

## THE EQ APPROACH TO MANAGING FAMILY-TYPE PLACEMENT CENTRES FOR YOUNG ADULTS WITH SPECIAL NEEDS

### Background: Difficulties experienced in launching family-type placement centres in Bulgaria

In the context of implementing the Bulgarian government's Action Plan in deinstitutionalization as a means to fulfilling the national 'Vision for De-institutionalisation of Children in Bulgaria' (2010), difficulties were encountered with the sequencing and timing of project actions relating to the development of family-type placement centres (FTPCs) for children and young adults with significant special needs.

In its 2014 report entitled "Deinstitutionalisation of Children in Bulgaria – How Far and Whereto?" (Sofia, June, 2014) UNICEF provides an insight into the difficulty when describing the rolling out of the Action Plan by means of five separate projects each with its own implementation criteria –

"The structure of the activities... appears to have been informed fairly significantly by the different types of EU and Bulgarian Government funding which were allocated to its implementation."

Soft measures such as "planning, technical assistance, training, child assessments, child preparation and post-placement support" were funded through the Human Resources Operational Programme while the actual building of FTPCs (and other community-based facilities such as day centres) was funded through the Regional Development Operational Programme. The soft measures were **phased separately** from the building and infrastructure actions. Additionally, economic considerations largely determined both the timing of the transfers of disabled children and young adults from large residential institutions to FTPCs and the number of children that were transferred at one time. Serious questions were raised about the extent to which these economic and administrative factors were allowed to supersede consideration of the best interests of each child.

In its "Report Card 2015: What is the average Government score for childcare?", the National Network for Children referred to the need for speedy finalization of a mechanism for re-directed resources released on the basis of closing residential institutions to provide for the sustainability and quality of community-based services. Additionally, it refers to the serious need to alter state-delegated funding mechanisms for community-based services to introduce a system of differentiation that takes better account of cost differentials among target groups. It focused on the fact that municipal authorities are finding it difficult to hire and retain care staff raising questions about the adequacy of remuneration and training.

To cut a long story short, there are fears that, if under-resourced, Bulgaria's family-type placement units can come to represent an alternative form of institutionalization.

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## EQ – Positivity based on longevity of experience

EQ has made its views known at policy level. However, in the context of delivering day-to-day care to children and young adults with special needs, dwelling on difficulties is highly counter-productive. No organization can pursue quality from a standpoint of adverse criticism and negativity.

We are actually very fortunate in three respects –

1. We have been directly involved in the management of family-type accommodation since the introduction of the practice in Bulgaria. The Ruse facility for disabled children commonly known as the Pink House (see below) has received a great deal of attention since it opened in 2009 to help support the closure of the notorious Mogilino institution for children with disabilities.
2. We manage the centre of social support of children and families from which we draw managerial and material resources
3. Through dogged campaigning, extensive media relations and the development of a strong and sustainable relationship with the local community, EQ has contributed to disability awareness in the Ruse region. These relationships provide organizational confidence, a steady flow of material support and access to community resources.

## The Pink House – development of a working model

Having grown out of the furore that followed the British documentary expose on the conditions in the Mogilino institution, the development of the small-group home that came to be known as the Pink House was a venture that, in a sense, could not be allowed to fail. Inevitably, there was widespread concern about how those children transferred from Mogilino would fare in their new surroundings. Additionally, as FTPCs were to be developed as a key component of the national deinstitutionalization programme, the Pink House would draw attention as an operational model.

Ruse University has a department of occupational therapy with relationships in the Netherlands and Great Britain and the Pink House developed the role of providing students with the opportunity for practical training and project development. To an extent, this meant that the care regime in the Ruse small-group home would be compared with practice in countries in which community-based care was more highly developed. This was both an opportunity and a daunting challenge when you take account of the fact that we lacked the resources available in those other countries and were starting from a low baseline. Would people expect too much too soon? Would the steepness of the learning curve that we faced be graciously acknowledged? Would commentators recognize that the successful rehabilitation of children removed from residential institutions would entail patiently breaking down attitudinal barriers (particularly among medical practitioners and educators)?

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The Pink House has come to be seen as a centre of excellence. What are the key components of this success?

1. **A non-ideological approach:** It is very easy to become rigidly attached to models introduced to Bulgaria from other countries. International know-how is important but so are the discernment and flexibility that allow development at a pace that is compatible with local conditions.
2. **Celebration of small successes:** A gradualist approach was essential – the ability to say “We aspire to these standards but we are not there yet. It will take time.” We chart each child’s progress meticulously supporting the development of independence. We believe in the capacity of those children in our care to achieve self-actualization. However, this is something that emerges naturally and it shows itself in subtle ways. We avoid the temptation to act as “helicopter care providers” that is something akin to over-ambitious parents. Patience is our watchword.
3. **Extensive outdoor activity:** One of our earliest priorities was the development of an enclosed sensory garden adjacent to the Pink House. The more able children help with EQ’s cultivation and drying of herbs and seaside holidays have become an annual fixture.
4. **Significant input from the Ruse complex for social support of children and families:** The complex provided a managerial (and social) hub, access to a multidisciplinary team and myriad resources (including the potential for top-up funding). Management of the Pink House as a discrete venture would have been extremely difficult. By the same token, the ability to use the Ruse complex as a resource pool provided the confidence to take over the management of the two FTPCs for young adults created under the national DI programme.

### The national deinstitutionalization programme

On the basis of our resource-base and experience, EQ was asked by the local directorate of social assistance to play a major role in support of the transition of children and young adults from large residential institutions to three new facilities in Ruse during the later part of 2014. In April, 2015, EQ officially took over the management of two of these facilities (known as Love and Hope) where young adults are accommodated.

The key tenets of the operational philosophy behind family-type accommodation are socialization and maximization of opportunity. Both entail planning, decision-making and consistent pursuit of goals based on professional assessment of the capabilities of each individual resident. Young adults removed from large residential institutions are not only victims of physical and / or mental disability, they will – almost inevitably – suffer from the effects of institutionalization – a complex syndrome linked to failure of attachment, profound sensory deprivation, excessive dependence on minimalist routines and years spent surviving as opposed to living.

### A clear vision.....a shared vision

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We try to ensure clarity of purpose (it is expressed in an explicit and understandable manner) and then to assure ourselves that the purpose is shared by all personnel whose actions impact on the lives of those youngsters in our care.

This means that the models and learning that we draw from national and international sources are comprehensively localized and vividly interpreted for EQ personnel.

### **Core principles**

#### **A multiple intelligences approach**

Howard Gardner's multiple intelligence model combined with more recent neuro-scientific contributions to learning theory provides a framework for understanding the intelligences of children and young adults who are – and who are likely to remain – academically and socially disadvantaged.

#### **IMPACT – a coherent and constructive approach to challenging behaviour**

From our perspective, many behavioural patterns demonstrated by youngsters with special needs are disruptive, challenging or antisocial. By taking judgementalism out of the equation and understanding that these actions are functional from the child's perspective (they fulfill a purpose), we can both avoid unnecessarily placing children in situations that provoke crisis (by creating a supportive environment) and gently teach them to use strategies that better align with social norms.

#### **Social participation**

Social inclusion involves a great deal more than simply placing youngsters with special needs in mainstream environments. More often than not there is an element of risk and uncertainty, but the key to providing positive, transformative experience is assessment of the Opportunity Value of social occasions. This means that we look closely at our event calendar and the activities taking place in and around the Ruse complex while we also analyze the growing capabilities and expanding inclinations of the youngsters we care for. We focus on the potential for genuine enjoyment and personal growth.

#### **The natural world**

Almost without exception, deinstitutionalized children and young adults have had negligible experience of the world of nature – this is a significant component of their profound sensory deprivation. We are lucky to have access to a base in the Black Sea village of Tyulenevo. We also collaborate with other organizations that manage holiday facilities for groups of youngsters who have special needs. Members of our care teams always accompany the youngsters as they recognize the ways in which each youngster registers pleasure, anxiety or sensory overload. They know their capabilities and their energy thresholds. They can gently encourage each individual to explore while feeling safe and secure.

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## Personal identity and freedom of choice

We place great emphasis on acknowledging and recording personal preferences, relationships and capabilities. While there are limits to how flexible we can be, we find that great benefits arise for both the youngsters and the professional carers when we plan expansively from a positive perspective ( on the basis of the capabilities of the various youngsters) as opposed to taking the traditional approach rooted in pessimism ( focusing on disability and medical issues).

## Reflective learning

EQ has developed a strong working relationship with British positive psychologist, Professor Tony Ghaye and his organization Reflective Learning International. Our joint work on organizational learning and decision making has had a significant, beneficial effect on managerial confidence and focus and our ability to sustain motivation among our care team that is responsible for one of the most challenging components of Bulgaria's movement towards community-based care for children at risk. It has enabled us to challenge the traditional medical model of disability from a *positive* and *practical* standpoint that is results-oriented.

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