Piecing together the jigsaw

Creating a prevention of abandonment and institutionalisation network 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

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Particular thanks go to all of those organisations and individuals in Stara Zagora who entered into the prevention partnership with us and whose efforts are making a real difference to the lives of children and families.

Who is this guide for?

This guide outlines how prevention of abandonment and institutionalisation services have been developed and implemented within ARK Bulgaria's de-institutionalisation programme. It provides an outline of the general philosophy within which the prevention work was carried out and describes how a range of different organisations came together to create a prevention network.

This guide is written primarily for current and future prevention services providers in municipalities, Child Protection Departments and Non-Government Organisations in Bulgaria and for those working at a national level with responsibility for overseeing services for children and families. Though written in a Bulgarian context, it is hoped the guide may also be useful for those working on prevention elsewhere.

There are no 'quick fixes' to the many problems which families face. Working to support them and reduce the number of children who are placed in institutional care can be extremely challenging. No one family is exactly like another: each will have different needs which require different responses. And so it is not possible to write a 'how to prevent abandonment' step-by-step manual but we hope this guide will provide some food for thought and ideas for how one approach to prevention might be planned and implemented.

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:

- Transforming children's lives: de-institutionalisation in Stara Zagora, Bulgaria
- Fostering change in Bulgaria: developing a foster care service in Stara Zagora, Bulgaria
- 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

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 and the development of alternative care services to enable the closure of institutions for children.

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

The importance of prevention work to de-institutionalisation

De-institutionalisation should be seen as a process which works to prevent abandonment as much as supporting children already placed in institutional care to leave the system.

Despite support for re-integration of children with their families and the development of alternative child care services such as foster care, the inflow of children into institutional care in Bulgaria remains high. In Stara Zagora, between January 2006 and June 2009, for every four children who left institutional care – including those who left after they reached 18 and those who died in institutions – three entered. 24 children were placed in institutions in Stara Zagora in the first half of 2009 alone. Long-term sustainable change to the child care system, including institutional closure, is not possible without prevention work.

Defining prevention work

ARK Bulgaria's programme aimed to prevent abandonment as well as institutionalisation – that is, wherever possible to keep a child with his/her family and where this was not possible, to exhaust all placement options before any child was placed in an institution.

There is currently no internationally accepted definition of 'abandonment' and there is often confusion about what this means. For the purposes of ARK's programme, the following definition of abandonment was agreed by all partners:

> "*When the parent's identity or whereabouts are unknown; the child has been left alone by the parent in circumstances in which the child suffers serious harm; or the parent has failed to maintain contact with the child or provide adequate support to meet the child's development needs."*

The foundations

Core principles and approaches

It is important that prevention work is carried out within a clearly defined conceptual framework and based on a shared understanding of all partners. The first task should be to establish clear principles to underpin the work and a clear operational approach to guide it.

The **three core principles** underpinning the prevention work in ARK's programme were:

- **Acting in the best interests of the child and in accordance with the United Nations Convention on the Rights of the Child is *the guiding principle* which informs prevention work**: preventing a child from being placed in an institution does *not* mean the child should not be removed from their family at any price – risk should be very carefully and regularly assessed.

- **Children's needs are best met within a family:** it is very important that all parties involved in prevention work, including the parents of children at risk, share the same understanding about the negative impact which institutional care has upon children and the importance of raising a child in a family environment.

- **Families need to be empowered:** families need not only to understand their rights but also to be empowered to claim them and become active and self-confident so that wherever possible, they can solve their own problems with limited support.

Implementation is based on a series of **key operational approaches:**

- **Professionals need to reach out to those at risk:** work within high-risk communities is vital and means that prevention teams must be flexible, pro-active and mobile. Waiting for those who are facing difficulties to come forwards for assistance will not bring the same results.

- **The earlier the better:** identifying children at risk amongst high risk communities at the earliest possible stage is crucial. The longer the delay the higher the risk becomes and the more complicated problems are to deal with; when risk is identified at an early stage, fewer interventions are often needed and better outcomes are more probable.

- **It's never too late:** working in Maternity Wards provides contact with high level groups at a critical moment. Whilst this might be considered late, as a mother may have already declared her intention to leave her child, experience demonstrates that it is possible to intervene successfully even at this stage.

- **Ensuring effective access to a range of services:** high-risk communities are often quite closed with very limited access to services such as family planning, health and housing and limited take-up of social benefits: support to facilitate access to these services, as well as specific child protection services, is key to reducing the risks.

- **Creating a prevention network through developing partnerships is the only way to ensure successful work:** the needs of vulnerable families are many and varied and can only be met by bringing together a range of professionals with different expertise and skills who may also be working in different locations.

Summary of the model

Prevention of abandonment and institutionalisation: the core elements of the model

The purpose of the prevention work was to increase the sustainability of the de-institutionalisation programme as a whole: it makes no sense to focus only on taking children out of institutional care whilst others continue to enter the system.

The aim of the prevention work was 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

The network of prevention partners was created to extend the reach of the Child Protection Department (CPD) into the wider community in a way that it, alone, cannot do.

All partners had clearly defined roles within the network, supported by ARK which conducted research, supported planning and co-ordination and provided training and social work technical assistance.

The diagram on the following page shows how the partners have worked together.

The key to success: co-operation, communication and co-ordination!

diagram

Putting principles into practice

Planning prevention interventions

Researching real needs

It is important at the outset to have a clear understanding of what the causes of abandonment and institutionalisation are in a specific community / region. In this way, interventions can be planned on the basis of real knowledge, not simply on the basis of general assumptions.

Prior to developing its prevention work, ARK conducted research in Stara Zagora Municipality on what constitutes a family at risk; reasons for institutionalisation; key routes into care; and what and where possible interventions might be targeted.

Recommended areas for research and needs assessment within a target municipality / region include:

- *understanding the current situation: rates of institutionalisation and services available*
- *understanding reasons for institutionalisation*
- *what constitutes a child / family at risk?*
- *identifying high risk communities*
- *understanding key routes into child care and identifying high risk events / points*
- *who makes the decision to institutionalise a child?*
- *what take-up is there of services?*

Please see **Annex One** for further detail on questions to cover research and planning.

Developing a common understanding of what 'at risk' means

On the basis of the research, it should be possible to develop a common understanding of what constitutes a family at risk and within this, which families are most at risk.

For example, for the work at the Maternity Ward, the following were identified as priority groups:

Children most at risk of abandonment
- premature babies
- children with disabilities
- children with other health problems
- children separated from their mothers – in different medical wards or mothers in different towns/cities

Mothers most at risk of abandoning their child
- under-aged mothers (under 18)
- homeless mothers
- very poor – with incomes under the official poverty line
- with more than three children
- single parents
- with disabilities or mental health problems
- with alcohol or drug dependency problems
- without support from family
- mothers who have other children already placed in institutions
- mothers who are separated from their children in different medical wards

The need for focus – deciding what to do

Once a clear picture has been developed of the current situation it is possible to consider what kind of interventions are most likely to be feasible and achieve results within the resources – time, financial and human – which are available. It is important that prevention work is focused and based on clear priorities in order for those involved not to become overwhelmed by the sheer scale of the problems.

The type of prevention programme will also be determined by the nature and capacity of the organisation(s) involved. There are many different ways to approach prevention work. Campaigning organisations might choose to tackle the root-causes such as poverty and discrimination. Organisations working in the education field might focus on school drop-outs and increasing access to education. What is important is that any prevention programme is well defined and those involved are clear about what they are – and what they are *not* – doing.

ARK decided to model interventions focused primarily around social work. This was where the organisation's skills and expertise lay and this tied in with the rest of the de-institutionalisation programme which was built around improving social work practice through targeted work with specific communities and individuals.

The roles of prevention programme partners

This table outlines the key interventions and which organisations were involved – this work is described in greater detail in the following pages:

Intervention	**Partners involved**
1. Developing and implementing outreach prevention services amongst high-risk communities in Stara Zagora Municipality.	Samariani NGO World Without Borders NGO Municipality ARK
2. Raising awareness amongst high risk communities about family planning and the need for children to be raised in a family environment.	World Without Borders NGO Bulgarian Family Planning Association Samariani NGO ARK
3. Improving the access of vulnerable groups to health and social services.	Samariani NGO World Without Borders NGO ARK
4. Developing social work practice at the Stara Zagora Hospital Maternity Ward	Stara Zagora Hospital CPD Stara Zagora ARK
5. Improving the living conditions of families where risk of abandonment or institutionalization has been identified.	Habitat for Humanity CPD Samariani ARK
6. Developing and implementing family planning services amongst high risk communities in Stara Zagora Municipality and in the 3 institutions for children aged 7-18.	Bulgarian Family Planning Association ARK

Stara Zagora Child Protection Department

Creating a CPD prevention team

CPD social workers are the key professionals with legal responsibility for child protection measures and should be central to all prevention work. As the diagram on page […] illustrates, the CPD is very much at the hub of the prevention network wheel. It receives referrals from other organisations and officially opens and closes cases as well as providing social work support.

However, like all CPDs in Bulgaria, the CPD in Stara Zagora faces the challenges of a high case load and competing demands for its limited time and resources. In order to try to increase its efficiency and enable social workers to develop specialisms, ARK facilitated the re-structuring of the CPD. Three teams were created: a short-term team focusing on prevention; a long-term team working with children already placed in institutions, supporting re-integration and the provision of alternative services; and a legal team dealing with court work.

The prevention team identifies children at risk of abandonment and institutionalisation. The team also checks signals received from other organisations or individuals to 'determine if a risk assessment should be carried out and if judged necessary, then conducts the assessment.

Preparing action plans

After identifying a child at risk, the CPD social workers, together with local service providers and all parties involved, including the client, agree an action plan. This may be implemented over a relatively short period of time or be a longer-term intervention, depending on the specific case. A long-term intervention is considered to be one which goes beyond six months.

Some cases may initially be classed as 'emergency', for example where a family needs immediate and specific support such as the provision of food or urgent house repairs. If social workers then continue to work with the client, the intervention may become a long-term one. This frequently happens as in a significant number of cases, a family is dealing with a range of problems which it is not always possible to resolve in a short period of time.

Placing a CPD Social Worker in the Maternity Ward

The Social Worker at the Maternity Ward is a key link in the prevention work chain. By placing somebody in the Maternity Ward, there is a possibility to work with those mothers who might have otherwise slipped through the net – because they live in local areas where social workers are rarely able to visit, have not made use of other services and therefore are not 'known' or perhaps come from another part of the region.

ARK decided to finance an extra post in the CPD to take on this role, rather than placing the social worker within an NGO service provider. In this way it was hoped that the efficiency and effectiveness of the whole process of assessing mothers at risk and developing action plans would be improved. Given the huge workload of both local service providers and CPDs and the quantity of official documentation required, it takes time to make a referral from the CPD to a service provider. Given the limited period of time available to work with mothers in Maternity Wards – 14 days at most, where the mother is identified as being at risk – the quicker the process can begin, the better.

Another advantage of placing a CPD social worker in the Maternity Ward is that as only the CPD has the legal right to make decisions about the placement of children, this gives them the authority to conduct this work. The hospital was happy to ensure unrestricted access to all mothers in the Stara Zagora Maternity Ward which was crucial to being able to work properly with the mothers.

On the following pages, the CPD social worker at the Maternity Ward tells her story.

'My life at the Maternity Ward'

*I generally spend half of my working time in the Maternity Ward. My week usually starts with **receiving informa** **from the Maternity Ward medical staff** about any new admissions over the weekend or the previous night. also let me know if there were any mothers who attracted their attention for some reason.*

*A key part of my work is trying to identify those mothers who are at risk of abandoning their children. Through initial observations and questions I am able to pick up on those mothers who may be identified at risk. We call an '**initial screening'.** In order to do this, I make a **daily visit to all mothers.** When entering their rooms the thing that I look for is the baby's cot – is it close to the mother, is she looking over her baby or is the cot somew at a distance from her? If a mother is not looking at her baby or is trying to avoid contact with him/her this is the sign for me.*

*My first conversations are about the way the mothers feel: do they have problems breastfeeding? did they man to get any sleep? All I'm trying to do is make contact and encourage the mothers to talk. This is made a lot ea for me as I've been granted the status of a **'breastfeeding instructor'** so there is actually a practical task for engage with. It's very important to encourage breast-feeding, to build a bond between the mother and her new baby, but this can seem quite a daunting task for any new mother so I'm there to offer advice and support.*

I ask what the baby is called as many mothers who intend to abandon their children do not want to name the find out who brought her to the hospital, has she been visited yet etc. so that I can understand whether she some kind of support from a husband / partner, relatives or close people. The more personal questions, of cou are in combination with other general questions, so that the mother does not feel as if she's under interrogation

*I let the mothers know that I am in the hospital every day and we will be seeing each other again and will more time to talk. Fortunately, I have **a fourteen-day period** for working with the mother as we agreed with hospital that those mothers identified as at risk could be asked to stay this long.*

*Many young mothers - some of whom are children themselves - have very limited life skills, low incomes and living conditions and they do need support to care for their children. If I have doubts about a particular mother look for **more information from the CPD** when I go there in the afternoon. I will check whether the mother other children in institutions. If she comes from a village within Stara Zagora Municipality I might call the May the village to check my information about her living conditions and support network. I have a few days to collec information and then if this confirms my initial concerns, I make an **official signal to the CPD and open a case***

*There are some mothers who do not have their babies in the same room as them. Usually this is because the has been born prematurely or has a disability and so is being kept in a different ward in the hospital. I ask mother whether somebody has explained to her what the child's condition is. Often mothers have very lim information and are advised not to ask and not to be interested in their child if he/she has some health proble suggest to the mother that we could **go together to the doctor to ask for more information**.*

*The most important thing for a mother in such a case is to feel supported and to start accepting the real encourage the mother to **express her emotions**: sometimes those with disabled babies are so stressed that would not even cry. I do not tell them I can understand them as I am not in their shoes. But when I think they ready, I read to them a letter from another mother with a disabled child. It is very important for them to unders that there are many other people in their situation who they can contact and receive support from.*

*I know how important contact with their mothers is for babies so another thing I aim to do is **stimulate contac** that this will continue no matter what happens. Mothers who are not breastfeeding their premature born babies discharged from the hospital three days after the birth. Depending on the case, the child might stay in the Mate Ward or be moved to the institution for children aged 0-3 (DMSGD). In these cases I tell the mother that I will her so that we can **go together to visit her baby** as it needs her.*

*If the baby is transferred to the institution I specifically inform the parents that this is not a child protection mea and they have the right and need to be with the child every day. Visiting is difficult for some mothers who li villages and they might need **financial support for transport costs**.*

*Mothers with problems usually desperately need someone to talk to and they need to be listened to. Once understand they can trust me, they start to open up. Often this process continues for several days, even a w Then, once I have defined the core of the problem, I start **conversations with the relatives of the mother**. Th important so that we can explore opportunities for creating a support network around the mother. And very the decision to leave a baby lies with other members of the family which makes my conversations with them cru*

*When I've understood what support network the mother has, I can go back and talk to her again. We explor opportunities available – I explain that there are **alternative services,** she might have the chance to be placed Mother and Baby Unit together with her child if she does not have anywhere to stay, or that the child migh placed in foster care for a certain period of time until she is able to look after him/her. My responsibility **facilitate the contact between the mother and the social workers** in the CPD and any new services which going to be working with her.*

*Very often during their stay in the Maternity Ward mothers do change their mind and decide to care for their However, wanting to look after the baby does not necessarily mean the mother is able to. Thanks to the **flex financial support** provided by donors we buy clothes, milk, nappies and other necessities for the bab necessary together with the CPD social worker who is taking on the case, we will also organise some **finan support** from the Directorate for Social Assistance. And we will also support the mother with **finding a GP** fo baby. In many villages within Stara Zagora Municipality there are no doctors regularly visiting so this might be a challenge but it is important as the babies need to have their regular check-ups and immunizations.*

If my work has been successful the mother and baby will leave the hospital together. This is the moment w most of the mothers tell me: 'I can't believe I intended to leave my baby when I came here'.

In describing her work, the Maternity Ward social worker illustrates **the importance of:**

- placing a social worker with experience and maturity who is able to work flexibly and offer a range of support to mothers
- knowing what information needs to be gathered from the mother and her extended family and doing this in a supportive, encouraging and non-threatening way
- facilitating access to other services such as social benefits and GPs
- having adequate resources to work with to provide transport and in-kind support such as clothes

The **partnership with Stara Zagora hospital** is also important, and in particular:

- the full engagement of the hospital staff and their commitment to providing unrestricted access to the mothers, babies and medical staff in all wards
- providing information about children and mothers who might be identified at risk
- allowing mothers to stay for 14 days in the Maternity Ward

However, whilst the story shows the success possible in this work it also shows the limitations. Despite building good relations with mothers, the Maternity Ward social worker's job is made harder given the practice of children being moved to different wards in the hospital and even outside the hospital, away from their mothers. For more discussion of this point, see **Challenges and recommendations**.

Samariani NGO

Samariani outreach social workers
Samariani is a local NGO contracted to manage the Complex for Social Services for the Municipality of Stara Zagora. A core part of Samariani's prevention work is carried out by outreach social workers in 7 villages in the Municipality. They spend a lot of time in the field, identifying children and families at risk, making referrals to the CPD and providing direct support to families.

The following case study is typical of those handled by Samariani outreach social workers.

Case study: supporting the mother of a sick child

This is a genuine story but all names have been changed to protect the identity of those involved:

During one of their regular visits to a village in the Stara Zagora region, Samariani's outreach social workers met Radka and her 4 month old son, Isus, who had had a high temperature for several days. Radka explained that she had tried to call an ambulance but it hadn't come. The social worker called the emergency services and this time an ambulance appeared and took Isus together with his mother to the hospital.

Social workers visited the mother every day whilst her child was in hospital. They gave her some practical help, including food and nappies for the baby. They also made a referral to the CPD which opened a case. When a full assessment of the mother was conducted, it transpired that she had two other children living in an institution. She herself was living, along with her parents, in very poor conditions in a basic shelter. Her partner, Isus's father, was in prison.

Working together, the social workers from Samariani and the CPD started to discuss with Radka her situation. She declared her desire to keep Isus, despite the advice of the hospital doctors that he would be better off in an institution. She promised to do her best so that she could also have her other children back.

It became clear that Radka had a great deal of support from her parents and it would be better for her to stay near to them than move elsewhere. The social workers helped Radka find a village room for rent. With financial support from ARK, the mother paid her rent (30 lv per month) and Samariani social workers were able to provide other help, including clothing, wood for burning and financing visits to a doctor to have Isus immunised. The CPD also helped ensure that Radka received all the benefits to which she was entitled.

Radka and Isus were visited every week by social workers who helped her settle into her new routine. Within six months, Radka was able to start coping more on her own and it was agreed that Isus would start attending nursery once he was one year old and she would start working.

Work continues with Radka and her family, but so far, this is a successful prevention case: Radka is still caring for Isus and has a part-time job in the village. When she is at work, her parents look after their grandson.

The CPD social workers are now exploring the possibility that Radka's other two children will return to live with her.

This case study illustrates the importance of social workers:

- doing outreach work in the community: social workers have to go out to meet clients so that they can identify risks
- supporting clients to access a range of services
- establishing good relationships with clients: only through getting to know and listening to parents are they able to make sound judgments about how to provide support
- listening to and developing a plan with the mother
- having access to small sums of money with which to provide often modest but vital support
- working in partnership across organisations – in this case, a local social service provider and the CPD

Mother and Baby Unit

The Mother and Baby Unit is a short-term residential care unit, run by Samariani. It aims to create a supportive environment close to that of a family and, critically, to enable a mother to stay with her child. The mother is supported in caring for her baby so that they can develop an attachment bond and she can increase her capacity to cope with raising her child. Many of the mothers in the Unit have come from institutional care themselves and as a result, have limited social skills and often little education and no support network of their own.

Although the service is usually only provided for six months in some cases mothers are able to extend their stay to 12 months. The social workers at the Mother and Baby Unit continue to support those who leave and provide on-going counseling for them.

The following excerpt from an interview conducted with one of the mothers who has used the service illustrates what a difference this service can make at a critical point in the early weeks of the life of a child:

Interview with Mother and Baby Unit Client

Mother:	*I had agreed to give the child to some people, but I want her now and I would never give her away even if I need to rent a place and to live on my own. I was very frightened at the time, my parents did not know that I was pregnant, no one knew. I was wondering what to do, where to go after leaving the Maternity Ward. The baby was in an incubator, I had not seen her after the birth.*
Interviewer:	*What happened then? Why did you change your mind?*
Mother:	*Then the social worker from the Maternity Ward came. She explained to me about this house and she told me I can stay here for 6 months. She said they would support me here and this is what happened – they helped me a lot. Now, thanks to them I would go back home. But if it was not for this social worker, I would not have had my little angel with me now. When I think about what I was about to do… I am very thankful to that social worker.*

World without Borders

World without Borders is a local Roma NGO, based in Lozenetz, the largest Roma area in Stara Zagora Municipality. Their prevention activities include:

- identification of children and mothers at risk and referrals to the CPD
- providing prevention activities such as group work with pregnant or young mothers and adolescents
- improving access to health, education and social services
- provision of family planning services in partnership with the Bulgarian Family Planning Association (see below) and encouraging the local community to take advantage of them

World without Border's Programme Manager here talks about some of their community prevention work.

World without Borders – working with women in the community

The preventative services we develop are geared towards helping Roma people get out of their position as 'victims', who need to be looked after, and into active citizens who are aware of their rights and responsibilities.

Group gatherings are organised for the women in the Roma residential area. With the support of community workers, women have the opportunity to share their experience of what they are doing and discuss their future plans and ambitions. They learn a bit more about how to manage their housework and how to provide adequate care for their children.

The inclusion of Roma women in common group activities makes them feel strong and confident. They realise they can rely for support not only on us but also on each other.

One of our community workers shares her experience:

'I attracted this woman to come to our gatherings in the organisation. I showed her that she had the skills that others would appreciate. Step by step, we discussed things like how to dress in a way which was appropriate, to behave in a more confident way, how to present herself when looking for a job. After some time she was recruited into the ironing department of a private company…I am very pleased I managed to help her. Now she is confident, believes in her abilities and she is a good example, one which will help other women in the community.'

This illustrates how the concepts of 'the earlier, the better' and 'empowering families' are put into practice in the field.

The overriding goal is to provide services and support to families to help them move towards greater independence which impacts positively the health and well-being of their children and the whole family.

Habitat for Humanity

Habitat for Humanity is an international NGO whose work includes supporting decent shelter for poor families by providing interest-free loans for housing improvements. Habitat for Humanity was brought into the prevention network to use their expertise and resources to help improve the living conditions of vulnerable families – which research made clear was a major factor in parents being unable to provide adequate care for their children.

Working with information provided by their own community worker and others, such as Samariani, Habitat assesses the living conditions of a family. Along with the CPD and Samariani, a decision is then made as to whether and how a family can be helped. Support is usually given in-kind in the form of a loan and on the basis of clear conditions, including:

- the family must be actively involved in the planning and implementation of housing improvements: this is intended to help them develop their skills, discourage dependency and value more the support which they are given

- building interventions are made in small steps according to the needs and priorities assessed: the maximum loan available is 500 leva

- Habitat's community worker supports and monitors the whole refurbishment / building process

The Bulgarian Family Planning Association

The Bulgarian Family Planning Association (BFPA) contributed to the prevention work through:

- providing family planning services in co-operation with World Without Borders in the Roma residential area, Lozenetz

- conducting awareness training in the field of reproductive and sexual health for adolescents in the three institutions in Stara Zagora for children aged 7-18 years – a known group at high risk of both having children when still young and being unable to care for them

- supporting a training needs' assessment of the staff at the Maternity Ward: BFPA's recommendations focused on how communication between staff and the mothers could be more effective in order to strengthen prevention work.

The Municipality of Stara Zagora

The Municipality of Stara Zagora, which has supported the whole of ARK's de-institutionalisation programme, has helped facilitate networks to support the prevention work including through:

- participating in planning and decision-making related to priorities and the types of interventions

- participating in a meeting of all the Mayors of the 50 villages in Stara Zagora Municipality. This discussion helped gather information about the situation in each village – such as the child population, presence of high-risk communities, levels of employment, services available – which was used to identify priority locations for work

- allowing BFPA access to the Municipally managed institutions for older children and to the staff and children themselves

ARK Bulgaria

ARK Bulgaria's role has been to facilitate the development of the prevention work through:

- devising and supporting the initial planning research
- co-ordinating the network of partners. This was particularly important at the start when agreement was reached with all partners on roles and responsibilities and mechanisms for working together, including the improvement of case management process.
- providing social work training and technical assistance: providing general training on key issues such as attachment, assessments and care planning and supporting the work on specific cases through discussions with the social workers involved
- providing financial and in-kind support for specific cases: the establishment by ARK of a flexible fund has meant that social workers are able to access support for their clients in timely way. The sums involved have varied on a case by case basis – usually ranging from 10 to 100 leva but on occasion up to 250 leva,- in this case, covering the time lag between when a client applies for their allowance from the state and receives it; this is then repaid to ARK
- providing resources to social workers for transport and communication
- monitoring: ARK has developed a monitoring, evaluation and reporting system – which included tracking the number of new prevention cases opened and those successfully closed. For further information on this, please see: '*Measuring the difference we make: ARK Bulgaria's Monitoring, Evaluation and Reporting System*'.

Challenges and recommendations

From March 2008, when the prevention component of the programme was expanded, to end of July 2009, ARK and its partners have worked on 344 prevention cases of which 128 were successfully resolved, including 41 cases from the Maternity Ward.

Although these results are encouraging, the prevention network has faced a number of challenges. Many of these are a reflection of the huge social and economic problems with which families and children are confronted, the solutions to which lie beyond the reach of CPDs and NGOs.

These difficulties are further compounded by the inadequate resourcing of social services, including the insufficient number of social workers and alternative services available. These issues are dealt with in greater detail in another of the publications in this series: '*Transforming children's lives: de-institutionalisation in Stara Zagora, Bulgaria*'.

The following focuses on those challenges which it is possible to deal with where there is commitment to working in genuine partnership and with the provision of relatively modest financial resources.

Creating and sustaining a successful network

Working in partnership

Working in partnership can be challenging and time consuming. Every organisation brings with it its own approach, experience and understanding about what needs to be done. And real communication, co-operation and co-ordination are not things which simply happen: they require time and resources, in the same way as other activities do.

Joint decision-making is sometimes seen as a 'waste of time' - especially when a particular issue is not considered as a priority by one partner – but in the long-run, it will pay dividends: organisations will learn more about one another and the different ways in which they communicate; they will learn to understand and respect the things which make them different; and they will find ways of resolving conflicts and reaching agreements. These are all skills which in turn are vital in work with clients.

Recommendations

- **Agree on how key concepts underpinning prevention work are understood**: what is a child or family at risk? What constitutes an emergency? How should different organisations respond to particular situations?

- **Agree on a written Partnership Agreement**: this should make clear the roles and responsibilities of all involved and the principles on which they will work together

- **Agree detailed mechanisms for working together in relation to case management**: how, by whom and when referrals are made, and how organisations will keep one another informed of progress, is key to successful prevention work

- **Establish clear work priorities**: all partners should be clear about what their common and individual priorities are

- **Dedicate the time and resources to joint decision-making**: ideally one person will be designated to act as co-ordinator of the prevention network, ensuring that regular meetings are held to review progress and agree on future priorities

- **Don't overstretch:** each organisation in the partnership should be engaged in interventions which are realistically within its capacity and experience

Creating networks across different municipalities / regions

Many children face the possibility of being placed in institutions at a distance from their families so encouraging co-operation between CPDs in different municipalities / regions is very important. For example, in Stara Zagora, some premature born babies are transferred directly from other Maternity Wards in the region to Stara Zagora without their mothers. The CPD which is working with the mother, in one municipality, and the CPD working with the child, in another municipality, must communicate and co-operate.

Recommendations

- **Seek Regional Directorate for Social Assistance and local authorities' agreement that no placement can be made in an institution without a practical action plan for the child at the point of admission**: with the exception of emergency cases, this plan should be agreed before a child is placed and should make it clear what the aim of the placement is; how contact between the child and the parent(s) will be supported; and who will provide what resources

- **Resources must be made available to enable cross-municipality/regional working**: social workers have to have resources for communicating with and meeting colleagues from other municipalities/regions. This should include support for transport for those parents who do not have their own means

- **Municipalities should develop clear strategies for co-operation in the planning and development of services:** some services could be developed at a regional level which will make them more cost-effective. This will avoid spreading resources too thinly and will capitalize on the capacity and resources which major cities/municipalities have.

Practice issues

Working with whole families

The referrals which social workers are currently given are about the child whilst in fact, a specific child's problems are related to that of his/her family as a whole – and therefore the family as a whole should be worked with. So, for example, at the moment if there are three children in one family who are considered at risk, social workers should write three separate reports and three separate sets of case documents have to be prepared. Apart from inefficiency, this also leads to services and practices that do not address the whole family but just the separate pieces.

Recommendations

- **The Agency for Social Assistance, supported by those working at a local level in CPDs, should review current case management procedure and the related legislative framework with a view to:**

  - shifting the social work focus towards the whole family rather than the individuals within it with the aim of moving to family-centred practice that strengthens families' ability to protect and enhance the development of *all* children and family members

  - reduce unnecessary paper work to improve efficiency and decision-making.

Keeping mothers with their babies

As the case study about the Maternity Ward illustrates, work at this level can bring successes. But in some cases, the Maternity Ward social worker is simply compensating for bad practices – notably the continued practice of separating mothers from their new born children. This separation undermines all efforts to create a bond between the mother and her child which is critical in the early days and weeks of a child's life.

Recommendations

- **All efforts should be made to prevent new born babies being separated from their mothers in hospitals:** beds should be physically re-arranged in hospitals so that mothers sleep next to their children. In those few cases where there is a critical illness which means the baby needs intensive medical care, it should still be possible for mothers to be much nearer – in adjacent rooms with windows through which they can see their baby all the time.

- **If a baby *has* to move then the mother should also be able to move:** where a baby has to be transferred to another hospital or medical unit, because facilities for specific treatment are not available in the Maternity Ward, the mother should also be moved as soon as is possible.

- **Mothers have the right to information**: mothers have the right to know at all times where their babies are and to receive full explanations about their children where there is thought to be a health risk or some disability.

Resources

Lack of resources is frequently cited as the reason why work cannot be done, and in some cases this is true. As already noted, prevention work is not possible without reaching out to clients – and that is not possible without resources for transport, communication and direct work with clients, such as educational materials. Government investment in this is critical.

In some cases however, support is available but is not planned in a sufficiently flexible way. For example, financial support offered to families by the Directorate for Social Assistance can take a month to apply for which in many cases is far too late. In others, money appears to be wasted as it is provided in an ad hoc way, rather than as part of a well thought through, long-term plan for working with a particular family.

It is also important to remember that the existence of services does not automatically mean that they will be taken up. Navigating the complex web of agencies that provide various health, educational and social services can be a frustrating and off-putting task for vulnerable families, some of whom have never been out of the marginalised area in which they live. Social service providers need to dedicate some resources to going to families and helping them find their way through the system.

Recommendations

- **The Agency for Social Assistance must review its approach to direct support to families**:
  - the current limit of 325 leva (€167) per prevention case should be reviewed and provision made for an increase, on a case-by-case basis

- bureaucratic requirements must be reduced so that it is possible for support to be made available immediately from an established fund, on the basis of clear criteria, and paperwork completed subsequently

- **To be fully effective, all support to families must be made within the context of a clear action plan, agreed with the family**: whether a family is provided with financial support or in-kind (clothing, house repairs, pampers etc), this must be done as part of a plan which will be regularly reviewed

- **All prevention partners should seek to make maximum use of the resources – including human resources and information – which *do* exist**: for example, through communicating and working more effectively with hospital Maternity Wards, CPDs can have access to mothers at risk before it is too late; similarly kindergarten staff and teachers can play an important role in the early identification of 'at risk' children and families

- **All services should incorporate some resources for supporting access to them** – publicising the support available, including through going to talk directly to communities in high-risk communities, should be an integral part of the work of service providers coupled with practical help such as providing transport, assisting people with filling in forms, accompanying clients to meetings.

Annex One Key questions to cover in research and planning

The following are suggested areas for research to inform the planning of prevention programmes.

Description of current situation

- How many institutions are there with how many children resident?
- What alternative care services have already been developed?
- How do the child care and health systems function – are there already established networks between child protection and health care providers?
- Are there organisations (NGOs, local informal leaders, etc.) working with high-risk communities that already have established contacts and practices?

Understanding reasons for institutionalisation

- Examine current cases: are there recurring problems and clear emerging trends?
- Interview the families of institutionalised children: what are their attitudes towards institutions? Are they seen as a 'last resort' or are they perceived as a more accessible and cheaper alternative to other services, example in place of kindergartens?

What constitutes a child / family at risk – key factors to identify include

- poverty
- poor housing
- young child bearing age
- large families
- stigma associated with being an unmarried, young mother
- prostitution
- disability or illness
- lack of access to kindergarten
- history of institutionalisation
- parenting skills

Identifying high risk communities

- Are there high-risk communities in a specific area – for example in particular villages or residential areas within the town?

Understanding key routes into child care and identifying high risk events / points

- How do families deal with crises?
- Are there specific events which might make a family particularly vulnerable – for example, the birth of another child, parents leaving to work abroad
- How does a child end up in the child protection system and what happens at the first meeting with a CPD social worker?
- From the first point of contact to admission in an institution, what happens?

Who makes the decision to institutionalise a child

- The decision may not be made by a parent or even an immediate family member so it is important to understand who is involved and who you need to work with – including medical and other professionals

What take-up is there of services

- What services are available to families?
- How easy is access to services?
- What are families experiences of services – e.g. antenatal, maternity, health generally, education?
- What new services should be developed?

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