

Transforming children's lives

De-institutionalisation in Stara Zagora, Bulgaria

This guide is based on work conducted as part of ARK's programme
De-institutionalisation of children's services
Stara Zagora, Bulgaria
2006-2009

Thanks

This guide was written by the team of ARK Bulgaria based on experience gained through ARK's programme in Stara Zagora.

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ARK Bulgaria

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Who is this guide for?

This guide outlines how ARK's de-institutionalisation programme was planned and implemented. It describes the principles which underpinned the programme and how these were put into practice and outlines the major challenges which ARK and its partners faced with recommendations for how these can be overcome.

This guide is written primarily for those municipalities, child protection departments and non-government organisations in Bulgaria who want to support de-institutionalisation and for those working at a national level with responsibility for financing and overseeing the reform of the child welfare system. Although written in a Bulgarian context, it is hoped the guide may also be useful for those working on de-institutionalisation elsewhere in the region.

There is no one-size-fits-all recipe for 'how to de-institutionalise'. Every programme will evolve in its own way as those involved learn more about the specific needs of the children, families and communities with whom they are working. This guide does not attempt to answer all the possible questions which may arise but is designed to help those embarking upon their de-institutionalisation journey by sharing some of the lessons which ARK has learnt along its way.

This guide forms part of a comprehensive series covering a range of de-institutionalisation issues related to the development of preventative and alternative community-based services for children and families. Other publications in the series are:

- **Piecing together the jigsaw: creating a prevention of abandonment and institutionalisation network in Stara Zagora, Bulgaria**
- **Fostering change in Bulgaria: developing a foster care service in Stara Zagora**
- **There's no place like home: creation of a small group home service in Stara Zagora, Bulgaria**
- **Measuring the difference we make: ARK Bulgaria's monitoring, evaluation and reporting system**

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Introduction

ARK's de-institutionalisation of children's services programme

Why de-institutionalisation makes a difference

Defining 'de-institutionalisation'

ARK's de-institutionalisation of children's services programme

ARK's de-institutionalisation programme in Bulgaria was based in Stara Zagora. The programme's focus was upon supporting the prevention of abandonment and institutionalisation; the reintegration of children with their families; and the development of alternative care services. The aim of this work was to promote the social inclusion of children who had been living in institutions and demonstrate how institutions can be closed.

At the core of the de-institutionalisation programme was partnership: ARK worked through and with local organisations including the Municipality of Stara Zagora, the Stara Zagora Child Protection Department (CPD) and local non-government organisations (NGOs).

Why de-institutionalisation makes a difference

The case for transforming the child care system into one which no longer relies upon institutional care but seeks instead to provide family care for all children is indisputable.

Child development

Decades of research carried out by child development experts, social workers, psychologists, health and other care professionals have produced a compelling body of evidence to demonstrate that children do best when they live in safe, stable and nurturing families.

Institutional care is shown to have a detrimental impact on child development including leading to:

- significantly more physical and motor development delay
- a considerable delay in puberty
- a higher incidence of psychological disorders and stereotypical behaviours such as body rocking and self-harming
- the inability to form attachment: lack of attachment plays a key role in poor emotional development, behaviour, cognitive development, social competence and mental health
- delayed social development
- lower IQ

Both height and weight are good indicators of child health and development and can be severely adversely affected: recent research has claimed that children can lose up to one month of growth for every two months they spend living in an institution. That is, in environments of extreme deprivation, children may be the size of a child half their age.

By contrast, those children taken out of institutional care and given the opportunity to experience life in a family and interaction with the wider community have the chance to recover some of their emotional and social development. International research has found that children taken out of institutional care show:

- significant recovery in physical growth
- a reduction in psychological disorders
- improvement in IQ

Removing children from institutional care has a lasting impact upon their overall life opportunities and social inclusion.

For references to key related pieces of international research please see **Annex One**.

Children's rights

In addition to the negative impact upon child development, many of the fundamental rights of children are clearly breached through their placement in institutional care. The United Nations Convention on the Rights of the Child (UNCRC) makes it clear that all children have the right to:

- survive and develop healthily - Article 6
- family life, unless the child is abused or neglected - Article 9
- protection from violence, abuse and neglect - Article 19
- a standard of living which meets their physical, mental, spiritual, moral and social needs - Article 27
- protection from any activities that harm welfare and development - Article 36

In relation to families, the UNCRC is also clear that:

- Governments should respect the rights and responsibilities of parents - Article 5
- families have the right to be together - Article 10

- parents have the primary responsibility for raising children and should be supported in this by the state - Article 18
- Governments are to provide proper care and protection for children without a family – Article 20
- extra support should be provided for families in need - Article 26

The economic case for de-institutionalisation

There is, of course, a financial cost involved in the transition from a system based upon institutional care to one based primarily on providing support to families or providing substitute family care. The case for de-institutionalisation should not be based on the misleading claim that there are considerable economic savings to be made in the short-term.

Significant investment may be required for the re-training of a wide range of social, health and education professionals; the recruitment and training of new staff; conducting campaigns to recruit foster parents then providing them with training and support; and the development of other specialised services for those children who need them, including alternative residential care for some children. In the early stages of de-institutionalisation, old and new systems may be running in parallel for some time, increasing the financial cost.

However, there are many reasons why it makes sound economic sense to support de-institutionalisation:

- direct support to families is more cost-effective, as well as having measurably better outcomes for children: within ARK's own programme, the average, total cost for supporting a successful prevention case was between one-tenth and one-nineteenth the current cost to the state of financing one child placement in an institution for just one year
- in the long-term, there are potentially very high economic costs related to the negative impact which institutional care has upon children and young people given the significantly higher rates of unemployment, homelessness and criminality amongst institutional care leavers
- care leavers are more likely themselves to become young parents and many to struggle with raising their children, who may well then enter the institutional care system perpetuating the costly cycle of economic and social disadvantage
- institutions represent a very inefficient use of resources given the considerable infrastructure which needs to be maintained

Defining 'de-institutionalisation'

What is an 'institution'?

The first step towards de-institutionalisation must be to agree upon what 'institutional care' means. According to the UNCRC, there is no generally accepted definition of an 'institution for children'. What institutions have in common is the provision of round-the-clock residential care, whereby children live separated from their families, but the size and organisation of such institutions and the nature of the care provided vary a great deal.

Specific characteristics of institutional care for young children in Bulgaria (babies, infants and children up to the age of seven), and children with disabilities, include that the children:

- sleep, eat, study, and spend their leisure time at one and the same place in an environment different from the family environment
- have their daily life structured around a regulated routine which is followed by all children in their age group
- live in isolation and without active ties with the community and their peers
- are often far away from their relatives or extended families: even where families are nearer, the children often do not have the chance to have contact with them
- do not have an adult with whom they can build permanent relations of trust and who can monitor and support their development.

Some of these features are also applicable, to a greater or lesser extent, to older children living in institutional care.

What distinguishes life for *all* children in institutional care is that they do not have the same opportunities for individual care, to form a relationship with a significant adult or for social inclusion.

What is de-institutionalisation?

'De-institutionalisation' should be understood as being about transforming the system of and approach to the provision of care. It does, by definition, mean 'de-institutionalising' individual children. But it is not enough to change the lives of a small number of children if the system itself is left intact.

De-institutionalisation is often viewed in a negative way, as being about 'closing institutions.' In fact, it is a very positive process of creating new opportunities for children and families. This process takes place at many levels:

- working with families and with child care and other professionals on the prevention of abandonment and institutionalisation to limit the number of children entering institutions and support the reintegration of children to their birth families
- the creation of alternative care services - by municipalities, CPDs, NGOs and other social service providers - to enable children to leave institutional care
- encouraging individuals to support the development of substitute family care by themselves becoming foster carers or adoptive parents
- engaging the wider community in supporting children who leave institutions, for example school teachers in mainstream schools where children who have left institutions attend
- changing values and ultimately changing society as a whole so that all families and communities are supported to look after their children and social inclusion is enhanced

In order for de-institutionalisation to be successful, all those engaged in the provision of child welfare services must place the needs of children and families at the centre of their work. De-institutionalisation is *not* about the institutions themselves.

The foundations

Core principles and approaches

Summary of ARK's de-institutionalisation model

Core principles and approaches

Any successful de-institutionalisation programme will involve a wide range of people with a variety of backgrounds and skills. What is important is that they share a vision and that the programme is implemented within a clear philosophical framework.

The **core principles** underpinning the development of ARK's de-institutionalisation programme were:

- **Acting in the best interests of the child and in accordance with the United Nations Convention on the Rights of the Child at all times is the *guiding principle*:** this should be prioritised over the interests of all others, including parents, prospective adopters or foster parents and the staff of institutions.
- **Children's needs are best met within a family:** all of those involved in de-institutionalisation should share the same understanding about the negative impact which institutional care has upon children and the importance of raising children in a family environment.
- **The social inclusion of children is paramount:** this should be achieved through ensuring that all children have the chance to live in ordinary residential areas and participate in all aspects of community life including attending local schools and kindergartens and using local health, transport and other community services.

The development and implementation of the programme was also based upon clearly defined **operational approaches**. Those outlined here relate specifically to the process of removing children from institutions and placing them in family-based or alternative care services:

- In order to move towards their de-institutionalisation, each child must have a complete needs assessment which includes an assessment of their family and the opportunity for their eventual return to it.
- No child should be moved from an institution without a care plan, developed with their current and future carers and the participation of their birth family where possible.
- Keeping in contact with the family of origin of the child, when this is possible, should constitute a basic element of the permanent care of all children, whether or not there is a possibility that they will be reintegrated.

- No child should be left behind: as institutions are closed, every effort must be made to provide the best possible alternative care solution for each child.
- Family placements first: in seeking to provide alternatives to institutional care, every effort should first be made to reintegrate children with their birth family, where this is safe and appropriate; where this is not possible, alternative family placements must be sought, first with extended family then in foster care or adoptive families.
- Only where no family placement is possible should children be placed in alternative, small-scale residential care services: in ARK's model, small group homes were created for a maximum of eight children in each.
- Children need to be prepared for being taken out from an institution and moved to alternative care: they should be moved only when they are ready.
- Children need to be included as far as possible in the decision-making about their new placement: good childcare practices demonstrate the importance of including even the youngest children in decision-making about the environment they are going to live in.
- Siblings should be reunited and cared for together where possible and appropriate.
- Institutions cannot be closed by simply moving children from one institution to another.
- 'Alternative care services' should be real alternatives to institutions and not set up to run in parallel with the existing institutional system: as children leave an institution, its capacity should be reduced.
- Once all children have left those buildings currently housing specialised institutions the buildings should not be used again for residential care.
- De-institutionalisation is about doing what is best for children: this may mean that some children are cared for by those who have looked after them in institutions (as foster parents or alternative residential care service staff) but this does not mean the automatic re-deployment of institutional staff.

Summary of the model

The purpose of the programme was to improve the quality of care for children and promote their social inclusion.

The aims of the programme were to:

- demonstrate good practices in preventative and alternative care services in order to bring about systemic change for children in care in Bulgaria
- demonstrate the closure of institutions through developing and implementing models of alternative care services
- strengthen prevention work to reduce the number of children at risk of being institutionalised or abandoned

The programme was focused on:

- work with young children
- prevention work with identified high risk groups in targeted locations
- the provision of alternative services for children living in a specific institution which was then closed
- first creating services in Stara Zagora Municipality then expanding reintegration and foster care work across the region of Stara Zagora

Critical programme planning included:

- conducting a scoping assessment of existing available services, and a training needs assessment of service providers, before investing in new services
- research into reasons why children were placed in institutional care to inform the prevention component
- a placement analysis of the institutions worked with to inform the planning of services
- a comprehensive assessment of the needs of children living in the institution targeted for closure and their families

Increasing the capacity of the Child Protection Department (CPD) was at the heart of the programme including:

- training and technical assistance on a range of social work issues
- increasing the number of CPD social workers and providing financial support for transport, communication and direct work with clients

- supporting the restructuring of the CPD into specialised teams
- increasing CPD capacity to conduct the assessment of children and families and conduct work on reintegration and adoption

New services included:

- creating a network of prevention service providers including community outreach work with local NGOs and placing a CPD social worker in the Stara Zagora Hospital Maternity Ward
- establishment of a dedicated trained foster care team working at a regional level on the recruitment, training, assessment and support of foster parents
- development of a new model of alternative, small-scale residential care – ‘small group homes’ – including the recruitment and training of staff and development of a small group home service consisting of five homes and a Central Management and Support Unit

Closing an institution – the closure of the Nadejda ‘Home for Children Deprived of Parental Care’, for children aged 3-7 years, was possible as a result of the development of these alternative services. The former building has since re-opened as a Municipal nursery.

Sustainability was ensured through working in partnership with local organisations and planning programme exit and the handover of services from the start:

- before operations began, a programme Memorandum of Understanding was negotiated and signed by central Government Ministries and Agencies and the Municipality of Stara Zagora including commitment by:
 - the Agency for Social Assistance to gradually take on the financing of the extra CPD social worker posts
 - the Municipality to contribute towards the development of the small group home service by providing some land and buildings and to take on the financing and management of the service
- capacity building: the core of the work focused on providing partners with training, including the training of trainers, long-term technical assistance and supervision
- all work was done through and with local organisations: ARK was closely involved in all aspects of programme development and implementation but nothing was done without the participation of local partners
- financial support was provided in line with what was realistic in a Bulgarian context

Putting principles into practice

Planning a de-institutionalisation programme – getting started

Programme preparation phase

Developing preventative and alternative care services

Closing institutions

Planning a de-institutionalisation programme – getting started

Be realistic!

The major lesson learnt by the ARK Bulgaria team, and our colleagues and donors in the UK, is the need to be ambitious yet realistic about what is possible. When planning a programme, it is important to take into account:

- the capacity of local organisations to support the development of preventative and alternative services: as these services expand, so too does the workload of the CPD and service providers
- it takes time – to build trust, ensure that all partners have a common understanding of the programme goals and to engage the wider community in supporting de-institutionalisation, for example to recruit people as foster parents
- the on-going flow of children into institutions: ARK originally wanted to close a second institution for children aged three to seven years old but this proved to be impossible given the continuing flow of children into the system
- co-ordination is critical: the sheer range of activities taking place at once and the large number of people who will be involved requires dedicating considerable time to co-ordinating work between the different partners
- de-institutionalisation is about people and people's needs are unpredictable: programmes – and those financing them - have to be flexible enough to respond to the emerging and often unexpected needs of children and families and the professionals supporting them

There are a number of key questions which need to be clarified at the start of any de-institutionalisation programme and some strategic choices to be made about who you will work with, where and how:

Which children?

Given the high number of children living in institutional care, and the still high number of institutions, the first decision is which children will be prioritised in a programme. This is not an easy choice to make and one which many organisations find very difficult as inevitably in deciding to work with one group, you are deciding not to work with others. However, programmes are more likely to bring meaningful and lasting change if they are focused. The choice will probably be determined in part by organisational expertise as well as local circumstances.

ARK chose to work with infants and young children as:

- the greatest amount of damage is done in the shortest amount of time to young children who are placed in institutional care
- the programme hoped that it would be possible to demonstrate ‘success’ more easily in the development of foster care and supporting the reintegration for younger children: this success was critical to the strategic goal of demonstrating that institutional closure is possible
- many other organisations were working with care-leavers and older children

One element of the theory behind ARK’s choice was that through working with an institution for children aged 0-3 years (a ‘Home for Medical Social Care’ - HMSC), the programme would have greater impact on the system, helping to reduce the number of children moving on into institutions for older children. In practice, this did not prove possible given the inability to engage with the HMSC – for further discussion of this point, please see the Challenges and Recommendations section.

Who will take the lead in the development and provision of alternative services?

Whether alternative services are originally devised and developed by a municipality or an NGO, it is important at the outset to know who will take on long-term responsibility for their finance and management.

ARK’s model was based on two core elements:

- increasing the capacity of the CPD to play its role in alternative service provision – notably the assessment of and care planning for children; the assessment of families; and the matching process when placing children in foster or adoptive care
- increasing the capacity of local social service providers including the Municipality as well as NGOs:
 - prevention services were increased within local NGOs
 - the foster care team was embedded into the existing Municipal social service provider (Samariani NGO)
 - the small group home service was handed over to the Municipality once it had been established and operating for a year, after which ARK continued to provide technical assistance and financial support for a further year

Who will co-ordinate the de-institutionalisation programme and any institutional closure?

Identifying at the start which person or organisation will take the lead in co-ordinating activities is critical, given the complexity of the work. In addition to the establishment of services, it should be clear who is taking the lead on:

- conducting any research or planning work or developing new models for service provision
- co-ordinating the work of the network of partners
- monitoring and evaluation of the programme
- overseeing any building works, for example if small group homes are being established

It is useful to secure written agreement of all key partners. Any **partnership agreement** should set out:

- the clear roles and responsibilities of all involved
- the principles on which they will work together
- where necessary, clear mechanisms for joint-working and decision-making, including in relation to case management

Securing political commitment

It is recommended that all those seeking to implement comprehensive de-institutionalisation programmes, and particularly those working towards the closure of institutions, secure clear, political commitment – from both relevant local and central Government Ministries and Agencies – before making any investment.

Whilst there is increasing support for de-institutionalisation, resistance remains strong in some quarters. Those taking on the responsibility for the provision of services at a local level must be confident that their work has the active backing of those in government who retain ultimate responsibility for the welfare of all Bulgarian children.

It is also important that those responsible for national policy, legislation and practice are engaged in and informed about programmes so that where models of good practice are developed, these can be replicated.

ARK's programme was described in a comprehensive Memorandum of Understanding signed by: the Ministry of Labour and Social Policy, the Ministry of Education, the Ministry of Health, the Agency for Social Assistance, the State Agency for Child Protection and the Municipality of Stara Zagora.

ARK and its partners did encounter obstacles to their work (see the Challenges and Recommendations section). But the existence of such a Memorandum of Understanding was essential, particularly in the early stages of the programme when obtaining access to institutions and information was on occasions difficult.

Programme preparation phase

Once the broad parameters of the programme are clear, it is important to do some more detailed preparatory work to ensure that it is designed around real, clearly identified needs and that maximum use is made of existing resources.

Three key steps are:

Scoping existing services

Before investing in new services, it is important to know who is already providing what and whether there are ways to reform and/or increase the capacity of any existing services. Investment can then be targeted where it is most needed. In addition to avoiding duplication, and potentially wasting resources, bringing existing service providers, NGOs or other organisations into the de-institutionalisation programme has the added benefit of increasing support for the work as it is seen to be helpful to their efforts. This assessment should cover institutional as well as non-institutional services.

Training needs assessment

In parallel with looking at what services exist, considering the training needs of organisations and professionals who will be involved in the programme is vital. Before embarking upon the development of any services or a closure plan, it is useful to understand what prevailing attitudes towards, and understanding of, issues related to institutional care are within existing service providers. Their knowledge, skills and experience in the development of services and understanding of the process of de-institutionalisation should also be explored.

Institution placement analysis

A detailed analysis of what is going on in an institution – including how many children there are resident, their age profile, length of placement, origins and contact with parents – should be conducted to ensure that there is an accurate and complete picture of the current situation.

Ideally, the analysis should cover a longer period, say five years. Such a 'stock and flow' analysis will provide an indication of placement trends which will help in understanding the reasons for placement and better targeting prevention work. ARK was unable to conduct a full stock and flow analysis of the institutions with which it worked in Stara Zagora given a lack of accurate data.

Please see **Annex Two** for further information on this preparatory phase.

Developing preventative and alternative services

The following section outlines some of the principal elements of the development of preventative and alternative services and provides some suggestions for how this work can be approached.

Capacity building

Once the plan for the development of new services is clearer, the starting point of any de-institutionalisation programme will almost certainly be beginning work on the capacity building of the organisations and individuals involved. This work may well extend throughout the duration of the programme.

The vast majority of ARK's time and resources were dedicated towards providing training, technical assistance and supervision to partner organisations. Partners were also involved themselves in providing training to one another.

A wide range of issues related to modern social work practice were covered including:

- assessment and care planning for children
- child development including attachment theory, separation and loss
- modern residential care practice
- all aspects of foster care, including recruiting and working with foster parents
- adoption
- management and supervision

In addition to this, training was provided on:

- change management and team building
- counselling skills
- awareness training on Roma culture and traditions

- communication skills and working with the media
- training for trainers

Where possible, trainings involved participants from across a range of organisations. This helped build working relationships between teams and create greater trust and openness within the network of service providers. Joint trainings are also very helpful for ensuring that there is common understanding.

All of the trainings were supplemented by on-the-job support, in the form of regular consultations with social work consultants who were actively involved in modelling good practice and facilitated case discussions. Such support is critical for enabling people to apply their training and ensuring that they feel supported in their work.

Two key issues which are critical to de-institutionalisation and upon which social workers, institutional care staff and service providers may need guidance are on the **assessment of children and care planning** and **preparing children** for leaving institutions and moving to new placements. Please see **Annex Three** for further information on these points.

Social work supervision

There are many contradictory demands and expectations upon social workers which often lead to negative feelings. If these are not addressed, they can easily develop into stress and burn-out. These factors get in the way of the work and diminish the quality of the service offered to clients. Supervision allows time for social workers to talk about how the stress of the job affects them in order to help them deal with it.

The importance of proper supervision is becoming increasingly recognised in social work management. Introducing formal schemes where regular supervision is a right of every employee and procedures to monitor the frequency and quality of supervision is considered good practice.

Please see **Annex Four** for further information about supervision.

Child Protection Department

NGOs are playing an increasingly important role in the development and provision of alternative services. However, under current legislation, CPDs retain the key statutory responsibility for the placement of children. As case managers, their support for, and engagement with, social service providers is therefore critical to successful de-institutionalisation. If CPDs are not strengthened and made more efficient, they can become a bottleneck to the development of alternative services. ARK's model was therefore designed with the CPD at its core.

In addition to participating in all key trainings, the CPD was supported through:

- increasing the number of social workers in the CPD: ARK financed six extra posts in the CPD, including one in the Maternity Ward of the Hospital as part of the prevention programme; these posts have since been formalized by the Agency for Social Assistance. Financial support was also provided for transport and communication.
- facilitation of workshops which led to the restructuring of the CPD. This has resulted in the creation of three focused teams dealing with:
 - ‘short-term’ / prevention work, including emergency placements
 - ‘long-term’ work including supporting reintegration, foster care, adoption and small group home placements
 - administrative and legal matters
- increasing resources for work with clients including through provision of an emergency fund for prevention and reintegration work

The CPD was closely involved in all decisions regarding the design of new services and in discussions with service providers which concluded with agreements on working mechanisms, including detailed case referral and management methods.

Despite this support, like most CPDs throughout the country, the CPD in Stara Zagora still faces considerable problems in fulfilling its mandate given the workload, an acute shortage of staff and high staff turnover. Please see the Challenges and Recommendations section for further discussion of this point.

Prevention of abandonment

Exactly what services are required in any one municipality/region will depend on local need but it is unlikely that any major de-institutionalisation initiative will be complete without work on the prevention of abandonment and institutionalisation. When ARK began its work in Stara Zagora, for every one child who left the institutional care system – including those who left after they reached 18 and those who died in institutions – two children entered. All efforts to provide family placements for those currently in institutions and to transform the system will be undermined unless more resources are put into work on the prevention of abandonment.

The prevention component of the programme was designed to develop a model of social work practice aimed at identifying problems of children and families at risk at an early stage and responding to

them quickly by providing multi-disciplinary support – that is, involving a range of people with different knowledge, skills and experience.

The model was based on demonstrating a holistic approach through linking together key actors and a range of interventions:

- creating a network of organisations including local and state authorities and service providers
- developing community outreach work amongst high-risk communities including raising awareness of the need for children to grow up in a family environment
- improving the access of vulnerable groups to health, social and child protection services
- developing social work practice in the maternity ward with new mothers
- improving the living conditions of vulnerable families
- developing and supporting the provision of family planning services amongst high-risk groups

The target groups were children and families at risk in a limited number of locations:

- those mothers identified at risk in the Maternity Ward
- the largest Roma community in Stara Zagora, in Lozenetz, and seven villages within the Municipality of Stara Zagora
- children leaving care from the three institutions for older children in Stara Zagora

For more information about this work, please see the publication *“Piecing together the jigsaw: creating a prevention of abandonment and institutionalisation network in Stara Zagora, Bulgaria”*.

Reintegration

According to the UNCRC, and as clearly stated in Bulgarian legislation, reintegration with family must be the first option explored when seeking to remove a child from institutional care. Only 2-4% of the children in institutional care in Bulgaria are orphans. Despite this, there is often a temptation to rush into the development of new services before fully exploring the potential which the children’s own families have to care for them.

One of the lessons ARK learnt during its programme is that even greater time and resources could have been dedicated towards reintegration work, through the CPD. Of the 298 children prevented from entering, or taken out of institutions during the programme, 83 were reintegrated with family. With more time, we hope that further reintegrations will be possible, including of children currently resident in the small group home service. Although 32 of these 40 children have contact with family, which is actively encouraged and supported by the small group home staff and the CPD, to date no reintegrations have taken place from the small group home service.

Adoption

Where it is not possible for children to remain or be reintegrated with their family, the provision of substitute family placements should be prioritised.

Adoption is an essential resource within the Bulgarian child protection system which should provide permanent family placement for children who cannot remain in their birth families. However, there are many inconsistencies between the Child Protection Act and the Family Code and there is a need for greater clarity in the roles of, as well as co-ordination between, all stakeholders involved in both domestic and inter-country adoption.

A comprehensive review of how the adoption system operates is required, including examining:

- the way prospective adoptive families are prepared, assessed and approved
- the matching processes
- issues related to the child's right to know that they are adopted
- the development of a comprehensive post-adoption support service to reduce the numbers of failed adoptions

Given the many other demands upon its time and resources, when ARK began its programme it decided to focus on supporting the improvement of adoption practices locally rather than seeking to contribute to systemic change at a national level.

Foster Care

Well developed foster care services can provide a range of different types of support to children and families, ranging from placement as a prevention measure, whilst work is done to enable the child's family to look after him/her, to longer-term placements.

The aim of ARK's work on foster care was to demonstrate how a comprehensive foster care service could be planned and managed including:

- raising public awareness about foster care
- recruiting foster carer applicants
- training, assessing and approving foster parents
- matching foster parents and children
- providing on-going support to foster families

The model was based on supporting the development of foster care services in a local Municipal social service provider, the Stara Zagora-based NGO Samaritani. Core elements of the work included:

- provision of training on foster care to a range of child care professionals, social services managers and the media
- creating and conducting an on-going foster carer recruitment campaign
- developing a dedicated foster care team with specialised training and ring-fenced resources: the team's sole focus was the provision of a comprehensive foster care service including recruiting, training, assessing and supporting foster parents
- close co-operation between the foster care team and the local Child Protection Department on the matching and placement of children
- expanding the model from the Municipality of Stara Zagora to working at a regional level, throughout the region of Stara Zagora – this work was supported by UNICEF

For more information about the foster care element of the de-institutionalisation programme, please see the publication *"Fostering change in Bulgaria: developing a foster care service in Stara Zagora"*.

Alternative residential care services – small group homes

Given the significant number of children currently in institutional care, and the still relatively limited availability of substitute family placements (whether foster care or adoption), where a decision is taken to close an institution, it is likely that some alternative residential care services will be needed in order that the principle that no child is left behind is upheld.

The Stara Zagora de-institutionalisation programme included the development of a small group home service. The purpose of providing small group home care was to improve the quality of care for children who had been living in institutions and to promote their social inclusion.

The aims of this service were to:

- create a new community-based model of modern residential care for children that would provide them with a home for as long as they needed it
- demonstrate a sustainable and replicable alternative to large-scale institutions as part of a comprehensive de-institutionalisation programme
- design a service that could be expanded by adding additional small group homes in the future in the event of further local de-institutionalisation

The service is based in Stara Zagora Municipality where:

- there are five small group homes with eight children living in each
- each home has a team of five Residential Care Workers and one Team Leader
- the service is supported by a Central Management and Support Unit which includes a Social Worker and Psychologist: 'experts' are not based in each home

The children were all aged between 3 and 7 years when initially placed. In order to support their integration into and participation in normal community life the small group home service:

- is made up of a mixture of apartments and houses in normal residential areas similar to those where the vast majority of Bulgarians live
- has not based all the small group homes in one location
- ensures that all children attend local schools and kindergartens and make use of local transport, health and other community services

For more information about the small group home service, please see the publication "*There's no place like home: creation of a small group home service in Stara Zagora, Bulgaria*".

Monitoring and evaluation

Systematic monitoring, evaluation and reporting is important as it provides a way of tracking progress in programme implementation and measuring results. This is key to organisational learning and informing decision-making as the programme evolves.

Within ARK Bulgaria's "De-institutionalisation of children's services" programme, a comprehensive monitoring, evaluation and reporting system was designed specifically to:

- track the development and take-up of preventative and alternative care services
- measure the impact of de-institutionalisation upon those children who left institutional care and were placed in family or community-based alternative services
- provide information to local and central partners in Bulgaria
- ensure accountability to ARK Bulgaria's donors in the UK and provide them with a greater understanding of the programme's context

For more information about this, including detailed information about the child development assessment tools, please see the guide *'Measuring the difference we make: ARK Bulgaria's monitoring, evaluation and reporting system'*.

Improving the quality of and access to existing services

When supporting children to leave institutions, it is important not to overlook those services which already exist, in particular mainstream education, health and other community services which should play a critical role. It is only through enabling children and families to use these services – rather than those which are 'specialised' and segregated – that the goal of social inclusion can be truly reached. Within the ARK programme, children who are fostered or resident in the small group homes are all attending mainstream kindergarten or school and using local community health and transport facilities.

There may be a particular need for support and reform of such services where a programme is working with children with disabilities or other special needs. This may mean, for example:

- working with medical professionals, including for example the staff of maternity wards, so that they are better able to correctly diagnose and differentiate between health issues and disabilities

- ensuring that parents of children with disabilities are given accurate information and supported to access services
- ensuring that resource teachers are available in mainstream schools and that there is training for existing school staff on how to work with and support children with special educational needs including ensuring technical aids available
- physical adaptation of buildings, including schools, cultural centres, and public transport to enable children with disabilities to make use of them

Any assessment of existing services should incorporate an assessment of those services available for and accessible by children with disabilities and their families.

Closing institutions

Closing institutions should be the other side of the coin from developing new services, otherwise the latter will not be 'alternatives' but will sit alongside the institutional system. As children leave it, the official capacity of an institution should be gradually reduced until it is possible to close it entirely.

Moratoria on new placements

Within the ARK programme, a moratoria on placements into the three institutions with which ARK was originally working was agreed in August 2006. Placements were stopped from outside Stara Zagora, excluding for those infants and young children using medical services at the Home for Medical Social Care as such services were unavailable elsewhere in the region.

It subsequently became clear that it was not possible to move to either the radical transformation or closure of two of the three institutions, but for the third – the 'Nadejda' Home for Children Deprived of Parental Care for children aged three to seven – closure was possible. In order to enable assessments of all resident children in this institution to be finalised, and their preparation for moving, a second moratoria was therefore agreed in May 2007 on new placements into this institution. The final placements made out of 'Nadejda' took place in March 2008.

Clearly introducing such moratoria cannot be seen as a tool for system-wide reform unless alternative care services are available throughout the country as it will simply displace problems rather than solve them.

However, consideration should be given to seeking introduction of moratoria on further placements where programmes are also working on prevention and in those locations, such as Stara Zagora, where there are a number of institutions and the closure of some will not remove all safety nets for children. Over time, this will help enable the shrinking of the institution system.

Please see the section on **Challenges and Recommendations** for further discussion of the need for a national moratoria on the placement of infants in institutional care.

Engaging institutional staff - managing resistance

Those promoting institutional closures will almost certainly encounter some resistance. In ARK's experience, there are three principal reasons for this:

- A lack of understanding of the negative impacts of institutional care: many people still do not understand the considerable and often lasting damage which institutional care does to children. They continue to believe that placing children in institutions is not only inevitable (which it often is, given the current lack of alternatives) but is positively 'good' for children. This is particularly the case where staff see the often poor material circumstances of families and think that institutions are 'better'.
- The view that institutions are good for children is reinforced by a lack of understanding of, and empathy with, the situation of parents whose children are placed in institutions.
- Institution staff concerns regarding employment: many of the staff who currently work in institutions are, understandably, concerned about losing their jobs; their concern is shared by those in municipalities who are reluctant to see unemployment increase.

There is no way of ignoring these issues and to try to do so is unfair: institution staff are not themselves responsible for the system. It is also counter-productive as resistance is only likely to increase if genuine concerns are not acknowledged. Working with the resistance of institutional staff also offers an opportunity to try and bring more people on board with de-institutionalisation.

Those implementing closure programmes should therefore factor into their work:

- Providing training on the impact of institutional care: through discussions it is possible to reach a better understanding with many institutional care staff of why de-institutionalisation is so important. Many staff are fully aware that they are not able – given the number of children for whom they have responsibility – to provide the care which is needed and they know that the children have a range of behavioural and other problems. Giving staff access to information about child development and modern social work practices will help them put some of these problems into context.

- Giving staff information about what the new services will look like and what this will mean for the children: some staff will have formed genuinely strong attachments to some of the children and in addition to their anxieties about their own futures, will be worried about the children. It is important that they are offered reassurance. Where possible and appropriate, some staff may continue to maintain contact with children who are moved on to new placements, at least until the children have formed attachments with their new carers.
- Raising awareness amongst institutional staff about why children are placed in care: helping them to understand the problems which families face and why contact with families is so important for children can help reduce the antagonism towards families which is sometimes present.
- Providing training on 'change management' to support those within the system to deal with the changing environment.
- Seeking to engage institutional staff in the work: institutional staff can have a valuable contribution to make in the process of the assessment of children about whom they often know more than anybody else. They are also critical in ensuring that children have happy moves from the institution and may want to become involved in the development and provision of alternative services.

Re-deploying institutional care staff in new services

Ideally, many institution staff will both want and be able to work in new services. Some will have formed attachments with children and it may be in the best interests of the children that they maintain these relationships. It is also useful that those providing alternative care services – whether as foster parents or in alternative residential care – have experience of working with and looking after children.

However, no automatic commitments should be made about the re-deployment of staff from institutions into new services. This should *only* be done where they demonstrate the clear desire to champion children's rights and a willingness and capacity to work in a new way. If this is not the case, there is a risk that new services, and in particular any new residential care services, will simply replicate existing bad practices.

Within ARK's programme it was decided that all of those staff from the institution earmarked for closure would be offered interviews if they applied for posts in the small group home service. In parallel with this, training was made available on modern residential care practice. This initial training focussed on the damaging effects of institutionalisation and the conditions needed to work with children's lack of attachment, developmental delay and behaviour.

The training enabled institution staff to decide whether they could accept the new working model before applying to work in the service as well as giving trainers the opportunity to evaluate individual staff for their competence, potential for re-training and modifying their work practice, values and mindsets. Awareness training was also offered on foster care.

In the event, none of the 35 staff from the institution applied to become foster carers. 26 of the former institution staff applied for posts in the small group home service, of whom 17 were appointed although a number of these people subsequently chose to leave. There are now 11 people from the closed institution working in the small group home team which includes another five people who had worked in other children's institutions.

This illustrates the need to be careful of making the assumption that institutional staff will either want, or be able, to work in new services. Much wider recruitment may well be required.

The institutional building

Too often, the focus of discussion about institutional closures is upon the building itself. These have a highly symbolic value as well as an economic one and many people become attached to them and appear to be as concerned about the building as they are the children.

If it is possible to identify a new use for the building which will serve the wider community, this is clearly ideal. In Stara Zagora, the former institution Nadejda has become a Municipal children's nursery. Where such transformation is not possible, the best option may be to sell both the building and land and re-invest this money in new services, although ownership may complicate this.

What those promoting de-institutionalisation should avoid doing at all costs is becoming embroiled in discussions about buildings: progress for children cannot be stalled by concerns about real estate! It is also critical that institutional buildings are not used in future to provide residential care for children.

Further information about planning de-institutionalisation programmes can be found in the 2007 guide '*De-institutionalising and transforming children's services – a guide to good practice*', Georgette Mulheir et al. Whilst this guide is based on experience outside Bulgaria and therefore some of the conclusions do not necessarily have parallels in Bulgaria, it offers a comprehensive outline of how de-institutionalisation programmes can be managed in general.

Challenges and recommendations

Political vision, commitment and leadership

Lack of capacity in the child protection system

Planning mechanisms

Financing change

On the right road...

ARK and its partners have sought to create sustainable alternatives to institutional care including:

- a network of prevention service providers which involves the CPD and staff of the Stara Zagora Hospital Maternity Ward, where a CPD social worker is based, and local NGOs who are working in the community with high-risk groups
- an independent, expert foster care team: UNICEF is now financing Bulgarian NGOs to roll-out the model developed in eight other regions in Bulgaria
- a comprehensive small group home service, with a dedicated Central Management and Support Unit: as of January 2009, the Municipality of Stara Zagora is financing and managing this service

Between July 2006 and September 2009, within ARK's de-institutionalisation programme, 195 children were placed in alternative care services from large-scale institutions:

- 140 children were reintegrated with family or adopted
- 16 children have been placed in foster care
- 46 children have benefited from placement in a small group home, of whom 7 have moved on from the service into foster or adoptive care¹

As a result of the development of alternative services, in March 2008, it was possible to close the institution Nadejda, a 'Home for children deprived of parental care' for children aged three to seven years, the first planned closure of an institution in Bulgaria. In addition, there were 103 successful prevention cases.

Preliminary results of the first assessments conducted with the Child Development Assessments Tools show that all of the children placed in foster care or the small group home service are thriving. For more information about the monitoring and evaluation of child outcomes, please see the publication: *'Measuring the difference we make: ARK Bulgaria's monitoring, evaluation and reporting system'*.

¹In order to avoid double counting, when calculating the total number of children placed (195), these seven children are included in the totals on foster care and adoption but not again in the small group home total.

... but there is still a long way to go...

Whilst all those involved are proud of these achievements they also recognise that an enormous amount remains to be done. At the time of going to print, 535 children are still resident in the seven institutions which are still open in Stara Zagora.

ARK and its partners have faced a number of challenges. Many of these, including supporting families in times of crisis, are similar to those with which social workers the world over are struggling. The roots of the problems which many of these families are dealing with lie in poverty; where poverty is not the direct cause of their difficulties, it almost always exacerbates them. Discrimination against, and the misunderstanding of, the lives and needs of people with disabilities and those from ethnic minorities are further complications.

These complex social, economic and cultural issues have deep historical roots: fundamental change requires a sustained commitment from Government and society more widely, a process that may take many, many years.

Other obstacles encountered in the implementation of the de-institutionalisation programme could be begun to be resolved much more quickly. These relate to the need for:

- political vision and leadership including cross-government commitment to a clearly defined, comprehensive national action plan for de-institutionalisation which targets all institutionalised children
- greater capacity in the child protection system
- the need for a regional planning mechanism
- an overhaul of the financial system

These issues are discussed below. Please see also the NGO '*Vision for reform of the child care system in Bulgaria*' at **Annex Five**.

Political vision, commitment and leadership

In ARK's analysis, the biggest obstacle to change, from which many of the other problems flow, has been the failure of successive Governments to set out a compelling vision for transforming the child care system.

The Government of Bulgaria has a long-standing policy commitment to de-institutionalisation and progress has been made in terms of developing a legal framework which supports this. However, whilst many in central and local government are committed to de-institutionalisation there are many others who still do not understand the harmful effects of institutional care and there remains considerable confusion about what de-institutionalisation should entail. As a result, reform to date has often been piecemeal and ad hoc.

The concepts of 'reforming' and 'restructuring' institutions have been understood by some as the end goal, rather than as potential interim goals along the way to what should be the end goal, the total closure of institutions. Some institutional Directors have embraced the idea of 'opening up' institutions, for example encouraging local school children who live in the community to visit children living in institutions. Whilst this might be considered a first, small step towards change, it should in no way be seen as a substitute for the real change needed – that all children in institutions should have the opportunity to be educated in and live in the community.

A number of initiatives are underway which involve creating 'small group homes' or 'family type placement centres' within institutions or in the same buildings as Complexes for Social Services and/or day care centres. Creating 'homes' in institutions or buildings where other social services are provided will not enhance the social inclusion of children or remove the stigma attached to living in an institution. These children remain visibly identifiable and apart from their peers. At the same time, investment in institutional buildings is more likely to prop up the institutional system than lead to its dismantling.

Similarly, the successful transformation of the child care system is not promoted by encouraging parents to leave their children in the care of others, even if this is 'only' during the week. Through allowing day care centres to provide weekly care, the risk is created that these become de facto mini-institutions. This further undermines the message which should be central to all policy for children: that children should live with their families. Ways should be found instead to encourage and help parents to fulfill their responsibilities, for example through providing transport to kindergartens and schools during the week.

In order to ensure that reform is consistent throughout the country, and to avoid the risk that local level reform initiatives do not simply result in cosmetic changes, central Government must take the lead on setting out what de-institutionalisation means and ensuring that all reform initiatives are made within one clear, coherent, national framework.

Recommendations

In consultation with those with expertise in the child welfare field, all relevant Ministries and Agencies must agree upon a detailed **national action plan for de-institutionalisation** including:

- an unequivocal statement that the long-term aim of de-institutionalisation is to replace all large-scale institutions with a range of family and community-based, socially inclusive services and a clear commitment to achieving this by a specified date
- clarifying that any interim institutional ‘reform’ or ‘restructuring’ measures should only be undertaken where they directly contribute towards meeting the goal of transforming the system and closing institutions
- a set of principles and operational approaches which must guide all de-institutionalisation efforts, in order to ensure that all activities are consistent with the long-term goal and in the best interests of children
- a timetable for conducting key preparatory work for implementation of the de-institutionalisation action plan, including:
 - a full placement analysis of all institutions in the country to determine how many children are resident and provide comprehensive information on each child
 - an assessment of all existing services and an analysis of the gaps in service provision
 - development of criteria for the provision of new services, whether this be at a local, regional or national level to ensure that there is no duplication of services or under-provision in certain areas
 - a revision of all assessment and care planning for all children in institutions, and their families, to ensure there is an accurate and up-to-date basis upon which to plan their future care
- a clear outline of the roles to be played by different Ministries and Agencies in supporting implementation of this plan and the resources required:
 - where these resources are not yet available at a government level, this should be honestly stated and an indication given of when they will be
 - donors should be encouraged to support implementation of this plan through targeting their assistance at identified gaps

- a framework for monitoring and evaluating implementation of the plan, both in relation to the establishment and take-up of alternative services and outcomes for children: a clear set of indicators should be developed to measure the impact upon child development of de-institutionalisation
- making a commitment towards introducing a total moratoria on the placement of infants and young children, up to the age of three, in institutions: legislative provision for this moratoria can be made now, to come into force at an identified point in the future (say, within three to five years) in order to allow for sufficient development of alternative services in the meantime

Championing change: the need for central Government leadership to create widespread support for de-institutionalisation

Once this detailed, national action plan has been developed, central Government must ensure that all key actors – including municipalities, the local representatives of Government Ministries, the providers of education, health and social services and NGOs – are brought on board. De-institutionalisation should be clearly understood as a national policy which is binding upon all. It is not for individual Mayors or institutional Directors to decide whether or not they support this policy nor for those developing services to embark upon initiatives which work against it.

At the same time, it is not realistic to expect that the impetus for change will necessarily come from those working in or managing the current institutional system. It is therefore critical that institution staff and municipalities are given clear guidance about how de-institutionalisation should be approached and are given the technical skills and resources to support the process.

As de-institutionalisation is ultimately about changing society's attitudes, it is important that the wider public is also recruited to the cause. Given that the vast majority of children in institutional care are of Roma origin, a concerted effort to engage with the Roma community – at both a professional level and at the level of the family – must be an integral part of this.

Recommendations

- training should be provided for all key actors – within central and local Government as well as those directly managing institutions – on why de-institutionalisation is necessary and how they can contribute to its planning and implementation
- where institution Directors actively oppose de-institutionalisation, they cannot be allowed to block reform attempts: those refusing to co-operate with CPDs, social service providers and others engaged in reform, including through denying access to institutions and limiting the work which can be done with the children, should be replaced

- a nationwide public awareness campaign should be conducted on the importance of children being raised in families and the damaging impact of institutional care: as part of this campaign, resources should be dedicated to the nationwide recruitment of foster carers
- training people from the Roma community as social workers, health mediators and community outreach workers should become a priority to help bridge the gap which frequently exists between the Roma community and child care professionals

Leaving no child behind: the need for cross-Government engagement in de-institutionalisation

ARK had originally wanted to work towards the transformation of the institution for infants and young children in Stara Zagora (the 'Home for Medical and Social Care'). This was not possible, primarily given the reluctance of the institution's Director to engage in any serious discussion about de-institutionalisation and the lack of any requirement that he do so from the Ministry of Health.

It is critical that the Ministry of Health becomes an active advocate for and driver of change. According to the State Agency for Child Protection, at the end of 2008 there were 2,440 children in the Homes for Medical and Social Care. Although intended primarily to provide care for children up to the age of three, some 24% of the children currently resident are aged four years or over; many of these children will have spent their entire lives in institutional care.

These institutions represent not only one of the major entranceways to the institutional system but also the point at which the most intense and lasting damage is done to children's development. It is imperative that prevention work is conducted to stop such high numbers of children entering these institutions. Without this, all other de-institutionalisation efforts will be undermined.

Where health care professionals do engage in de-institutionalisation, the results can be very positive, as demonstrated through the placement of a CPD social worker in the Maternity Ward at the Stara Zagora Hospital. Working in partnership with medical staff, this social worker has been able to successfully support mothers whose children would most likely have otherwise been placed in the Home for Medical Social Care.

Finally, it is important that change is brought for all children who are currently institutionalised. Under Bulgarian legislation, 'specialised institutions' are boarding-type homes for raising children where the latter are permanently separated from their family environment. A significant number of residential care institutions are currently not included in this definition, effectively excluding the children resident in them from de-institutionalisation efforts.

Recommendations

- all relevant State Agencies and Ministries – including Health, Education, Justice, Interior and Finance, as well as Labour and Social Policy – should support the implementation of the de-institutionalisation action plan: the implementation of this plan should be overseen and actively championed by a senior member of the Government such as a Deputy Prime Minister
- the responsibilities of the Ministry of Health must be clearly set out in the de-institutionalisation action plan and all of those managing Homes for Medical Social Care should be clearly instructed and enabled to support its implementation
- there should be no decentralisation of the Homes for Medical Social Care unless and until a plan agreed by central Government for their closure has already been put in place and its implementation is underway: to decentralise these very large institutions without giving Municipalities both the mandate and the resources to support their closure will create the risk that the status quo continues
- medical professionals and the managers of medical services must be re-trained to bring the way in which health services are run into line with recognised good practice, including:
 - improving the diagnosis and understanding of issues related to disability: the labelling of children at birth and assumptions made about what they cannot do are deeply damaging
 - stopping advising parents to abandon their ill or disabled babies
 - ending the practice of separating mothers and babies in maternity wards and in some cases, removing premature babies from hospitals to institutions
- there must be a clear separation between medical and social services: currently six of the thirty-two Homes for Medical Social Care have premature baby units; these units should be re-located to medical centres
- a CPD social worker should be placed in every maternity ward to support prevention work
- until such time as their children are returned to them, or placed in substitute family care, the parents of children resident in Homes for Medical Social Care must be actively encouraged and supported to visit them, including through:
 - more flexible visiting hours

- enabling mothers to stay in the institution with their children
- the provision of financial support for transport to ensure that all parents are able to reach the institution
- in order to support the safe reintegration of children from these institutions, or ensure that their move to foster or adoptive care is well prepared and as untraumatic as possible for them, familiarisation visits to the family/home from the institution must be allowed
- *all* children who are currently institutionalised – including those living in Social Boarding Schools, Correctional Boarding Schools and Special Schools, as well as Homes for Medical Social Care, Homes for Children Deprived of Parental Care and Homes for Children with Disabilities - must be assessed with the view to supporting their reintegration or placement in alternative services

Lack of capacity in the child protection system

The most critical challenge faced by all working in the development of preventative and alternative services to institutional care is the lack of capacity in the child care system. In particular, there is an acute need for more qualified social workers in CPDs if they are to engage in meaningful social work with children and their families which should be at the very heart of de-institutionalisation.

At present, the shortage of human resources available often leads to an 'out of sight, out of mind' situation: children are admitted into institutions without detailed practical plans outlining the work required with parents as the social workers themselves know it is not realistic for this work to be done given their resource constraints.

The observations made here are derived primarily from the experience of working with CPDs in the region of Stara Zagora but reflect also discussions held with CPD social workers from throughout the country.

The frequent departure of staff is one of the biggest operational difficulties which those implementing de-institutionalisation programmes face. Rapid staff turnover is:

- a highly inefficient use of resources: a disproportionate amount of time was spent in ARK's programme recruiting replacement staff and re-building lost capacity
- extremely demotivating for those colleagues who remain
- damaging for those children and families who build up positive relations with professionals and then lose the relationship

The three principal reasons for social workers leaving are:

- unrealistically high workload: the 12 social workers in CPD Stara Zagora are expected to fulfill a range of legal and bureaucratic requirements; support the assessment and care planning for all children in institutions (currently 535 children) and work with their families; support the reintegration of children from institutions or their alternative placements; and carry out effective prevention social work. This is simply not possible. Although in ARK's experience the overwhelming majority of social workers are committed to de-institutionalisation, it must be recognised that the more they seek to conduct quality social work, and the more alternative services are established, the more work they have.
- low salaries and limited career prospects
- low status of the social work profession: the recent decision that in rural areas, where recruiting trained social workers is difficult, the requirement that social workers must have a university qualification can be waived has done nothing to raise the status of the social work profession nor the morale of those within it

Those who stay in the system are at risk of burn-out or making bad decisions as they often have inadequate professional support. Many CPD social workers have been involved in a plethora of un-related training initiatives which often add to their burden rather than reducing it. Without long-term support, they are often unable to put this training into practice. Social work can be stressful, emotionally draining and frustrating – even in well-resourced systems where social workers have relatively low caseloads. It is therefore critical that all social workers have access to supervision.

Social workers also need to be given the basic tools to do social work. Their job is not – or should not be – a desk-bound job. At its core is working with families and children, understanding how they live and why. It is not possible to do this from an office! Social workers need access to transport and communication resources so that they can visit clients. Without this, the extent to which they can fulfill their principal role is dramatically limited, further adding to frustration, de-motivation and ultimately to an ineffective system.

Many other social service providers face similar challenges to CPDs, particularly in relation to the ability to recruit and retain quality staff given low salaries and the inadequate resources provided for conducting quality work. The recommendations given here should be borne in mind also in relation to municipalities and their contracted social service providers.

Recommendations

With immediate effect: all de-institutionalisation initiatives started from 2010 onwards – whether financed through private or government donors – should include an element of strengthening the capacity of the relevant local CPD(s). This would mean:

- ensuring CPD staff have access to training and technical support provided under the project/programme
- the number of CPD social workers is increased for at least the duration of the project/programme to ensure that the CPD is not even further stretched by the extra demands placed upon it

Establish an urgent review to address the problems faced by CPDs and develop an action plan for their resolution, to be implemented in parallel with the national de-institutionalisation action plan. This review should include:

- a comprehensive audit of all the work currently carried out by CPD social workers:
 - some tasks could be taken on by administrators or other professionals rather than social workers
 - review of the documentation and bureaucracy with which social workers currently have to deal, including the need for better IT systems
 - review of the current system of inspections: these should be streamlined and designed not only to identify problems but also ways in which these can be resolved
 - consideration should be given to supporting the internal restructuring of CPDs to maximise current resources: supporting social workers to develop specialisms should make CPDs more efficient and effective and enhance job satisfaction
- maximising current resources by bringing other social workers into the framework of CPDs: for example, those social workers currently employed by institutions, many of whom are used to fill gaps in staffing including working shifts, could be engaged in assessing children and families
- establishment of targets for social worker caseloads
- determining the number of social workers appropriate for each CPD

- reviewing the qualifications necessary for social work with a view to reinstating the requirement for higher education
- training needs assessment and development of a long-term, structured training plan, backed by supervision
- salary scales

Planning mechanisms

ARK originally began its programme working at a municipal level but as the programme evolved, it became apparent that it was not possible to support the de-institutionalisation of some children without work across a number of municipalities. The placement analysis of three institutions demonstrated that only 45% of children were from Stara Zagora Municipality; 45% were from elsewhere in the region and 10% were from outside the region.

Work on the reintegration of children inevitably required co-operation with CPDs from outside Stara Zagora Municipality, where the children's families were living. Training on assessment and care planning was provided to regional CPDs but ARK had not planned into its programme from the start the same intense work on increasing their capacity as was done with the CPD in Stara Zagora. Those developing de-institutionalisation programmes should take regional CPD capacity into account in initial planning stages.

In order to avoid the duplication of services or the risk that they are concentrated only in those larger cities/municipalities with greater capacity and financial flexibility, it is important that the analysis of needs and the planning of services is conducted at a regional level. Within ARK's programme, the foster care service was expanded to a regional level. This has enabled smaller municipalities and CPDs, who would not have had the resources to establish such services on their own, to play an active role in the recruitment of foster parents and enabled the placement of children with families from outside Stara Zagora Municipality.

Recommendations

- where resources allow, plan de-institutionalisation programmes at a regional level including:
 - conducting the placement analysis of all institutions in one region and the assessment of services available across the region
 - the development of services should be co-ordinated across municipalities: some services may be required only at a regional, or even national, level

- municipal strategies for children should be part of wider regional strategies
- a minimum package of services, to which all citizens have entitlement, should be defined by central Government which must ensure that all municipalities are then able to make these services available; where municipalities want to develop other services, there should be no automatic assumption that financing will be provided unless there is a proven need
- no admissions to institutions should be made without detailed practical plans outlining the work needed with parents, the facilitation of contact and necessary resources including:
 - details of co-operation with CPDs from other municipalities/regions: this includes deciding on a case-by-case basis which CPD is to take the lead in a particular case and ensuring resources are directed to them
 - provision of resources to social workers for communicating with and meeting colleagues from other municipalities/regions
 - ensuring that parents have access to transport for visiting children where they are placed in other municipalities/regions

Financing change

ARK's programme was operating on a relatively limited scale, with secure, long-term funding from one donor. It was therefore possible for ARK to develop a work plan over a number of years and provide commitment for up-front financial support for establishing new services. The financial risk in piloting new services was taken on by ARK's donors whilst work was done towards securing on-going finance, from state sources, post-handover by ARK.

So, for example, in relation to the small group home service:

- the establishment of the small group home service was financed primarily by ARK, with some donation of land and property from the Municipality of Stara Zagora
- all of the costs for running the service were met by ARK in the first year of its operations

In the second year of service operations (from January 2009), the Municipality of Stara Zagora took on management of the service, financed as a delegated state service, under the legal umbrella of being a 'Family Type Placement Centre'.

Although the budget for Family Type Placement Centres has been increased – and ARK's small group home service budget was developed with an eye to future state-financing and is therefore quite modest – it is still not quite in line with the budget operated by ARK. The Municipality of Stara

Zagora is a relatively large municipality with enough financial flexibility and other sources of potential funding (including private donors) to cover this gap.

However, if de-institutionalisation is to be taken to a national scale, adequate transition funding must be made available to enable the piloting and development of new services whilst state financial standards are being introduced or increased.

In relation to foster care, which should be a key part of any package of alternative services, it is vital that a comprehensive financial standard is introduced as soon as possible. Although allowances are available for foster parents, until such time as the cost of publicising foster care and recruiting foster parents is covered, reaching the critical mass of foster carers needed to take this service to scale will be very difficult. Ensuring quality placements, and reducing as much as possible the number which break down, will also not be possible until there is financial provision for adequately supporting foster parents once children have been placed with them.

At a smaller but equally important level, ARK has temporarily subsidised the state system through providing flexible financial support for direct work with families, in prevention and reintegration cases, whilst social workers have made applications for state financial support which can take up to a month to come on stream. It should be possible for social workers to access these funds much more quickly.

Recommendations

A full **assessment of the current financing system and cost-benefit analysis** should be conducted, including examining:

- the existing cost base of institutions and non-institutional services
- the long-term economic costs of institutionalisation, including in terms of unemployment and the future take up of social security benefits and reliance upon state housing and other support services: those arguing for an increase in resources for alternative care services should find their case strengthened when the long-term cost of not making this investment is taken into account
- determining the cost of transitioning from one system to another and how both government and external finances can be targeted at this, including:
 - donors should be urged to support programmes with real impact, not investing in infrastructure alone or 'one off' initiatives (such as taking children out of institutions for a week at Christmas) which have no sustainable impact on the system and can do more harm than good for the children

- expenditure on institutional buildings should be allowed only where this is absolutely critical to the health and safety of residents

- introduction of comprehensive financial standards for alternative care services, including foster care and small group homes, which cover the real costs of setting up and running these services, including:
 - the recruitment and training of staff or foster parents
 - resources for on-going supervision and support of staff or foster parents
 - on-going monitoring and evaluation of the quality of services

- the creation of more efficient financial mechanisms so that:
 - money can follow the child
 - financial support for families – whether in the form of grants or loans, or in-kind support – can be accessed much more quickly
 - funding is based on outcomes for children or other service users rather than simply on the number of service users

Annexes

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Annex One The damaging impact of institutional care

It is not possible here to summarise the extensive body of literature related to child development and the impact upon it of institutional care. Key references include:

A **series of publications by John Bowlby** whose original work on attachment has been critical in informing understanding of the emotional needs and development of children:

(1951) *Maternal care and mental health*. Geneva: World Health Organisation

(1969) *Attachment and loss: Attachment*. New York: Basic Books

(1973) *Attachment and loss: Separation, anxiety and anger*. New York: Basic Books

(1988) *A secure base: Clinical applications of attachment theory*. Routledge, London: A Tavistock Professional Book

Vera Fahlberg's 1991 publication – *A Child's Journey through Placement*. Indianapolis: Perspectives Press – is another key text that contains the theoretical knowledge base and skills necessary for understanding, working with and planning for children and their families.

Michael Rutter's 1998 study (with the English and Romanian Adoptees Study Team) on the experience of Romanian children who were adopted from institutions provides an illustration of the positive impact upon children of being taken out of institutions and placed in family care: '*Developmental catch-up, and deficit, following adoption after severe global early privation*' from the Journal of Child Psychology & Psychiatry'.

For more recent work on the impact of institutional care on early brain development, the **Child Welfare Information Gateway** provides easily accessible information online at www.childwelfare.gov/pubs/focus/earlybrain/index.cfm - including an article on 'Understanding the effect of maltreatment on early brain development'. This includes quotes from, and references to, the considerable research work conducted by **Bruce D. Perry**.

See also: **Nelson, C. and Koga, S.** (2004) *Effects of institutionalisation on brain and behavioural development in young children: Findings from the Bucharest early intervention project*, paper presented at the International Conference on 'Mapping the number and characteristics of children under three in institutions across Europe at risk of harm', 19 March 2004, EU Daphne Programme 2002/3 and WHO Regional Office for Europe, Copenhagen, Denmark. This can be found at: <http://www.crin.org/resources> - search Resources for 'Bucharest Early Intervention Project'.

Dania Glaser's book – *Child abuse and neglect and the brain* – is available to download from the internet at the following address: www.ipce.info/library_3/files/glaser.htm. Glaser is an adolescent and child psychiatrist who has experience as a practitioner as well as academic.

For a good summary of key literature and further references, see the 2007 guide '*De-institutionalising and transforming children's services – a guide to good practice*' **Georgette Mulheir** et al, ISBN 0704426269.

Annex Two Key questions in planning preventative and alternative services

Scoping study of services currently available

In order to determine what services are required to prevent children from entering the institutional care system, and to support those already living in institutions to leave, a survey should be conducted of the services currently available. Whether this is conducted at a municipal or regional level will depend on the scope of the programme.

Non-institutional services

This 'inventory' of current services should include details of the availability of:

- ▣ counselling
- ▣ early intervention services, including emotional and psychological support
- ▣ outreach social work with families at risk
- ▣ family planning
- ▣ community ante-natal and post-natal care services
- ▣ nursery and day care for pre-schoolers
- ▣ mainstream education support services for children with special educational needs
- ▣ after school clubs
- ▣ day care centres
- ▣ emergency reception centres
- ▣ mother and baby units
- ▣ sheltered accommodation for children and/or women

In relation to each service, the following information is required but is not restricted to:

- ▣ who provides the service: NGO, Municipality, church-based or other community organisation

- financial status of provider: are services financed through state budget, private donation, grants from NGOs or donors and for how long will they be financed
- access to the service: is it universally free or free only for certain target groups or paid by all service users
- staffing: ratio of staff to children, profile of staff and general levels of qualification and competencies
- capacity: current number of children and families using the service and the maximum potential capacity of service
- results achieved/quality of the service: this can be explored through feedback of service users, service provider staff or observation

Institutional services

In parallel with understanding what non-institutional services exist, it is important to have a full and accurate picture of what is happening within institutions. A detailed placement analysis will be required (see below), but the first step is to have **a general profile** of institutional services.

This should include information related to:

- the type of institution: whether intended for young children or older age, children with disabilities, for children with behavioural problems or any other specified group
- the capacity of the institution and the type of care provided such as weekly care, with children going home for the weekends, or permanent care
- the current number of children using each type of care and their average length of stay
- the number of staff and their profile including whether they are medically trained, are educators or therapists
- budget for the institution

Gap analysis and recommendation for new services

On the basis of the above data an analysis should be made identifying those areas where there are gaps in the current provision of family support and alternative community-based services.

This analysis should be accompanied by recommendations related to those priority areas where the development of existing services, or the creation of new services, is most needed in order to ensure the successful de-institutionalisation of those children currently in institutional care. It should also identify those priority areas where a focussed intervention will have greatest impact on reducing the risk of further placements in institutions.

Training needs assessment

Having identified key service providers and other actors, a comprehensive assessment should be carried out to determine prevailing attitudes towards, and understanding of, issues related to institutional care. This assessment should also look at the current knowledge base and skills in relation to de-institutionalisation and the development of alternatives to institutional care and what experience there is in a range of areas including:

- raising public awareness including the planning, development and implementation of campaigns
- modern social work practice, including the assessment of children's needs and development of individual care plans
- social work management, including multi-agency working, supervision, organisational management issues, team and community work
- prevention of abandonment, including working with families and children at risk
- reintegration of children with birth or extended families, including assessment of families and preparation for moving children from institutions
- adoption, including assessment and preparation of adoptive families; preparation of children for adoption; and post-adoption support to adoptive families
- foster care, including the recruitment, training and assessment of foster carers; matching; preparation of children for placement in foster care; and the provision of on-going support to foster families
- the development of alternative, small-scale residential services such as small group homes or sheltered accommodation

The findings and the analysis should lead to:

- recommendations on approaches for each party's potential participation in the development and implementation of the de-institutionalisation programme
- recommendations for the training and support which all parties will require – and which some of the parties may provide – in order to implement the programme

Placement analysis of institutions

A detailed placement analysis of those institutions which are targeted as part of the de-institutionalisation programme should include:

- Number and profile of the children placed in the institution/s at the time of analysis:
 - children's age, gender, disability or severe chronic illness and ethnicity
 - date of entry to institution/s
 - where the child was prior to entry to the institution/s
 - family's domicile
 - details and domicile of siblings
 - whether the children are placed with siblings
 - type and nature of contact with family
 - whether child attends a school, and which, outside the institution/s
 - plan for the child
- Analysis of the stock and flow in the targeted institution/s over a specified period of time - ideally this should be for a longer term period, depending on data availability, to allow analysis of emerging trends:
 - the number of admissions into the institution/s per annum
 - reasons for admissions
 - details of where the children come from (town/city and whether admissions come from family or another institution)
 - number of children leaving the institution/s per year
 - destination of those children who leave (reintegration, adoption, foster care or placed in another institution)
 - type and nature of contact with family
 - has the plan for the child been changed and if yes, why

Annex Three Assessment of children and care planning Moving children

Assessment of children and care planning

The first step in moving towards the placement of children in alternative services must be to conduct a comprehensive assessment of their needs and those of their families. Individual care plans should be completed for all children, including detailing what contact arrangements should be set in place for children with their families, where these do not already exist.

In ARK's experience, weakness in assessment of children was one of the biggest obstacles to be overcome when starting operations. It is understandably difficult for social workers who have little time or resources for contact with children and families to be able to produce comprehensive plans. Working in a system where there are very limited alternative care services, it is equally challenging for social workers to think creatively about where children might be placed if they leave an institution. As a result, the vast majority of care plans stated that 'reintegration' was the aim, even where there was no work being done towards this and in many cases, contact with parents had not even been established.

All of those involved in de-institutionalisation should be given training and support, including access to necessary transport and communication resources, to improve the process of assessing and care planning. This is the foundation of good social work practice without which quality work cannot be conducted.

It is recommended that this is prioritised as an issue in training programmes and that the assessment of children resident in institutions starts as early as is possible within a programme as it may take a significant amount of time. Where alternative services are developed but the assessments of children are not complete, progress towards their placement will be delayed.

Moving children

All referrals for placement should be made by the local CPD who should have close links with the alternative services. Foster or adoptive parents, or those managing small group home services, should be given reports and full information about the:

- history of the child
- information about the child's family including siblings
- the care reasons
- the care plan(s)
- contact arrangements

Before any child is moved, a written programme of introductions should be developed with the participation of all of those involved in the move. In cases where the parent(s) are in contact with the child they should be seen before the child's move if possible. Information should be provided about the type of care the child is moving to and how this will be different than the previous placement.

Planned introductions should then be held between the child and his/her new foster or adoptive family or the group of children in a small group home with whom he/she is going to live. The length of the introductions will vary according to the age and temperament of the child. As with all the decisions concerning children the best interests of the individual child must be the paramount consideration.

Closing institutions is *not* about moving children when alternative services are ready: it is about moving children when they are ready.

The final move may be conducted in many ways. What is most important is that it is managed in a positive way and that the message to the child is that the move is happening with their involvement and participation and is not something that is 'being done to' them. This is the purpose of the gradual process of introductions that will culminate in the child's positive view of the move.

No matter how positive the change may be, it will inevitably involve loss and this must also be openly acknowledged with the child. The child will have lost the security of familiar surroundings and routine, friends and familiar faces from their former group and adult carers who may have looked after them since early childhood.

The significance of former carers of the child should not be underestimated in the moving process. Efforts must be made to identify the most important adults from the child's past and to find ways of maintaining contact for a while until attachments are transferred to the new carers. However the move is organised it should involve a process of saying goodbye to the former care setting and a welcoming process at the new one.

During the early days of the new placement special attention should be given to the child to ensure that he/she becomes increasingly secure in the new care setting.

A more detailed description of how the process of moving children can be arranged and managed is included in the Small Group Homes Policies and Procedures, attached as a disk to the publication "*There's no place like home: creation of a small group home service in Stara Zagora, Bulgaria*".

Annex Four Supervision

The importance of supervision

Supervision allows time for the social worker to talk about how the stress of the job affects him/her, in order to help deal with it. It also provides social workers with an opportunity to reflect upon their practice and is a means of personal professional development, thus contributing to strengthening team work, the services provided and the organisation as a whole.

The existence of formal schemes where regular supervision is a right of every employee and there are procedures to monitor the frequency and quality of supervision is considered good social work management practice.

Aims of supervision

The aim of supervision is to support and develop social workers which ultimately leads to:

- better quality of services for clients
- development of services
- professional development of social worker's competencies

Defining supervision

There are various definitions of social work supervision. Generally this refers to situations where members of staff meet with a trained supervisor to discuss issues of concern whether these relate to them as professionals or to the clients with whom they are working.

It is important to distinguish between management and supervision in social work:

Management focuses primarily on the case, methodology and legal issues. Managers manage resources - human and financial - to achieve the goals of the service and the organisation and are accountable for the decision-taking process and the results achieved. Where supervision is provided by social work managers, this is done on a regular, structured basis and is always recorded. Additional informal supervision also occurs through day-to-day discussions about cases with the manager.

Supervision should be structured, held on a regular basis and confidential with the exception of specific cases or issues where legal actions have to be undertaken and where these need to be agreed between the supervisor, the supervised social worker(s) and their employer. Supervision should have a flexible agenda to which both the supervisor and the social worker(s) contribute.

Models of supervision

There are many different models and approaches to supervision, all of which have their merits. The two main models are individual and group supervision which have the following key elements:

Individual supervision

This model is essentially a one to one session between the worker and their supervisor. The main benefits include that it:

- allows for the development of personal practice and for an individual approach to dealing with the social workers' issues
- provides a private space in which to discuss any problems the social worker is having that are affecting their work
- gives the social worker time to reflect and develop their skills

Group supervision

This model also has a number of benefits:

- team members can learn from each other's experience and reflect upon them
- it provides an environment where the team can experiment, for example using role-plays and case studies to increase their capacity
- it supports the process of team building
- team members' commitment to the job increases as they are all involved in discussions
- it enables feedback from all group members and is therefore empowering as it does not set the supervisor up as the expert
- it is more cost-effective

Requirements for the supervisor

Supervision should be delivered by an appropriately qualified social work professional who has had specific training in delivering supervision and who is recognised by the organisation as fulfilling this role.

Annex Five A vision for the reform of child care in Bulgaria

The statement was prepared by the NGO Alliance, an informal network of children's organisations, and supported by over 90 organisations from throughout Bulgaria. It was submitted to the Prime Minister and to the Council of Ministers and formally presented at the National Council for Child Protection in February 2008.

As representatives of organisations working in the field of children's rights and in the provision of services for children and families, we here below set out our vision for how the child care system in Bulgaria can be reformed.

These recommendations are based on our analysis of policies and practices throughout the country since 2000 – and on a vision which:

- **places children at the heart of the system:** we must do what is in the best interests of children not what is easiest or most comfortable for we adults.
- **honestly recognises the problems we have to resolve:** it is not acceptable in the 21st century that in an EU Member State children in state-run institutions are dying from malnutrition and a lack of appropriate basic care. Even where institutions are relatively well-resourced, living in large-scale institutions is damaging for the emotional, social and physical development of children.
- **believes that Bulgaria has the ability to solve these problems,** if we are all committed to doing so and we bring in all the resources and help available.

We want to bring together the efforts of all parts of Government, professionals from all sectors, civil society, business and the wider community to transform the institutional care system. Only then can all of Bulgaria's children fulfil their potential - and can Bulgaria fulfil its true potential, as a modern, socially inclusive, European nation.

It is our goal to replace *all* large-scale residential institutions with modern, family and community-based care over the next ten years.

By 2018, *all* children who are currently living in institutions – Homes for medical social care; Homes for children deprived of parental care; Homes for children with mental disabilities; Social boarding schools; Correctional boarding schools; and Special schools – must be supported to return to their families or be fostered, adopted or given the chance to live in small group homes.

In order to turn our vision into reality and meet our 2018 target, clear priorities must be set. We know that even a short time spent living in a large institution causes enormous damage, particularly to the youngest children. Urgent attention must therefore be given to reducing the number of infants who are placed in institutional care and to stopping such placements.

Work must start now to bring about our vision. This requires:

- **the state to support families** to meet their responsibilities to their children not to take on those responsibilities itself: families must be helped to deal with their problems not labelled as ‘incapable’ and encouraged to abandon their children. This is a major priority: if we do not stop children entering the institutional system, it is not possible to change it.
- **a modern approach to health care** which supports mothers before, during and after the birth of their children and does not separate sick children from their parents for extended periods of time.
- **a new understanding and attitude towards disability:** comprehensive reform is needed of the way in which children are assessed and the services they are offered are tailored to their real needs. Children should be supported to fulfil their potential within society, not labelled and separated from the wider community to be hidden away in medical facilities.
- **an educational system** which is willing and able to support the different needs of all children and which accepts that there is no such thing as ‘ineducable’.
- **a child protection system** which is clearly distinguished from a ‘benefits system’ and has a sufficient number of professionally trained and adequately resourced social workers with the skills and time to focus their efforts on communicating with and supporting children and families at risk.
- equal access to modern **social services for all** Bulgarian citizens: a properly resourced network of services should be designed on a regional level following local needs, national standards and international best practice.
- **a child-friendly judicial system** where any child appearing in court – whether as a victim of crime or alleged to have been involved in crime – should be treated first and foremost as a child.

- **introducing a financial system** in which resources are targeted at the specific services which children and families need and not directed simply at the buildings in which services are provided.
- **accountability**: there must be strict monitoring and control of all child care services and where these are not good enough, there must be sanctions for those who fail to meet their obligations.
- **all parts of Government** – central, regional and local – must work together: clear lines of responsibility with local decision-making appropriate to local needs should be developed based on one, clear, national vision.

We, as representatives of civil society and a range of organisations dedicated to working with children and families, will do all we can to:

- ensure our **own practices** are effective, sustainable and focussed on meeting the common goal we have agreed.
- train and support **child care professionals** throughout the child care system so that all who want to can play a part in the new, modern system we aim to create.
- help **municipalities** develop plans for reforming their social services and transforming the institutions they manage.
- ensure that the generous support which **business and private donors** provide is used efficiently and effectively to bring lasting, sustainable change.
- work with **local communities** to help them understand how to support families who have difficulties raising their children, how to help families who are caring for children from institutions and how to support children who leave institutions.

We call upon the Prime Minister to commit his Government to help realise this vision - starting with:

- assuming responsibility for prioritising child welfare reform.
- encouraging and supporting those Municipalities and Ministries which manage institutions to play their part in the reforms - whilst ensuring that the Government as a whole fulfils its responsibility to uphold internationally recognised children's rights.

- working with child welfare experts to identify which institutions will be closed in 2008-2010 and agreeing a Memorandum of Understanding between central and local government bodies, including a well defined action plan which makes clear how all will be engaged in its implementation.
- guaranteeing that Government and EU Structural Funds will be directed into creating alternative services specifically for the children leaving these institutions with a clear plan for every region in the country.

