CHILDHOOD AT HOME

Equilibrium's contribution to the de-institutionalisation of children in Ruse District

Abstract: How Do Service Providers Stay Positive when Answering the Demands of Deinstitutionalization? How Do They Convey this Positivity to Clients and the Larger Community?

Абстракт: Как доставчиците на социални услуги остават позитивни отговор на предизвикателствата, които поставя пред тях процеса на деинституционализация? Как предават тази позитивност на децата и семействата, с които работят и на хората в общността?

Introduction

This brief publication talks about Equilibrium's contribution to the deinstitutionalization of children and young adults. This work has taken place primarily in the Ruse region but our organization has professional influence throughout the country. Having provided the implementation team that closed the first "baby home" in Teteven (2010), EQ has played a major role in support of the national programme.
Here we talk about our experience and operational philosophy that is rooted in positivism.

History in Brief

Having had a supportive relationship with the complex since its inception in 2005, Equilibrium took over management of the facility in July, 2009.

During 2010, in the context of an international conference of good practices in poverty alleviation (COPORE), we outlined our management approach and ambitions for the complex and named the presentation – "Creating a Centre of Excellence in the Delivery of Integrated Services" (see http://eq-bg.org/en/creating-a-centre-of-excellence/)

Our ambition extended beyond the pursuit of high standards in the delivery of services to our beneficiaries – children at risk and their families. It extended beyond making a positive contribution to the deinstitutionalization (DI) process locally and nationally (Equilibrium provided the implementation team for the first closure of a baby home in Bulgaria – see "Transforming Lives: Teteven Deinstitutionalization Project", http://eq-bg.org/en/transforming-lives/). We intended to transform the public perception of the complex so that it came to be highly regarded as a community resource and genuinely operated from this privileged vantage point. We aspired to greater understanding and improved responsiveness to the needs of our clients that could be gained by being more flexible and creative in the ways we engaged and communicated with them – children and adults.

In the early days, we were made painfully aware of the negative outlook of the friends and extended families of the team at the complex regarding their place of work. We were aware of the invisibility of community based services in the context of private or corporate philanthropy and the extent to which donations continued to flow towards large residential institutions earmarked for closure because of the effectiveness of appeals relating to "Bulgaria's forgotten children".

In its monitoring report on DI for 2011-2012, the government referred to the extent to which the proliferation of new services using project money was placing a strain on government budgets when the projects ended and the founders sought state delegated funding. Reference was made to "hollow services" and a lack of alignment with the aims of deinstitutionalization.

Representatives of the NGO sector repeatedly asked for money saved through closure of institutions or radical reductions in the number of residents to be directly reinvested in alternative services. Concern was expressed about a perceived trend among municipal authorities to take over the direct management of services thereby reducing NGO representation in the sector despite the fact that many of the dispossessed NGOs had pioneered service development.

It was not a propitious time to be talking about altering public perceptions although it was essential. It was absolutely the right time to be thinking hard about the way we engaged and communicated with clients in the contexts of preventing child abandonment, facilitating reintegration of children into their families and promoting success in foster care and adoption.

Community Networking

What did we want to achieve?

We wanted to find ways to genuinely engage with the population of Ruse and to connect with people from further afield. The place that the complex occupied in the institutional framework and its formal relations with working partners should not be our only points of reference when defining our community engagement.

Many commentators talk of NGOs being engaged in a competitive "race to the bottom" in order to raise money from the general public that can often result in stereotyping of vulnerable groups and over-simplificaction of complex social issues. The words "transparency" and "authenticity" are overused but were genuine in our pursuit of the values these expressions are supposed to convey. Social services are an important part of how communities work and social vulnerability should not be a source of shame as if to suggest that those who are poor or otherwise disadvantaged somehow deserve to be that way. Social services should not exist in a remote place well away from family life and public activity. They should not be separated from education, arts and culture. If they are, the services created as alternatives to residential institutions are only community-based in terms of physical location. They are not a meaningful part of community life.

We planned to mobilize people and the resources they could access on a significant scale. We wanted them to use their skills, contacts and ingenuity to provide tangible benefit for the children and families we worked with.

An abbreviated version of our publication "Evaluation of Childcare & Family Support Services focusing on the Impact on Beneficiaries: Inherent Difficulties, Ethics, Key Principles, Suggested Approaches and a Selection of Related Tools" is available via a link on our website (http://eq-bg.org/wp-content/uploads/2015/04/Abbreviated-manuscript-evaluation-ENG.pdf). In the section that spans pages 16 to 20 we explore the organizational habits that suggest quality in the delivery of social services. We explain that this list was first compiled in 2010 and it has been refined since that date on the basis of operational experience and international feedback. Prominent within the list of organizational behaviours are the habits of focusing on the community, remaining highly transparent, inspiring loyal support and purposefully making (unconventional) connections between people, institutions and groups. These actions are motivated by the desire to promote sustainable change in public attitudes and to endanger acceptance of progressive ideas relating to social vulnerability and exclusion. .

Beneficiaries as Able Partners

What did we want to achieve?

References to a *strength-based approach* to the assessment of families are common as are statements about the formation of *partnerships* between those who provide services and those who use them. What do these expressions actually mean in practical terms? In 2008, the BCNPL stated that "(a) *social service is of good quality when it positively influences the well-being of its users and has a real impact on the quality of their lives."* While we condone the focus on service impact, we feel that this does not tell the whole story. Service providers should somehow promote in beneficiaries acceptance of the need to change, a desire to change and belief in their personal capacity to do so. In its literature, Equilibrium talks about "boosting personal resources" and our new website refers to "resilient families" and "stronger communities". We sound optimistic and positive. How do we stay optimistic and positive in our day-to-day work and in the high-pressure context of DI?

Delivering Integrated Services in the DI Context

Defining the Task

During 2010, the Bulgarian government stated its "Vision for deinstitutionalization of children in Bulgaria" and Plan of Action to implement the strategy. The country launched five national projects related to deinstitutionalization using EU funding mechanisms. Ruse was one of the 8 districts where closure of institutions for children 0 to 3 was taking place and EQ

recognized it would face the challenge of providing support to the Ruse municipal and district strategies for developing social services to replace institutional care.

This meant changing the way the complex of social services functioned so as to become a hub for DI activity (from gate-keeping and emergency family type placement options to reintegration / foster care / adoption support / small family home). This had to be achieved without negatively impacting on the integrity of existing services provided via a centre of social support with an emergency placement unit, street children centre and a small family home for disabled children.

On the basis of the Teteven action, our team had first-hand experience of the coordination of multi-disciplinary action avoiding delays and fragmentation of a response that depends on multiple contributors. We'd studied models of care in other countries (Swedish family centres, French parenting support practices) and saw the applicability of a holistic / comprehensive approach with a CSS at its centre – a service base with the capacity to blend services together, the flexibility to respond quickly to the needs of individual children and the capability to take a strengths-based approach to family support / rehabilitation.

Defining the Areas of Difficulty

We recognized common problems associated with DI at local level:

1. The implementation of many national projects revealed twin fixations – (1) narrow focus on their own designated target groups (and disregard for the wider body of children) and (2) adherence to the scheduling of activities as designated in project proposals. This could lead to actions that are not necessarily in the best interests of children and disregard for families with children in different institutions. It could encourage failure to adequately consider the whole group of children in an institution (eg infants 0-3 AND older disabled children), the need to minimize the period a child spends in an institution (and to avoid delays based on administrative priorities or the (mis)timing of project activities).

2. Attempts to maximize the number of new foster families rather than creating quality foster families that are actually a suitable match for those children leaving institutions including those with disabilities.

3. There are delays in providing social support payments to families in crisis because of obstructive bureaucracy. Prolonged delays occur for those lacking an identity card or for those whose permanent address on record is no longer applicable. It takes over a month for a mother with a new-born baby to receive social payments and this is a significant contributory factor to child abandonment.

4. The prevailing medical model of disability places pressure on families (especially in cases of poverty and minority ethnicity) to abandon infants with disability, developmental problems or chronic health issues. Social services lack information and appropriate access to the ward for premature babies and their mothers - creating conditions that lead to the breakdown of the attachment between the baby and mother (made worse by the system of detaining premature babies in hospital after discharging the mother three days after birth). As a result, premature babies, especially those from poor and minority backgrounds, are often being placed in the home for infants where they are expected to gain weight without the Child Protection Department (CPD) being informed. The risk of abandonment is exacerbated if the involvement of the CPD / social workers is delayed in this manner.

5. There is a tendency among some social service providers to demonstrate selectivity and to opt for "mild" cases. Additionally, Child Protection Departments find it difficult to deal with serious and complex cases on their own because of high case loads and limited resources. This inequitable distribution of difficult cases is one factor that leads to reference to “hollow services” in the context of a national DI programme.

The combination of the pessimistic medical model of disability and crude selectivity in service provision sustain the tendency that brought about existence of large residential institutions in the first place – the desire to separate and isolate those children that pose the largest challenge to the institutional system. We could call this a Compliance Model of Childhood on which basis children are classified from the earliest age on the basis of their capacity to “fit the system”. The pattern is sustained within the kindergarten and pre-school regimes – resilient children fair well but those with behavioural problems or those who show early signs of learning difficulty are stigmatized on the basis of a rigid and unrealistic approach that fails to adequately acknowledge contemporary know how in Early Childhood Development.

Family crises – including single parenting, parental illness or straightforward poverty can and frequently does catapult young children into the care system that is short of empathetic responses.

Our Response

The model developed at Ruse’s complex for social support is strengths-based and positive. We use a managed holistic / comprehensive approach to ensuring family and community type care for children. The flexibility of our approach ensures the incisive and fast delivery of a comprehensive package of support services to families in crisis. A loose-tight management model ensures quality control and a structured environment but allows the team to show initiative and innovation in the way in which services are developed, combined or mixed in response to local needs and characteristics of specific users. This is supported by a “what-if” philosophy that aids the management of complex / difficult cases.

The flexibility is carried over into communication and professional networking - without an emphasis on formalization / protocol. With an accent on accessibility and speedy engagement – the CSS liaises with all stakeholders (local authorities, CPD, directorates of social assistance (municipal and regional), schools, healthcare facilities and other institutions).

EQ has supported and actively participated in the creation of the Regional Coordination Mechanism for Deinstitutionalization, an initiative of "Hope and Homes for Children" - Bulgaria. Each regional coordination mechanism includes municipal authorities, CPDs, directorates of social assistance, the local structures of the State Agency for Child Protection, medical authorities, NGOs and other institutions depending on the specifics in every locality. The joint efforts are focused on the child and family and personnel and resources are mobilized towards realizing the best solution for the child. Importantly, the participation of the families themselves enables empowerment and ensures transparency and the objectivity of the decisions taken.

EQ's participation guarantees a **comprehensive** approach to the entire group of children that are affected by the various DI projects and ensures parallel assessment and planning for each child (and family or alternative care options) in order to prevent unnecessary prolongation of the time spent in the institution.

Having taken an integrated approach to family support since 2010, and having refined that approach in response to DI, EQ has established the Ruse centre for social support as a key partner of the local CPD in both blocking entry to the residential institutions and coordinating the removal of children from the facilities.

Our multi-faceted Early Intervention Model has impacted markedly on both the prevention of abandonment and the potential for placing disabled children with foster parents. Quite simply, we visualize positive outcomes for the children in question. By articulating what can be achieved, the support that we can provide and acceptance within the community, biological and foster parents are motivated to work with us to give young children the best chance in life.

Developmental stages

Integration of international know how:

- French model to support parenting (a universal and well- integrated community service led by parents and supported by professionals) put forward for peer review in a conference in Paris 2011 (for alignment with EU policies). EQ attended and then integrated aspects of the model into our work.
- The Swedish model for providing integrated services through Family Centres is being considered by the Flemish government as part of its Strategy for Child Poverty Reduction. Vibeke Bing, who made a major contribution to the development of the Swedish model, was a member of an expert advisory group in Belgium in which EQ was represented. We continue to communicate with Vibeke so as to draw down and localize aspects of the Swedish model.
- The model of Active Family Support of "Hope and Homes for Children" (HHC UK);
- Best practice in UK social work – outcome report of a substantial piece of research 'High expectations, high support and high challenge': Protecting children more effectively through better support for front-line social work
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419130/High_expectations__high_support_and_high_challenge.pdf
- HHC and Eurochild recognize that DI entails high-intensity social work performed in a designated time-frame against a backdrop of sweeping systemic change. In this context "services can be concentrated in a local centre (one-shop stop model) serving the whole community and providing a wide range of options for help and support…"
("Deinstitutionalization and quality alternative care for children in Europe – lessons learnt and the way forward" Eurochild / HHC, October, 2012)

Practical steps:

Synthesis of components of holistic approach into activities at Ruse complex 2012, 2013.

Consolidation / dissemination:

Summarised as a model and presented at the national level through presentations and workshops, participation in conferences and publications.

Practical components

Reorganisation of services and development of material resources: we *adjust* to children and families -

Key features:

- Complete mobility even in harsh winter conditions - advice provided in the client's home , transportation to /from a hospital, total emergency response capability;
- Hourly services for children and parents;
- Hourly, half-day or full-day care;
- Adaptation of emergency placement unit to align with the demands of prevention / reintegration (new regimes of short-term accommodation of infants with / without parents; meetings with overnight stay of parents and their children placed in the baby home prior to reintegration, more specifically for infants with health problems in order to build the mother's confidence);
- Alternative family care (foster care, adoption) aligned to respond primarily to the needs of children in institutional care. Incl. re-training of experienced foster parents to care for new-born babies and disabled children and supporting adoptive parents to take children with health problems or disability. Active work with all host families in the community and support for growing infants and children with disabilities - successful models of changing attitudes through training, supervision, logistical and material support to foster families;
- Family-type care in the community for children with disabilities – with the experience of running a small family home as part of the Ruse complex of social services, EQ has contributed to the heated national debate about the funding of this type of facility. The small family homes that are being developed with EU funding will be receiving funding per child per day which creates considerable potential for decisions that are not in the best interests of a child. EQ has worked hard with its partners to ensure local decision-makers who are responsible for 3 new community houses face this difficulty with candour and honesty and continue to make the best decisions for children despite EC project diktat;
- Development of new skills in Early Intervention and Family Counselling leading to the existence of a team of consultants in early childhood development with different professional profiles supported by resources (soft play and therapy room , a library of specialized toys, supplies for family planning). We undertake early childhood development programmes in marginalized communities (eg our new undertaking "Confident Parents for Successful Children" funded by the Trust for Social Achievement entails outreach work in Roma communities to prevent disadvantage and risk during early childhood.) We have the commitment and the capacity to provide continuing support to families with young children with disabilities or chronic diseases (including foster parents and adoptive parents who raise such children);

- In 2012, we signed a special agreement with the hospital, the child protection department and the regional social assistance authorities for improved access and joint work on prevention of abandonment. The agreement now covers the maternity unit, neonatology and the children's ward;
- We work with *all* targeted CPD cases and through participation in regional coordination mechanism for deinstitutionalization, interagency working groups, the Commission on Child Protection and the relevant regional councils – meticulous monitoring of assessment, personal plans and the fate of each child to prevent any factors that cause prolongation of residential care or the unwarranted retention of children in the institutional system. The CSS has become the recognised guarantor of quality in the implementation of DI in Ruse district by acting as watchdog in the cases of family crisis;
- Provision of packages of material support to families that ensures the family stays together while our multi-disciplinary team assesses and builds on the acknowledged strengths within the household (or extended family and community) and works towards long-term sustainability and independence.

Development of new services in Ruse: small-group homes for children and young adults with significant special needs.

http://eq-bg.org/wp-content/uploads/2016/03/Kak_upravliavame_CNSTDMU_ENG_new.pdf

The above link from the EQ website provides an insight into our approach to caring for children and young adults with special needs. As I write, EQ is in the process of taking over management of a new facility offering care for infants with significant disabilities or developmental problems that prevent them from being at home with their parents and siblings. We have cared for children with special needs since 2009 and took over management of two facilities for young adults during 2015.

The text that is available online makes reference to "positivity based on longevity of experience" and our "gradualist approach" to community-based disability care that inevitably involves a steep learning curve.

Influence

The model of a holistic service provision has been shared with 34 teams of service providers or local authorities who visited the Complex, 71 professionals who took part in the training programme of EQ 'EQspert', training of CSS in 3 other municipalities upon their request. The model was presented at two regional meetings of CSS, in front of audiences of 50-60 people. It was shared with similar service providers and local committees in another 7 districts where the closure of the institutions for babies with EU money is underway.

At local level, a process of consolidation is in progress that involves the actions of working groups within the DI coordination mechanism and stronger cooperation with the local hospital that includes the streamlining of prevention work with the families of premature

babies and additional funding from the Ministry of Health to improve working practices within the department for premature births. Additionally, EQ's partnership agreement with Ruse Municipality for development of foster care ensures comprehensive support for foster families and a special municipal ordinance guarantees acceptance of foster children in kindergartens close to the homes of foster families.

EQ is supported by the Know How Centre for Alternative Care of Children and UK expertise in the implementation of a project that seeks to engender an evaluation culture among the country's centres of social support by creating 4 regional centres that contain trained evaluators and others resources. This will aid the identification of good practices that have been subject to objective evaluation. Centres of social support were chosen from among the various types of service directed towards children at risk (and their families) because EQ acknowledges both their wide geographical dispersal and their potential to act as (generalist) hubs within integrated systems of local (more specialized) service providers.

Senior personnel from EQ participate in working groups with the relevant ministries and government agencies and actively contribute to policy development and the improvement of child protection and family support. Several strategic documents reflect the philosophy that EQ applies in its work in Ruse and beyond (examples: Standard 14 to the methodology for foster care and instructive letter from the Agency of Social Assistance (ASA) for the procedure for adoption of foster children; project methodology for small group homes for children and youth; Instructive letter by ASA for the inclusion of social service providers in prevention and all stages of reintegration of institutionalized children in the community).

Impact

The progress and impact of the EQ is measurable according to the following milestones related to the DI process in Ruse district:

- Closure of all six institutions for children in the region of Ruse;
- Construction of a well-functioning system of protection with a broad network of social services that cope with new cases of children at risk and is oriented towards the support of local families and prevention of separation;
- Children from Ruse region are not accommodated in residential institutions in other areas

Key Factors in our Success

- Total positivity – it CAN be done
- Integration and optimization of services using management tools that ensure value from the perspective of clients. Significant reduction in delays, detours, obstructions and the waste of time and material resources
- Flexible, tight-loose management style
- Responsiveness and comprehensive care for each child
- Strategic partnerships - local, national and international
- Creativity and adaptability - the tailoring of services in response to user needs

- Reduced formality in communication and networking
- Commitment to DI of key individuals in a decision making capacity at municipal and district level going beyond the production of formal strategies and requisite formal committee meetings – the **leadership** factor

Relevance of our Approach

The model embraces the principle of a **comprehensive** approach to family support and innovative modes of interaction among all stakeholders responsive to the challenges and difficulties that complex, multi-disciplinary systems encounter.

The model isn't static and it isn't totally dedicated to the process of DI (the institution is closed = mission accomplished). Rather, it helps prepare for the legacy of DI by promoting continual development of childcare and family support services within d a structured framework and an improvement culture in which service providers continually monitor the impact of their work. EQ has created four regional hubs with strong, confident CSSs at their hearts. The teams from these CSSs helped us shape the comprehensive EQ material on impact-based assessment – "Evaluation of Childcare & Family Support Services focusing on the Impact on Beneficiaries: Inherent Difficulties, Ethics, Key Principles, Suggested Approaches and a Selection of Related Tools"

Closing an institution is a significant milestone but it immediately creates a new set of challenges within a locality that no longer has a convenient depository where children can be left to allow time for deliberation over their fate.

A new phase of closing residential institutions will unfold under the next programme period for the utilization of EU funding but this should not happen without identifying the key components for success and sustainability in those municipalities that have already undergone DI.

Sustainability of our Approach

The Ruse Complex of social services has the status of a municipal service managed by an NGO and is receiving a state budget, which covers the basic costs. New assets and additional services and community commitments are funded by EQ through projects, commercial activities and fundraising actions.

The EQ model permanently changes local practice and established a new mode of interaction and joint working practice for regional institutions, local authorities and NGOs when it comes to solving the problems of children at risk and their families.

The EQ team continues to accumulate know how and share it not only when assisting with the implementation of DI strategies but also in the development of new services and training in service management.

Our long term ambitions relate to (1) parental choice, (2) universalism in the provision of childcare and family support and (3) the independent accreditation of services with a focus on their impact on clients. The model will evolve in this direction.

By reorganizing work practices and the use of resources at the Ruse complex in support of DI, EQ won the trust of local authorities and other official bodies and this allowed us to take a leading role in developing a far-reaching model of integrated service provision that has an impact on the entire childcare community. We have helped overcome the problems of fragmentation, competition and territorialism among service providers (leading to a lack of communication and coordination) and a tendency towards selectivity in the provision of family support services.

Tools have been created and structures have been set in place (regional coordination formulae, agreements with hospital and community actors, working groups) to ensure the future functioning of the childcare and family support systems with a focus on the best interests of the child. These are sufficiently flexible to allow for the changing needs of the target groups. There is a crucial ethos of equitable partnership among professionals and between professionals and parents (including foster parents and adoptive parents). Most importantly, mechanisms are in place to allow the desires / opinions of the child to be meaningfully taken into consideration and to ensure that the child is kept informed in a manner that takes account of his / her capacity to understand.

EQ has established itself as a reliable and trustworthy partner to institutions involved in the process of DI and was actively involved in decision-making that impacted on the quality of the approaches and the quality of life of the children themselves.

Ruse Complex of Social Support as a Community Resource

EQ does not define the position and impact of the Ruse complex purely on the basis of the position it occupies within the professional framework. Additionally, we have taken steps to ensure that our standing in the local community is based on more than the development of an “EQ brand”, our social networking capability and media coverage of our activities. We have worked hard to demonstrate the relevance of the work we do in the larger world of children and families.

The model focuses on seeking, identifying and mobilizing all available resources around a family, as a complete system , the community in which he lives (neighbors , neighborhood, village, formal and informal community leaders), local resources - municipalities , business , cultural , educational and religious institutions, social welfare system , healthcare providers. It increases the number of those committed to the problems of a particular family, enhances opportunities for support and helps secure prompt and urgent responses when crises arise. This leads to long-term improvement of the situation of the family and sustainable improvement after any crisis intervention.

The Ruse complex has taken steps to establish itself as a community hub – we provide office / studio space to a media company with which we cooperate (producing literature,

programmes for children etc). Our gymnasium is made available to local clubs and – in exchange – they support our group activities for children. We collaborate with the university (helping to train students of social pedagogy, social work, nursing, physiotherapy and occupational therapy and hosting study visits for foreign exchange students). Many of the university students act as volunteers as do students from a number of local schools with which we have established long-term relationships. Our interface with the education and health systems are well-developed and extensive and are key components of our Early Intervention Strategy.

On the basis of these efforts, we have gradually changed the attitude of the local population towards the types of social vulnerability that characterize the families we work with. It isn't just a question of creating visibility around issues like disability. It isn't just a question of ensuring participation of disadvantaged children in the cultural life of the city. Equality of access does not ensure equality of opportunity. Participation cannot be partial or tokenistic. It is about building a support network in the community comprising people of all ages who believe what we believe, who act as our ambassadors and who promote change on the basis of infectious positivity and enthusiasm.

A Continuing Challenge

An issue that remains hugely challenging is Crisis Response in the case of families with very young children or children with special needs. How do you keep families together when they are made homeless or their living conditions have deteriorated to levels that are unsafe or unsanitary? What do you do when household economies have collapsed and social benefits are delayed (sometimes for months)? Our partnership with Hope and Homes for Children provided a funding stream to support the provision of material assistance to families including house repairs, temporary rent, refurbishing a council accommodation. Additionally, the local community has been hugely supportive (clothing, baby equipment, household supplies, participation in our seasonal bazaars, donations in kind from the Red Cross and the Food Bank and from individual and corporate philanthropists).

However, this is a weak point in preventative social work in Bulgaria, as state budgets for social services like CSS remain low and do not allow adequate response to each case.

What Does it Cost?

The Ruse complex operates on the basis of a delegated state budget the level of which is dictated by the prevailing financial standards applicable to the services we provide.

We employ a results-focused management model that determines the efficiency of our procedures in terms of value to clients. (We maximize the impact of every BG-lev we receive.)

However, the budget only guarantees the functioning of the services when working within our designated capacity and undertaking activities that feature within the normative practice

that preceded DI (assessments, consultations after clients are referred by CPD and are cooperative and honouring appointments). To satisfactorily meet the challenges of DI, *we needed to depart from normative practice* and to develop a comprehensive and proactive approach to family support in the family's own environment, being sensitive to their mobility constraints both in terms of finances and child care arrangements. EQ had to reorganize its human and financial resources while also sourcing funding or material donations to support key activities. As mentioned above, HHC-Bulgaria provided a funding stream (permissible under project terms) to provide for families in crisis, prevent cases of abandonment and support reintegration efforts, support children with special needs in foster care, the small family home, the emergency placement unit, support to the mothers / foster parents when accompanying their child in hospital, especially for long-term stay etc.
Another significant method of providing resources for family support is coordinated fundraising activity - events, targeted campaigns, expanding our network of donors and seeking the provision of clothing and supplies essential for growing babies and children from 0 to 18 years, new or used appliances and furniture for families, foodstuffs, granting services for families, etc. This style of resource mobilization and encouraging the active involvement of the community is currently a key feature of our programme for protecting child victims of poverty.

Defining the Role of Centres of Social Support

The process of DI in Bulgaria is entering a crucial phase and the challenges are daunting but manageable. CSSs are a crucial resource in this context because they represent the most developed and widely dispersed services in Bulgaria. The Agency of Social Assistance's catalogue of services published in 2013 identifies 91 such facilities and the number continues to increase.

To fulfil this key role in the process of DI and, more especially, to prepare for a future without large, residential institutions, CSSs must develop beyond the level that is currently envisioned. The lack of capacity among CSSs in larger towns has been acknowledged as has the total lack of CSSs in smaller towns and the need to improve professional competence in frontline social work.

In Ruse region, the authorities worked towards the optimization of territorial coverage and the accessing of service users from neighbouring municipalities through municipal cooperation. This is extremely important because children from all municipalities in a given area (and even beyond its boundaries) are placed in institutions and the support of families within the context of DI does not allow for 'blank spaces' on a map where coordination can be expected to break down.

CSSs are well-disposed to provide holistic support in the context of DI (or they should be) and to actively seek ways to ensure the sustainability and continuing improvement in the quality of family care and the irreversibility of the DI process. To accumulate the necessary resources, the CSS must develop the characteristics of a community hub and pursue excellence in the fulfilment of this role.

The message regarding community hubs and territorial coverage has international relevance and it is a key component in the report for the Flanders government to which EQ contributed. It is explicit in the Swedish model ("Everything in one place – accessible for each child": Vibeke Bing) and implicit in the lesson from France. It can reasonably be argued that – beyond DI - the creation of these hubs is a transformational step towards universalism in family support. It also facilitates multi-faceted Early Intervention / Prevention strategies.

EQ recognises that the model bears certain similarities to EC normative practice in healthcare that incorporates general practitioners or "family doctors" (and community nurses) who have the capacity to treat patients but who can also refer them onwards to the relevant specialists. Currently in Bulgaria, the emphasis is on determining risk (= advanced illness) by CPDs (= hospital reception desk) who allocate clients to specific service providers (= medical specialist).

What Happens After DI?

Once DI has been achieved, prevention strategies and practice must be effective to prevent community-based services from becoming beleaguered and alternative care options must be available to cater for those cases in which it is in the best interests of the child to remove him / her from the biological family.

The lasting impact of the EQ model as applied in Ruse and the other locations where DI is on-going is a substantial movement in professional attitudes in those regions where EQ has been active in relation to three key systems of belief:

1. The unacceptability of the medical approach to disability and the evolution of a social approach that has been effectively demonstrated in practice
2. The need for multi-disciplinary cooperation and the creation of sustainable systems of communication and work practices that bring about acceptable outcomes for children within reasonable time-frames
3. The perception of childcare and family support as a single, fully integrated operating system instead of a variety of territories occupied and controlled by different professional disciplines and a selection of services defined as being discrete from one another on the basis of the various providers or the facilities that contain them. This system is best sustained if it has some form of generalist structure at its heart (a centre of social support / family centre)

Movement towards Holistic Family Support

Significant reference has been made to creation of a system of holistic family support as an alternative to the current system of working with children and families that is rooted in child protection.

EQ is a strong and active advocate for this transformation in the system but there are several prerequisites:

1. We finish what we started. There is a moral imperative to close the remaining homes for medical and social care for children **before** resources are dedicated to systems change in community-based care / support.
2. We first develop a tendency towards cooperation among those working in social services, healthcare, education (including pre-school and kindergarten) and juvenile justice.
3. We need to devise an explicit working definition of Family Support and to strengthen our understanding of how to provide practical, transformational and non-invasive assistance to families. This must be rooted in a sound understanding of Early Childhood and Teenage Development that is both non-ideological and progressive.