

NATIONAL STRATEGY: “VISION FOR DEINSTITUTIONALISATION OF CHILDREN IN THE REPUBLIC OF BULGARIA”

Policy document

What is best for the children

I. THE CONTEXT

Institutions for children are a part of the difficult heritage, left from the totalitarian state, which was dominated by the policy that the state is capable of taking better care of children than their families.

This policy that lasted for more than 40 years has left persistent marks over the public expectations and thinking. Twenty years after the start of the political changes, the institutionalization of childcare in Bulgaria continues to be an unsolved problem which can not be explained solely with the totalitarian past. The lack of clear political will for closing these institutions led to their “reform” and “restructuring”, which are often understood as a building refurbishment and do not lead to a significant change in the way children live and are taken care of.

Economic, political and social changes of the transition period, lead to new challenges and deepened the existing problems. Among the main factors, which influence the institutionalization, are:

- Insufficient number of services for children and families, which answer completely to their needs combined with uneven distribution of services on the territory of the country.
- Insufficient family financial resources, which often leads to social exclusion of the families and placement of children in institution.
- Lack of developed system of community-based alternatives to institutional care.
- Overwhelming medical model to the child disability according to which the institution offers the best care for children
- Lack of supportive social and architectural environment.
- Changed models of family behavior which lead to out of wedlock births and single parents.

Placement of children in institutions violates their rights guaranteed with international conventions to which Bulgaria is a state-party (United Nations Convention on the Rights of the Child, UN Convention on the Rights of Persons with Disabilities) and leads to establishment of discrimination models in education and access to quality care and services.

A. Until the present moment in the country there are the following residential type institutions¹ in which children are permanently separated from the family environment²:

	Type of institution	Total number	Placed children
1	homes for medico-social care for children aged 0-3	32	2421 children

¹ This document excludes following institutions: Educational Boarding Schools and Socio-pedagogical Boarding Schools. For reforming these institutions a separate working group is created with an ordinance of the Prime-minister from 8.12.2009 and this group has the mandate to prepare an action plan up to 20.02.2010 for reforming the juvenile justice system in Bulgaria.

² The indicated data is actual up to December, 2009.

2	homes for children deprived of parental care aged from 3 to 18 years	80	3876 children
3	homes for children with mental retardation and 1 home for children with physical disabilities	24 + 1	1419 children (1002 children and 417 juveniles)
		137	7 716 children

B. The annual upkeep per child is:

	Type of institution	Standard for 1 child
1	homes for medico-social care for children aged 0-3	6 585 BGN
2	homes for children deprived of parental care aged from 3 to 18 years	6 710 BGN
3	homes for children with mental retardation and 1 home for children with physical disabilities	7 640 BGN

C. Total annual allowance for 2009:

1. Homes for medico-social care for children aged 0-3 – 28 754 356 BGN;
2. Homes for children deprived of parental care - 37 137 000 BGN;
3. Homes for children with mental retardation and home for children with physical disabilities - 12 468 500 BGN;

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3	Homes for children with mental retardation and home for children with physical disabilities	12 468 500 BGN
6	Total	78 359 856 BGN.

In addition to the budget allocations, donations in cash and in kind only for specialized institutions for 2008 amount to 5 743 426 BGN. Homes for Medico-Social Care for Children have received 1 711 609 BGN, Homes for Children Deprived of Parental Care aged 3-18 - 2 520 770 BGN and Homes for Children with Mental Retardation and the Home for Children with Physical Disabilities – 1 511 047 BGN

Regardless of the input resources neither the life of children in residential type institutions becomes better nor the services of more quality. The institutional organization of life does not suppose for confidential relationship with a permanent adult, individual care, attention and personal space for the child. It cannot satisfy the basic needs of children and has a negative influence on their development and behavior. This solely leads to additional economic and social price for the whole society

In this context the implementation of effective deinstitutionalization policy requires a change in the childcare philosophy accentuating on:

- risk prevention,
- early intervention,
- family support and

- provision of a family or close to family environment.

II. Mission

This political document is based on the best interest of the child policy, aimed at family support and creating the best conditions for children development and realization to their full potential. This policy is based also on respecting child rights, the norms, standards and principles of universality, inseparability and non-discrimination, also having the characteristics of higher sensitivity, flexibility and preparedness to meet challenges.

It is important and necessary to develop a policy which will not only offer adequate short-term care for children at risk, but will also avoid such problems in the future.

II. VISION FOR DEINSTITUTIONALISATION

The deinstitutionalization is a process of replacement of the institutional childcare with community-based family or close to family environment care, which is not limited only to taking children out of institutions. This is a process of preventing placements of children in institutions, creation of new opportunities for children and families to receive support in the community and is done on many levels:

- Work with families and professionals from the social sphere and other close areas on prevention of abandonment and institutionalization of children in order to decrease and gradually stop the entering of children in institutions as well as to support reintegration of children in their biological families;
- Reform and work in the social assistance system for implementation of programs for social support and protection of the biological and the wider family for prevention of abandonment and raising children in family environment;
- Establishing alternative services and forms of care for creating opportunity for taking children out of institutions or prevention of their placement;
- Encouraging the development of adoption and foster care focusing on developing services for children from 0-3 years;
- Involvement of the civil society in support to the social inclusion of children, leaving institutions;
- Putting children and families in the center of the work of all professionals working with children.

Main principles:

Actions in favor of the best interest of the child according to the UN Convention on the Rights of the Child is the leading principle according to which the interest of the child has to be put above the interest of all others, including parents, potential adopters, foster parents or institutional staff.

The family is the best environment for child development – all professionals working in the area of deinstitutionalization have to have equal understanding of the negative impact of the

institutional care over children and about the importance of the child to be raised in family environment.

The social inclusion of children is of primary importance – it has to be achieved by providing opportunity for all children to participate in all aspects of community life, including to local kindergartens and schools and use local healthcare, transport and other public services.

Approaches in the process of deinstitutionalization:

- There has to be a needs assessment for every child which has to include an evaluation of family capacity and the possibility the child to be raised in his/hers biological family.
- Not a single child has to be taken out of institution without an action or care plan developed in cooperation with the child and the people which for the time being and in the future will take care of him/her and with his/her biological family whenever it is possible.
- Maintaining contact and emotional connection between the biological family and the child whenever possible has to be a main element from the provision of permanent care for every child regardless of the possibility for future reintegration.
- For all children from institutions eligible for closure has to be provided a placement in family or close to family environment and no child shall be left behind.
- Institutions are not closed by moving children from one institution to another.
- A priority for placements in family environment has to be provided – in search for services alternative to institutional residence, primary efforts shall be targeted at reintegration of the child in his/her biological family when appropriate and does not threaten the child's well-being. When this is not possible an opportunity for permanent solution is explored in the best interest of the child during which a placement at a family of relatives is a primary option and after that – at adopters or foster parents.
- Children are placed in residential type of services for small number of children only when placement in a family is not possible. Looking for family type of care from the protection system does not stop with the placement.
- Looking for permanent solution for the child is a key part from the action plan in order to diminish to minimum his/her replacement from one form of care to another.
- Children have to be included to a possible extent in the process of making decisions for the form of care which shall be chosen.
- Brothers and sisters have to be brought and raised together except if this is not appropriate and possible.
- After taking children out of institutions, their capacity has to be decreased until their final closure.
- A priority should be given to the closure of institutions for children with disabilities in parallel with homes for medico-social care for children 0-3 years because the residence

of children in this type of institutions and at this age is the most fatal for their development.

- Institutional buildings should not be used again for a residential type of care for children after the children have been taken out and the institutions have been closed.
- Active involvement of the institutional staff in the process of deinstitutionalization, development and implementation of programs for training, re-qualification and redirection of the staff towards alternative social services in order to use the existing capacity and human resources.

III. STRATEGIC AND OPERATIONAL OBJECTIVES:

The main objective of the document is to guarantee the right of children to family environment and access to quality care and services according to their individual needs.

Specific objectives:

- 1) Legal regulation, provision of financial and human resources for a wide range of community based child and family services taking into consideration the good practices and applying innovative approaches;
- 2) Raising the capacity of the child protection system by clarification and effective distribution of the rights and responsibilities of the child protection bodies, service providers and ensuring an adequate professional capacity for the effective functioning of the system;
- 3) Closure of 137 institutions for a period of 15 years from the adoption of this document;
- 4) Not allowing the placement and raising of children from 0 to 3 years in residential care of any type after the end of the reform.

Measures and activities for achieving the objectives:

Achieving these objectives requires an integrated complex child and family policy and changes in the following sector policies:

- ✓ **Adoption of a wide wellbeing concept for all children and wide** guarantees of their rights.
- ✓ **Services in support of parents to take their responsibilities towards children** and not the state, and improving the quality and effectiveness of alternative forms of care and services.
- ✓ **Modern approach to healthcare which supports mothers** before, during and after birth of their children and does not allow ill children and children with specific needs to be separated from their parents for long periods of time.
- ✓ **Educational system which has the capacity and resources to support the different needs** of all children.
- ✓ **Child protection system which is clearly differentiated from the social assistance system.**

- ✓ **Child- friendly legal system** where every child who appears before the court – as a victim of a crime or convicted in one – has to be treated as a child in the first place.
- ✓ **Introducing a new approach for financing child services**, in which resources are targeted to services for meeting specific needs of children and families and their effectiveness and not towards buildings in which they are provided. Financial resources for meeting the needs of children have to follow the clients who are successfully taken out from institutions by respectively decreasing the capacity and financing of the institution with every child taken out.

IV. FINANCING

All programmes and projects aimed at deinstitutionalization and provision of child and family services financed by the Community and/or the national budget are regulated by this political document.

For the implementation of this document resources will be allocated from:

1. The first stage of implementation of the set forth objectives will receive targeted support with resources from the “Human Resources Development 2007-2013” Operational Programme up to the amount of 25 million BGN. Apart from this the programme will provide funding for a wide range of social services for children and families at risk.
2. The Operational program Regional Development 2007- 2013 will provide targeted support during the first stage via two grant schemes („Support for renovation and modernization of state healthcare and medical institutions in urban agglomerations” and “Supporting the deinstitutionalization of social institutions providing services for children in risk”) up to the amount of 49 116 600 BGN.
3. Measure 321 „Main services for the population and the economy in the rural area” from the Rural Development Programme envisages supporting the investments in infrastructure and equipment aiming at development of services for the population and the economy in the rural area i.e. building or improving centers for social services – care for children, care for older people and people with disabilities, including specialized transport. The overall budget of this measure for the period 2007-2013 is 412 503 341 euro, but this budget is for all projects with activities, admissible for supporting this measures, not only for social services.
4. Financing from the state budget for all specialized institutions mentioned in the document (I. A) and social services recognized as delegated state activity, including by decreasing the capacity of specialized institutions in the process of transferring children and introducing the principle “money follow the child”.

V. MANDATE

This political document is elaborated in accordance with the *Guidelines for alternative care for children*, adopted by the UN Committee on the Rights of the Child and approved by the General Assembly. All principles, approaches and measures stated in the *Guidelines* are assumed as leading and basic in the interpretation and implementation of this document which is itself a national framework for the *Guidelines*.

The implementation of this political document will be done by adopting an Action Plan 2010 – 2013 with specific activities on the document implementation.

The first priority during the implementation of the document will be the deinstitutionalization of children with disabilities, placed in the homes for children with mental disabilities and children with disabilities over 3 years of age, placed in the Homes for medico-social care. The appointment of this target group as a primary beneficiary is predetermined by the reason that they are the most vulnerable and they are in the highest level of social exclusion.

Experts from non-governmental organizations were involved in the elaboration of the document. The final version of the document was publicly discussed with 23 Bulgarian NGOs and UNICEF (11 December 2009).