministry of Labour and Social Policy and the State Agency for Child Protection. This support was ratified in formal agreements that guaranteed a smooth transition between institutional care and the operation of a complex for social services for the children and families from the community. The project was conducted over a period of 24 months - from January 2010 until December 2011.

Implementing Partners

Hope and Homes for Children (HHC) is a British children's charity which has been working for 17 years in Central and Eastern Europe (CEE) and Africa for improving the lives of children without parental care and those living in hardship. HHC carries out national programmes in 10 countries in CEE and Africa working with children, families and their communities as well as central government and local authorities to set up, develop and disseminate sustainable models of family based care. Over the past 10 years, the organisation has managed the closure of 37 specialised institutions and provided technical support for the closure of a further 18 large institutions. The model of deinstitutionalisation developed by HHC is recognized by UNICEF and the World Health Organisation, as representing best international practice in this area.

Equilibrium (EQ) is a non-governmental organisation based in Ruse, northeast Bulgaria which manages the Complex for Social Services in Ruse, consisting of a Community Support Centre with an Emergency Admissions Unit, a Centre for working with homeless children and a Small Family Home for disabled children. EQ has pioneered the development of alternative services for children and families and team members have a wealth of experience in direct social work as well as in the development of innovative services.

Teteven Municipality has a track record of providing social services for children, including Day Care Centres for Children with Special Needs and a Small Family Home for a group of young adults from Mogilino Institution. Teteven HMSCC had a capacity for 50 children. However, over the last few years prior to the project it catered for only 25 – 27 children on average. The institution was the only HMSCC among all 32 assessed in 2006 as needing to be restructured meaning 'transfer of the existing resources towards alternative community based services for children and families'. The Municipality were aware of these recommendations and supportive of the national policy towards deinstitutionalisation.

The project was funded by The Bulgaria Abandoned Children's Trust (TBACT).

The Project

Baby institutions represent one of the main entry points to the childcare system and are associated with long years of institutionalisation and increased developmental delays.

The context of the project at the end of 2009 is best summarised by Mrs. Mariella Licheva, Director of the Social Assistance Directorate in Ruse, who was then Head of the State Agency for Child Protection Regional Department, responsible for Teteven Municipality:

"According to the law, HMSCCs are health establishments, manned by teams of doctors and nurses as well as specialised personnel such as rehabilitators, pedagogues, psychologists and social workers. Teteven HMSCC was not a typical institution for infants 0 to 3 as there was only one pediatrician who was also the Director. Despite the fact that it did not cater for children with disability, there was a rehabilitator while, by way of contrast, the need for a psychologist (required to prepare children for reintegration and adoption) was overlooked and the establishment lacked such a specialist.

The expert from the State Agency for Child Protection who chaired the inter-agency team that carried out the assessment and provided the recommendations for restructuring, as well as the experts who monitored the quality of residential care, provided guidelines on how to start the process once all indicators and criteria were in place.

The HMSCC team was included in trainings on developing a plan for restructuring, but there was no commitment to change.

At the same time statistics showed that in 2007 – 11 children were reintegrated with their biological families, 1 into his / her extended family and 13 children were adopted nationally.

This data confirmed that the national policy of gate-keeping and reducing the number of children in institutional care works, and the process of replacing residential care with a range of community based social services was ready to start."

During 2010, there were major developments in childcare policy that gave momentum, ensuring the successful completion of this pilot project:

- February 2010 – launch of national strategy: 'Vision for De-Institutionalizing the Children in Bulgaria'
- November 2010 – launch of action plan in support of this strategy envisaging the

closure of all institutions within the next 10 to 15 years. On 24 November 2010 an implementation plan was approved by the Council of Ministers

- Early stages in the implementation of national DI programmes funded by the EU namely:
  1. Closure of all institutions for disabled children including those children over the age of 3 years currently accommodated in the institutions for babies
  2. Closure of 8 average-sized baby institutions
  3. Development of foster care in support of the closure of those baby institutions
- Rounds of meetings with all directors of institutions and local authorities to promote the national policy

1. Setting up the Team

HHC recognised the advantages derived from having a Bulgarian implementing partner, EQ, with a long track record in prevention of abandonment and reintegration work with children and families while its own experts were adept in the processes specific to a closure programme.

Building the implementation team involved inter-organisational collaboration between HHC and EQ with the support of additional people primarily to fulfill communication and coordination functions in Teteven and Sofia.

The team comprised:

From HHC

Director of Programmes and Regional Project Manager: training and alignment of local activity with international best practice, liaison with local and national government – strategy and policy

From EQ

Project Manager: coordination / reporting / financial supervision

National Coordinator: methodologist guiding field work and liaison with other professionals (eg Child Protection Departments, Municipal Authorities)

Trainers: Retraining of institutional staff; foster care campaign and training of candidates; raising the awareness of local professionals – social welfare and healthcare – multidisciplinary approaches to supporting children at risk; training specialists in the new Centre of Social Support

Field social worker: assistance with cases of children accommodated in the baby instiution and new prevention cases in collaboration with Child Protection Departments

Local coordinator (Teteven): communication with local administration and coordination of local activities

Consultant (Sofia): methodological support for strategic communications of the project

Support and administration: financial controller (accounting / procurement) and drivers

Before starting the project, the in-country implementation team acqainted itself fully with

the HHC closure model and reviewed assessment tools and protocols for applicability to the task ahead.

2. The Initial Assessment of the Children from HMSCC and their Families

On 1 January, 2010 there were 28 children in the institution aged 0 to 3 and 38 children in total passed through the institution during 2010. The institution was not set up to cater for children with disabilities or underweight children.

During the first phase of the project, the children placed in the HMSCC (32 in number at the beginning of April 2010) were evaluated as were their families to assess the potential for reintegration. This was done jointly with specialists from the Departments for Child Protection in the Lovech district and in those neighbouring communities where the children accommodated in the HMSCC came from.

Child's assessment covered:

- family structure
- health status and needs
- development status and needs
- family and social relationships
- recommendations for placement
- additional support required to facilitate placement
- post-placement support services

Family assessment covered:

- family structure
- living conditions and improvements needed
- family and social relationships and interventions needed
- education and skills
- household economy and support required

The assessment process normally lasts 4-6 weeks but this depends on the family's contactability and duration of residence in a particular location (where childcare authorities can reasonably expect to find them) and a willingness to be subject to assessment. The duration of residence is also important for planning reintegration and post-reintegration measures.

Assessment was made difficult because many of the families were in locations remote from Teteven or simply could not be traced. Some parents were overseas and not contactable, while others deliberately avoided contact with the child protection authorities; it was difficult to form a relationship that supported the assessment process. Another problem we encountered was economic migration linked to very fragile household economies and tenuous means of ensuring an income with no familial capacity to cope with emergencies.

The focus is on the best interests of the child, but the assesment process, while being flexible and very well resourced, must also acknowledge the limits of practicability within a reasonable time-frame taking into account the ill-effects of prolonged institutional care.

3. Placement Recommendations and Service Design

Individual plans for the removal from institutional care and subsequent placement of every child into an appropriate form of family care were developed including contingency provisions. In some cases, while not abandoning our attempts to trace parents / relatives, we started the lengthy and bureaucratic procedure of registering the children for national adoption. In one case, the recommendation was reintegration but, despite extensive work with the family, they themselves decided they could not cope and the child was placed in long-term foster care. In another instance, adoption was planned but during the rigorous matching process the chosen family withdrew. Our plan B was temporary placement with a carer from the institution with whom the child was familiar pending successful adoption.

According to the needs and in the best interest of the children, we planned to reintegrate 11 infants but successfully reintegrated 10 of them in to 8 biological families with the 11th child joining a foster family. We planned 5 temporary placements in foster care prior to adoption but did not need to exercise this measure and only one child was targeted towards long-term foster care. In the end, 2 children were placed in long-term foster care. Overall, 20 children were adopted.

To summarise:

Initial assessment of 32 children placed in HMSCC	Recommendations	Eventual Placement
Reintegration	11	10
Adoption	15	20
Long-term fostering	1	2
Short-term fostering prior to adoption	5	0
Total	32	32

The project team worked simultaneously on:

- Finding family alternatives for all 32 cases of children placed in the institution as per 1 April 2010
- Prevention of abandonment of babies
- Development of foster care
- Building local capacity to support children in their local families or in alternative family care

4. Preventing Children from being Placed in Care

Another important component of the project was preventing the abandonment of newborn babies through the provision of advice and financial support. We worked together with the Departments for Child Protection from all districts from which children had previously been sent to HMSCC - Teteven. We have worked on the prevention of 21 cases of abandonment of young children and have provided food and baby supplies, finance for the issuing of documents, travel expenses, building materials and firewood.

To optimise our work on the prevention of child abandonment and institutionalisation, a 2-day training was conducted for Child Protection Departments and Regional Health Authorities during May 2010. We focused on prevention as a philosophy of social support making use of an extensive network of local resources. The negative effect of institutionalisation on young children and the crucial importance of foster care for newborns without parental care were highlighted.

5. Moving Children and Post-Placement Support

During the period of preparation for reintegration, we provided families with the following: access to municipal housing or to a rented flat, payment of domestic overheads, health insurance costs, fees for obtaining personal identity documents and birth certificates, transportation to the HMSCC when visiting the children, food, clothing, baby equipment and household appliances.

For the children who cannot live with their families, one of the most important alternative services is foster care, including emergency and short-term accommodation for children under the age of 3 years. In Lovech and in the Municipality of Cherven Bryag, we have delivered 19 multimedia presentations about the nature of foster care. They were attended by about 200 people. The cable television networks in Lovech, Teteven and Troyan broadcast specially prepared material on the topic. We have trained 16 candidates to become professional foster parents. Child protection officers from the whole district took part in order to improve their general competence in the field of foster care. After the training, an existing foster family changed its profile and registered to care specifically for babies. This family took a 3 year-old from the institution. Three couples were approved in Teteven and one couple took care of a 10 month-old baby from the institution. Two more couples were registered in the Municipality of Cherven Bryag and one of them provided emergency care for a baby born in Teteven Maternity Hospital in December, 2010.

Our experience shows that foster care for newborn and young children is possible if additional material support is given to the foster family at the time of placement eg cot, bedding, pram, nappies, baby milk, bottles, toiletries and clothes. These were supplied by the project but can also be provided by services such as Centres of Social Support. In addition, we paid for the issuing of the documents required by foster care applicants.

National adoption can be a sustainable solution for children 0 to 3 who cannot live with their

families. European models of best practice were presented to local professionals to improve their capacity to prevent child abandonment and support children in alternative family care. The third training module, in the context of the reform, took place on 24 and 25 June, 2010. It was on the subject of 'Adoption in the best interest of the child' guaranteeing the right of the child to be raised in a family and a viable alternative to institutional care.

6. The Newly Developed Services

During 2010, Teteven Municipality implemented the project "The future of the children in our hands" (Contract BG 051PO001-5.2.03-0030-C0001) undertaken with the financial support of the Operational Programme 'Development of Human Resources', co-funded by the European Union through the European Social Fund (ESF).

During the implementation of the project, within a period of 100 days, EQ experts provided training, supervision and a practical introduction to new work practices to the staff of HMSCC – Teteven. Training included social work case management, child development, the consequences of institutionalisation, group work with children and families, counselling for children with behavioural problems and for their families and the formation of social and life skills. This possibility for retraining (pre-qualification) helped many of the participants to secure employment in the new services. Out of 27 institution staff, 21 applied for a job in the new Centre of Social Support and 16 were offered employment.

After a thorough analysis of the existing services in Teteven Municipality and the needs of children at risk it was concluded that a wide range of social services is necessary. It could be provided within the framework of a Centre of Social Support (CSS) funded by the State.

The premises occupied by the institution have been converted and as from 1st March 2011 they have been operating as a CSS for children at risk from the age of 0 to 18. The centre is staffed by a team of 25 comprising social workers, psychologists, teachers, nurses, a rehabilitator and care assistants. The CSS contains the following basic units:

1. Emergency Placement Unit for crisis accommodation, with a capacity for 6 children
2. Centre for Foster Care
3. Mobile Unit working on the prevention of abandonment and institutionalisation
4. Centre for children with deviant behaviour and at risk of dropping out of school

The CSS premises comprise:

- 2 bedrooms and a living room with a kitchenette for the Emergency Placement Unit
- Play room and rest room
- 2 open-plan offices room for the staff
- 1 room for staff meetings and recreation
- 2 rooms for individual meetings with children or family members
- 1 room for teaching and helping with

homework
- 1 room for group activity
- Court yard with playground

A car has been provided to support activities in the community.

CSS - Teteven offers:

- Individual support by a key social worker
- Specialised consultations with, for example, a psychologist, pedagogue or rehabilitator
- Referral, mediation and the accompanying of clients when dealing with bureaucratic procedures
- Practical support for solving every-day problems
- Social support in the home of the child and the family (Mobile Social Work Team)
- Daycare, individual psychological and social work, school support and club activities for the children during the day
- Training and support to biological parents, foster carers and adoptive families

CSS -Teteven works in the field of early prevention of risk by identifying, accessing and supporting vulnerable children and families in the community.

The beneficiaries of the services are primarily children and families at risk who live in the Municipality of Teteven but the Emergency Admissions Unit, the Mobile Team for prevention of abandonment and the Centre for Foster Care will also operate regionally.

7. Overall Project Results:

- 10 children from HMSCC reintegrated with their 8 biological families
- 2 children from HMSCC placed in long-term foster care
- 20 children from HMSCC adopted nationally
- 21 children aged 0 to 3 years from Lovech District supported to live with their families
- 16 trained candidates for foster parents
- The first 3 foster families in Lovech District were registered in Teteven; 2 new foster families were approved and the profile of an already active foster family widened to include emergency foster care for babies in Cherven Bryag Municipality
- 1 newborn baby placed in foster care directly from the maternity hospital
- 30 professionals from Lovech District and Cherven Bryag Municipality trained

8. Project Impact

The implementation of the project has created a model for the reform of Bulgarian institutions for children aged from 0 to 3 years and for the provision of care for children at risk based entirely on a set of alternative services for supporting the family or through the provision of family-type care. HMSCC - Teteven is the first institution of its kind in the country to be restructured into a new type of social service. The liquidation of HMSCC - Teteven was carefully coordinated with the opening of a Centre of Social Support with state funding to avoid gaps both in relation to family support and the redeployment of staff to the new service. The liquidation procedure and

budget relocation were tested and the need for changes in the regulation were identified in order to ensure better synchronisation and transferability of assets when replacing the residential care with alternative social services. Our partners from central and local government honoured the agreements defined in the Memoranda of Understanding (MoUs) and participated actively in finding solutions when faced with unprecedented situations and untested procedures.

9. Key Learning Points

9.1 Implementation of a Deinstitutionalisation Programme

Maximise the use of local practical expertise.

The decision making capacity should be vested as far as possible in the local team. Progress suffers when the learning curve of key team members is long or the comprehensive localisation of implementation models based on international know-how has not been dealt with at the outset. Progress suffers when implementation teams have to wait for decisions to be made.

A similar advantage arises when team members have a track record of working together and are cognisant of each others' capabilities, styles of working and communicating. Within the group, there is a limited need to spell things out to one another and the accent is on communication between the implementation team and other players in the deinstitutionalisation process.

The group leader and instigator of operations should, ideally, be part of the operational team and not apart from it.

9.2 Preparing the Ground: Working with National / Local Government and Donor Organisations

Pre-empt the effect of unprecedented situations on operational activity and the regulatory framework in which it takes place by assessing risks and planning measures to cope with them if/when they arise.

Avoid adding extra components to existing bureaucracy. Ensure that resources flow freely.

A DI programme depends on three essential components:

- Procedural momentum
- Coordinated activity in different locations and probably under the auspices of different authorities
- Cashflow and the coordinated and rational flow of resources. (It is important to release tranches of funding in a manner that coincides with the needs of the programme and not only the administrative tradition of the donor / financial monitor.)

Deinstitutionalisation programmes often give rise to situations that are unprecedented in terms of legislation and bureaucratic operations. Novel forms of communication will arise between ministries, between donors and recipients of funding, within organisational hierarchies and between departments / organisations involved with the provision of childcare.

There are three key issues:

o The implementation team benefits considerably from direct access to all key institutional stakeholders

o A single, influential legal team should be created to support the deinstitutionalisation process at governmental level as opposed to having ad hoc advice provided to different actors from different sources

o Key decision-makers should be identified at the outset and the bureaucratic means by which decisions convert to practical outcomes should be clearly defined. New regulation or governmental directives lacking precedent need to be communicated in a comprehensible manner and well before the point in time at which they need to be acted upon

9.3 Gate-keeping and Prevention of Abandonment

Ensure care options and a multidisciplinary communication network is in place to support a moratorium on placements in institutions marked for closure.

Appoint a single coordinator for the process.

HHC / EQ advocates an approach of simultainious closure of an institution and the transfer of its budget and assets towards the development of a range of alternative services within a reasonable timeframe allowing the institution staff to retrain and participate in the provision of the new services.

Such a closure strategy requires the early implementation of a moratorium on placements in the institution that is being closed meaning that options for the separation of children from their parents / families in cases of genuine emergency must be rationally catered for by use of emergency foster care or temporary short-term placement elsewhere. Authority needs to be vested in a Gate-keeping Coordinator to work with all the child protection departments , maternity units and local stakeholders that could be affected.

9.4 Foster Care

Foster care development requires professional foster care teams.

The creation of public awareness, recruitment, training and monitoring of foster carers demands full-time foster care professionals working in self-contained teams within a larger, supportive, multidisciplinary framework. The successful promotion of foster care cannot be achieved by hard-pressed social workers who dedicate only an affordable proportion of their working time to the issue.

9.5 Emergency Foster Care

Emergency foster care allows flexibility and provides childcare professionals with the time needed to pursue reintegration options that are difficult but feasible.

The duration of a reintegration attempt is linked primarily to the capacity of the family and time-

tables need to be defined when closing institutions. At what point is it reasonable to abandon reintegration attempts that are coming to be recognized as unrealistic?

Time can be bought if emergency foster care is available. A child can be placed in emergency foster care while professionals are working with the biological family. Emergency foster care is also a very important part of a package of gatekeeping measures because it provides the possibility for temporary removal of a child from a harmful domestic environment.

An early step in any programme should be the assessment of existing foster families in the vicinity. Is there the potential of placing more children with these families? Once this option has been considered and children and families have been assessed, the scale of the commitment to recruit new foster parents becomes clear.

9.6 Reintegration and Kinship Care

Professional assessment of parenting skills needs to take account of minority cultures.

Promote development of a culturally appropriate placement framework for reintegration and kinship care among the Roma.

The sharing of childcare is a traditional practice in some ethnic / cultural groups such as the Roma and kinship care is, therefore, normal practice in these cultures. However, to take advantage of the benefits that kinship care provides, the childcare system has to be understanding of minority practices in raising children

- A significant proportion of children in baby institutions are from the Roma community
- Kinship care is normal within the Roma community
- There is a lack of training that is sensitive to the needs of Roma parenting
- The parenting criteria supporting the model are based on a (recently westernised) mainstream conception of parenting
- This is often at odds with Roma parenting practices and values which, as a result, become devalued and disapproved
- This can undermine efforts to support Roma children in their families and communities.

9.7 Adoption

Consider where adoption fits into a system devoid of institutions.

A 2009 amendment to the Bulgarian Family Code gives authorities the right to put a child up for adoption in cases in which the biological parents have withheld contact with institutionalised children for six months. This is seen as especially important in the context of the inability of the authorities to trace a parent / the parents – a problem that has escalated with the increased level of economic migration following EC accession. The measure is also a significant disincentive to those who may view (temporarily) abandoning a baby as a type of family planning - an effective means of striking a balance between a fragile household economy and the number of residents that depend on it.

Without significant programmes in family planning and education in certain sectors of Bulgarian society it is likely that adoption will remain an attractive option because of an inability to expand alternative care options to the appropriate levels.

The adoption procedure is still too long from the point of view of a baby's life and interests and is often performed for the administrative convenience of those involved in it.

9.8 Accommodating Alternative Services and the Rehabilitation of Institutional Buildings

Ensure expert and transparent decision-making.

Recognise that the more compromises that are made, the greater the impact on the new services in terms of both the standard of service and the long-term value for money .

Purpose-built facilities tend to be more functional than converted buildings and building from the ground up is often cheaper than large-scale renovation. There can be significant hidden costs associated with the accommodation of a service in the wrong facility or location and these can have both a financial and an operational impact. Nevertheless, there is no absolute rule that says new services should not be accommodated in old institutions. Also, staff from the old institution making the transfer to new services will be accustomed to working in a particular locality. However, some actions are legitimately challengeable –

- Many institutions are currently located in remote locations or neighbourhoods that are far from ideal – Are these acceptable locations for alternative services?
- Small Family Homes are supposed to be homely and having them located in old institutional buildings is generally an unacceptable compromise.
- Phasing the closure of an institution by inelegantly placing new services in close proximity to old institutional practices tends to produce costly, dysfunctional facilities.

When it is seen to be rational to accommodate new services by renovating an institutional building and adjusting its layout, it is likely that you will need to achieve this while there are still some infants accommodated there. Therefore, work needs to be phased so that those children still in residence can be relocated within the facility to areas that are safe and comfortable and in which the requisite utilities are maintained – power, water and heating.

9.9 Training and Re-deployment of Institutional Staff

Realistically assess institutional staffing profiles and the true potential for redeployment to alternative childcare services.

Encourage the development of enlightened training schemes and review retirement possibilities.

Any deinstitutionalisation programme conducted at municipal, regional or national level demands a sea-change in childcare philosophy and systems. You cannot talk about philosophies without

considering the people who subscribe to them or, indeed, depend on them to help define their professional identity. You cannot talk about systems, processes, methods or operations without considering the people for whom they represent the comfortable status quo, a rational outcome of their education and training and the means by which they earn a living.

Training for employment in alternative childcare services may lead to new job opportunities but the tradition of 'clinical medical' care in baby institutions and current levels of over-manning could make it impracticable or undesirable to target all institutional staff towards these services. Those of the older generation with outdated qualifications or no paper credentials at all may be especially vulnerable.

It is important to view this issue expansively, scanning at local levels the whole domain of professional engagement with children –(health care, pre-school care, education, childcare services, the NGO sector, forthcoming projects – to pinpoint opportunities.

10 Financial Aspects:

Comparison of Annual Budget of HMSCC with the Annual Costs of Alternative Services

Annual budget of HMSC (2009)	313 600 lv	
Annual budget of CSS (2011)		205 280 lv
Reintegration benefits for 10 children for 12 months		2 000 lv
Child allowances for 10 children for 12 months		4 200 lv
Foster care payments for 2 children in 2 different families for 12 months		16 680 lv
TOTAL:	313 600 lv	228 160 lv

Comparison Between Project Expenditurs on Prevention and Reintegration

	Average duration	Average cost
Reintegration	8 months	1000 lv direct support to 1 family
Prevention	3 months	500 lv direct support to 1 family

It should be noted that additional to the direct family support is the time, travel and communication costs of a multidisciplinary team (social worker, psychologist, nurse). Bearing in mind the duration of reintegration, these costs make it a much more expensive service than prevention.

‘At home, not in the Home’ - Case Studies

Yordan

Tsvetana and Grigor were visiting their family in Lovech, 130 km from their home in Sofia, when their son Yordan was born prematurely. Weighing just 1,430 grams (3.2 lbs) and with under-developed lungs, his life was at risk and he was immediately moved to the specialist care of the Neonatal Ward in Lovech General Hospital.

As Yordan battled for survival, his parents faced the harsh realities of their lives - a gravely ill child, no money to make regular visits to the hospital, the responsibility of caring for their two year old daughter, work commitments to ward off the threat of even greater financial hardship and a volatile relationship. Without the necessary financial and emotional support networks in place, the family simply could not cope and all contact with Yordan was lost.

Following four months of intensive care, Yordan was discharged from the hospital. The Child Protection Department tried but failed to locate his parents. As there were no alternatives, he was moved to the Teteven Institution for Babies in Lovech County in December, 2009.

We met Yordan in January, 2010 as we started closing the Teteven Institution and replacing it with a range of alternative services such as a foster care network and a centre of social support to help families like Yordan’s and prevent more children being placed in the institution in future.

Our first priority was to try to locate Yordan’s family. Working from an old contact address, we found Yordan’s maternal grandmother and after making frequent return visits and gradually building a relationship with the extended family, we eventually met his mother.

Yordan’s parents have a complex and unpredictable relationship; the mother and daughter lived with the mother’s family and the husband was in separate lodgings. They had considered giving Yordan up for adoption as they could not cope with the difficulties in their relationship or the care of a sick child. Thankfully, they were happy to work with us and as a result of their efforts, coupled with our extensive tailored support, the family reconciled. Although they were living apart, they were ready to become full-time parents to Yordan.

As is the case for most institutionalised babies, Yordan's physical and emotional development had faltered while he was in care. At 10 months old, when we reunited him with his mother and father, he was unable to hold his head up, roll over or sit unaided; these important childhood milestones were delayed through a lack of one-to-one care and stimulation.

Yordan's first few weeks back home were hard on him and his family. He was restless and unsettled and his asthma was getting worse. His older sister felt threatened by the new arrival and was initially aggressive towards him. The family were daunted by the reality of raising two small children on a very small income.

Gradually, the extended family started to rally around to help, things got calmer and the family settled into a happier routine. With our support, Yordan's mother registered him with a local GP and he was referred to a lung disease monitoring programme that is ensuring his breathing difficulties are carefully managed.

Once at home, Yordan's progress was swift. Within three weeks of returning to his family and with the love, attention and stimulation he so obviously needed, he was able to hold his head up. Five weeks on, he could sit unaided and just eight weeks after leaving the institution, he took his first steps, supported by his mother. He has also begun to say a few words, mostly reserved for his favourite people - "mammy" and "daddy".

According to a recent examination by his paediatrician, Yordan is now reaching the developmental milestones applicable to his age group. According to the paediatrician, Yordan's early developmental delays were a direct result of his institutionalisation.

Despite the harsh realities of living within a time of severe financial hardship, Yordan's family are now strong enough to support themselves and no longer need our assistance. Yordan is thriving within the love of his parents, sister and extended family, a world away from life in the institution in Teteven, which was formally closed in December 2010.

Andrei

Andrei was only a few days old when he was moved from a maternity hospital to the Teteven Institution for Babies. Healthy and blissfully unaware of his vulnerable circumstances, he joined the other 31 children in residence at the institution.

We met Andrei when we began our assessment of the children at the Teteven Institution in January, 2010. We discovered that the Child Protection Department had placed him in the institution at the request of his mother. Unable to cope with caring for her son and being the sole provider for her family, she believed the institution would provide a safe environment for her baby while she sought work overseas. Andrei's nine year-old sister, who now lived with her maternal grandfather, had spent the first five years of her life in an institution and in the family's opinion had survived the experience without any noticeable harm. It is difficult for us to comment on this as we were not working with the family at the time of her institutionalisation. Yet research shows that all children suffer developmental delays as a result of institutionalisation.

Andrei's grandfather regularly visited his baby grandson at the institution and was undoubtedly interested in his development. However our initial meetings with him were challenging. He said that Andrei's mother had found work in Greece and was sending much-needed funds to her family. He felt that Andrei was better off where he was and that his granddaughter had come to no harm from spending the first five years of her life in an institution. He added that the family were planning to ask for Andrei's placement to be extended for a further six months.

Over the following weeks, we regularly met Andrei's grandfather and carefully explained the legislative changes and the pending closure of the Teteven Institution for Babies. We also explained that Andrei could be placed on the adoption or foster care register if his family did not take immediate action. Eventually, Andrei's grandfather recognised the seriousness of the situation and contacted his daughter.

The possibility of losing Andrei altogether was the catalyst the family needed to re-evaluate the long term solution for Andrei's care. Deeply shocked at the prospect of Andrei being placed with foster parents or added to the adoption register, his mother returned from Greece and began working with us and the two Child Protection Departments involved to arrange to have Andrei return home.

In June, 2010, when Andrei was six months old, the family were delighted to have him return home, happy and healthy. The extended family started providing Andrei's mother with the childcare solution she desperately needed to enable her to find work and provide her with an income for her family. When she needs to travel for work, her father and a close relative look after her children.

The family are now so settled into their routine that they no longer need further assistance from us. If, in future, the family needs support to stay together, they will be able to get practical help and guidance from qualified staff at the new Centre of Social Support that has opened in the former Teteven Institution building.