



# The European Child Guarantee in Bulgaria



NATIONAL NETWORK FOR CHILDREN

# 1. Background

The European Child Guarantee (EU Child Guarantee) is an initiative of the European Commission that is a natural continuation of the policies under the EU Strategy on the Rights of the Child. The objective of the European Child Guarantee is to provide access to healthcare, education, early childhood education and care, decent housing and adequate nutrition for the most vulnerable groups of children in the EU, and to reduce the share of children living in poverty and social exclusion on the territory of the EU.

In 2019 more than 18 million children (22% of children under 18) in the EU lived in households at risk of poverty or social exclusion. In Bulgaria this percentage is nearly twice higher. The expectations are that this number has grown during the COVID-19 pandemic. The EU Child Guarantee focuses on breaking the intergenerational cycle of poverty leading to early school leaving and adverse impacts on health and education, thus perpetuating the issue. The Member States that are affected most, Bulgaria included, are required to spend 5% of the funds provided under the European Social Fund Plus to address child poverty and social exclusion. Member States can also use the European Fund for Regional Development, the InvestEU Fund, and the Recovery and Resilience Facility for measures against child poverty and social exclusion.

The vision of the National Network for Children (NNC) is that the National Action Plan must be a dynamic, living document; a document that is amended and adjusted to reflect accordingly the actual needs of the children targeted thereunder. The Plan must formulate, in concrete terms, the cross-sectoral policies and interactions between state institutions and non-governmental organisations (NGO) to implement the EU Child Guarantee in an effective way. An important part of the Plan should be the monitoring and evaluation of effectiveness of envisioned measures. It is key that all stakeholders, and above all the state institutions, engaged in the preparation and implementation of the Plan, realise the crucial importance of the EU Child Guarantee as an initiative that would trigger possibilities to effectively break the cycle of intergenerational poverty, to promote the welfare of children and families at risk as well as the understanding that such

a family background does not preclude life chances for children.

At the beginning of this year, the NNC organised 6 webinars on each of the following topics: Healthcare, Nutrition, Early Childhood Development, Adequate Housing, Education, and High-risk Communities. The objective of these events was to allow experts from state institutions and the NGO sector in the six areas discuss good practices and proposals that could help the former with the implementation of the EU Child Guarantee in Bulgaria.

The present document is prepared by the experts of the NNC and is informed by the analyses, conclusions and proposals for specific measures and policies to be incorporated in the National Plan for the implementation of the EU Child Guarantee in Bulgaria.

## **The document is based on the recommendations of the experts who prepared the webinars:**

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**Healthy Nutrition** – Ekaterina Borisova-Yovova – Chief Expert „Fundraising and Marketing“, Bulgarian Red Cross

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## 2. Good Practices and Possible Solutions



### 2.1 Education and Early Childhood Education and Care (ECEC)

#### Key issues and challenges

One third of children live in poverty, 38% live in deprivation (lack of books, new clothes and footwear), 32% have no access to leisure outside home and equipment for outdoor play. Due to poverty, children have gaps in learning and suffer adverse impact on their social and emotional development. 50% of health mediators believe that hunger and meeting the basic need for food are the top concern for children, putting education on the backburner.

Dropping out of school is invariably associated with poverty – families, have no life perspective where education is seen as a long-term investment. Illiteracy is a major problem – around 40% of 15-year-old students are functionally illiterate. Children from risk groups tend to get 'alienated' from education even when they are still in school, due to the excessively elaborate and academic language when presenting the information.

There is a lagging behind in reading skills equivalent to three-year of schooling for children from small locations compared to their peers in big urban centres. This entails a significant risk of poverty and social exclusion. For children from disadvantaged backgrounds the likelihood of completing secondary education is three times higher if they have attended early childhood education and care (ECEC).

All-Roma schools in neighbourhoods with concentrated Roma population and gaps in communication and support between the social and education systems. One single school may have high concentration of children living in poverty, with special needs and behavioural problems which makes inclusion almost impossible.

Children with special needs are among the most heavily affected groups due to the pandemic and the

lockdown, being cut off from access to services such as rehabilitation and special education.

There is shortage of highly qualified teachers in smaller schools. The system is highly centralised– there are no effective municipal policies for quality education in place.

There is no focus at all on engagement with parents and other supportive adults with a view to obtain relevant skills, and this is not regarded as a priority.

In Bulgaria there is still not a single piece of legislation dedicated entirely on early childhood development. Extensive reform for a novel type of services, especially for children 0-3, is required.

The gap between remuneration of staff in nurseries that are part of kindergartens and of staff in stand-alone nurseries is almost one third.

The state is oftentimes suppressive rather than supportive of alternative forms. This accounts for a negative attitude towards alternative forms among the general public too.

In theory refugee children are entitled to study in Bulgarian mainstream schools, however they have no grade completion proof, no command of Bulgarian, and sometimes their age is not consistent with the age declared by their parents. There are also instances of parents of Bulgarian students being against enrolment of children from the Middle East.

#### Possible solutions and measures

- ✔ To introduce a holistic approach for planning, implementation and monitoring of integrated support of parents of children living in poverty, as well as comprehensive support for schools working with such children.
- ✔ To introduce the figure of the social worker (case manager) for children at risk or with special needs who would support the family as a whole, refer them to relevant services, monitor regular school attendance, engage with parents to recover from

social isolation and poverty, provide general support for overcoming difficulties;

- ✔ To design a national programme to provide for all relevant costs (transportation to/from kindergarten, clothing and footwear, food) for children in disadvantaged and vulnerable situations for ensuring attendance in municipal or private childcare (1-2 children from the relevant age group);
- ✔ To design programmes for engagement with children from vulnerable groups and their parents – small groups, facilitated by mediators, to promote school readiness – Bulgarian language skills, personal hygiene, communication and social skills. Engagement with parents too is necessary, for obtaining skills to promote readiness for school of their children;
- ✔ To introduce the model of the family assistant – a professional helping the family develop their capacity to raise and nurture children, to address behavioural and developmental problems, handle routine household tasks and conflicts, and liaise with other institutions for support;
- ✔ To introduce an outreach mechanism with the help of a unique identification number for each child in the education system for tracking, even when children travel with their parents abroad for a shorter or extended periods of time, and to re-join the education system back home;
- ✔ To provide an education package of services for families from vulnerable groups – by means of a special card (like bank card) for payment of costs for lunch, school trips, engagement in social life, sports, school materials, on the condition of attendance. This would address the risk of spending cash benefits and allowances improperly or for other purposes; a card-based solution ensures spending for expenses only as intended;
- ✔ To develop a system of mobile schools for informal education activities in the vicinity of the homes of children;
- ✔ To provide various options for finishing vocational schools and options for children to choose professions;
- ✔ To design education programmes for girls from ethnic minorities for prevention of early marriage and early birth;
- ✔ To provide education support for young people from poor neighbourhoods or from remote loca-

tions who would like to study medicine and other specialties in demand, teachers included, to address the absence of access to tutoring in biology and chemistry required for admission examinations.

- ✔ To design adult schooling programmes for parents with no education or with low education – Second Chance Schools and Parents Help Parents programmes.
- ✔ To engage in public-private partnerships – making available municipal premises to private players for services for children at risk and small children; to explore the potential for engagement with church organisations, libraries, community centres (читалища), etc.;
- ✔ To provide incentives for municipalities that are active in terms of programmes for integration focusing on children at risk of poverty and social exclusion;
- ✔ To design training programmes for specialists for engagement with children from vulnerable groups, early childhood included – professional qualifications in secondary education, higher education programmes, reskilling of people from other sectors of economy;
- ✔ To increase the remuneration of the workforce engaged with children from vulnerable groups, along with non-monetary bonuses.



## 2.2 Healthcare

### Key problems and challenges

Serious deficit of health care professionals with paediatric specialties and of access to paediatric care in remote areas. Emergency medical care centres and their branches have no paediatric specialists.

The problem with the shortage of nursing staff is no smaller – salaries are low, the average age is very advanced. For decades the ‘paediatric nurse’ specialty, that requires highly specialised qualification, is absent.

It is a common practice of GP not registering infants from marginalised groups because their families are

regarded as 'unreliable'. The mandatory home visit in the first 24 hours following discharge from hospital after birth is massively skipped, albeit the importance of such a visit for adequate instructions from doctors regarding the care of the new-born.

All too often hospitals fail to provide full treatment of patients from risk groups with very severe and serious conditions because parents would not accept the disease or the therapy.

Evaluation of children at risk that must be done by health care professionals and social workers is often-times incomplete, and the actual process is not properly followed through. Frequently social workers do not have good knowledge of the problems and are unable to take adequate decisions in the respective case. Sometimes this may cost the life of these children.

Monitoring of pregnancy of women from risk groups – from minority background and women with no health insurance. Often, they give birth to children with congenital malformations, subsequently failing to take adequate care after the children or often giving up all responsibility.

Children from risk groups fail to be covered in screening and prevention programmes. Monitoring of endocrine diseases and diabetes in early childhood is massively underrated, and all too often children do not get to hospital until their condition very seriously deteriorates, and despite the huge potential of medicine, their treatment is far from optimal. Even when reports are lodged, neither response is fast, nor are outcomes for children good.

No psychiatric care for children and adolescents with substance dependencies in residential care is available. Caregivers have difficulties handling this, and the problem is staggering.

The language barrier is a problem in medical care of refugees and migrants. Translation and interpretation is expensive and nobody can afford to pay for it. Doctors are not required to speak English or French, and quite often children themselves do not speak these particular languages.

### Possible solutions and measures

- ✔ To build National Children's Hospital following analysis of the environment and of the needs of child healthcare – this hospital is to set the standards in paediatric care, including therapeutic care and prevention in childhood.

- ✔ To establish 32 regional structures to provide paediatric care – connected via telemedicine solutions with university hospitals. Both relevant equipment for children and new-borns in these outlets and training of paediatricians, GP, and emergency medicine specialists must be provided for;
- ✔ Engagement with parents of children from risk groups – awareness of the importance of taking proper care of children is necessary; doctors must be supported by social workers, and mechanisms for ongoing cooperation are required;
- ✔ Joint mobile home-visiting teams for social and medical care – those are to provide regular check-ups and adjustment of therapy of children with chronic conditions;
- ✔ To provide 'ex-officio' GP for children from risk groups not registered by their parents. The costs to be borne by the state, with strict monitoring of implementation;
- ✔ Programmes for additional training in paediatrics for GP and specialists, emergency medical care specialists included, to provide first response in emergencies involving children;
- ✔ Programmes for prevention and screening of children from risk groups and supply of medicines; engagement with parents and securing their commitment for adherence to the therapy;
- ✔ To design services for children and young people with substance dependencies;
- ✔ To strengthen and improve the capacity of health mediators, in paediatric departments in hospitals too; this would reduce the incidence of parents leaving hospitals early thus depriving children of treatment or child abandonment due to lack of support;
- ✔ Access to check-ups during pregnancy for uninsured women with the same number of check-ups envisioned for women with health insurance;
- ✔ To establish hospices and centres for terminally ill children;
- ✔ To provide for specialised transport for children in critical condition and for medical emergencies, medical helicopter;
- ✔ To mainstream the currently project-based 'Baby Box' practice – aids for infants from poor families and families in severe material deprivation with essential supplies for new-borns after birth and in the sixth month thereafter – i. e. twice in the first year.



## 2.3 Nutrition

### Key problems and challenges

There is no budget subsidy for free school meals for children. A large part of those programmes are funded from corporate donations. The practice of bringing food from home is not encouraged – there are no dedicated dining spaces for this; there are problems in accommodating the diet for children with allergies, chronic conditions, disabilities.

### Possible solutions and measures

- ✔ To design and adopt cross-sectoral policy with the engagement of the Ministry of Labour and Social Policy, Ministry of Education and Science, Ministry of Health and Ministry of Agriculture and Food for healthy nutrition;
- ✔ ‘Warm Lunch’ programme for student from poor families on condition of attendance – the funding to be taken in full by municipalities and the state with corporate support;
- ✔ To provide access to the subsidised take-away catering service for children aged between 10 months and 3 years, with free coupons for children from vulnerable communities;
- ✔ Voucher-based system for healthy diet – allowance for families for purchase of healthy food-stuffs – dairy products, fruit and vegetables, legumes;
- ✔ Training for parents how to prepare healthy food;
- ✔ To introduce strict control of food supplied in schools (incl. under school fruit, milk and free snack schemes, etc., funded from public sources) and the products available in school cafes;
- ✔ School Lunch Box Programme to promote bringing healthy food from home, where schools provide dining places.



## 2.4 Housing

### Key problems and challenges

There is no national housing policy; the latest strategy dates back to 2012; there is no focused policy for elimination of housing poverty. There are no key state institutions in charge of these problems.

Poor designing of national programmes related to renovation of housing stock and poor general condition of the housing stock.

Overcrowded dwellings – every second dwelling (48%) in urban areas is overcrowded.

Large share of vacant dwellings – in economically poor areas and in large urban areas alike. In Sofia the share of vacant dwellings is 24%, in Plovdiv – 26%. Housing is not affordable – prices of homes and rent grow at rates households cannot keep up with. The state fails to fulfil a key responsibility, namely to provide affordable homes. In Bulgaria no affordable homes, to buy or to rent, are available.

Discrimination against Roma when renting homes – they cannot find a place even if they can afford this.

Pronounced concentration of housing poverty is observed – Bulgaria ranks third in Europe in terms of share of households raising children and living in very severe housing conditions – around 18%, this share for Roma children aged 0-17 soaring to 75%.

For ethnic Roma more than half of running costs of living (55%) are for rent, heating, utilities, renovation, etc. For ethnic Bulgarians and ethnic Turks this indicator is around 20%. Almost 60% of Roma cannot afford to heat their homes.

Nearly 44% of dwellings in Bulgaria have no sanitation; in villages 20% of dwellings have no toilet indoors.

The risk of poor housing conditions for families with three or more children is 8.4%.

Poor housing conditions come with health risks – respiratory diseases, poor air quality, elevated noise levels, higher risk of fire and injury.

## Possible solutions and measures

- ✓ National programme to address homelessness – to provide permanent housing for rent for the homeless and additional support according to their needs;
- ✓ To draft a Housing Code regulating the involvement of non-profit organisations that have access to funding and are not allowed to make profit;
- ✓ To expand the scope of the concept of social housing so that people in need such as young families, young specialists who are needed for the development of a given region, families with low income who cannot afford a mortgage loan have access to such housing;
- ✓ Programmes for renting vacant dwellings – social agencies to safeguard the interests both of occupants and of owners of vacant dwellings;
- ✓ Focused measures for renovation of neighbourhoods with concentration of housing poverty;
- ✓ Legalisation of illegal housing where possible – provided they do not pose a hazard, are free from any structural problems and do not infringe property lines;
- ✓ To draft cadastre/zoning maps reflecting the construction of modern and affordable municipal housing for vulnerable groups; provide for the relevant infrastructure, health and social services;
- ✓ To provide for affordable housing through programmes to promote investment in affordable housing, in the private and in the public housing stock alike; preferential access to a home under a programme for low-income families; rent allowance scheme;
- ✓ To provide for well-being in terms of housing and social security for families with children and single parents – housing allowance for families with children and adolescents to be bigger for families with multiple children, and single parents to get the largest support;
- ✓ To provide opportunities for families with children to buy a home with state subsidy for construction or home purchase for young families with children. Subsidies to reflect the number of children the family has or plans to have; couples to be entitled to a subsidy if they have children already or if they pledge to have children in the following 10 years. The amount of subsidy to reflect the number of children in the family.



## 2.5 High-risk communities

### Key problems and challenges

Bulgaria is among the countries with highest levels of child poverty along with Romania, Greece, Italy.

Twenty municipalities report the highest rates of child poverty, including Sliven, Kyustendil, Montana, Stara Zagora, etc. 30,500 people live in extreme poverty, the so-called ghettos within ghettos – people from marginalised groups and people excluded from their community. As much as 74% of those have no hot water or toilet. Around 60% have no health insurance and are with low social status.

Social work is not in concrete terms. No new services in the community to serve as a jumping board to universal services are envisioned.

There is misalignment between the MH and the MLSP, and a part of the work of mediators is not recognised.

Social work needs to be professionalised by means of regulating the status of social workers – providing for adequate working conditions and support, competence and workload standards, etc.

One big challenge is finding the way to upscale services and good practices in this country for bigger outreach and effective systemic change.

No effective mapping of problems of the community is available.

### Possible solutions and measures

- ✓ Handbook of the MLSP – already existing and providing a general plan regarding problems and possible solutions;
- ✓ To identify measures with the participation of beneficiary families. If support is to be child-centred, then integrated services are required – health, improvement of access to ECEC, personal hygiene, social skills, funding for food and housing, etc.; a family-oriented approach should be introduced – for engagement with parents so they take adequate care, providing for employment of parents;

- ✔ Summer schools for children from the Roma community, refugee and migrant children, other vulnerable groups;
- ✔ Review of legislation and analysis of the need for legislative changes with a view to improve services;
- ✔ Review of procedure for providing financial resources under the Implementing Regulation of the Child Protection Act.



# 3. 'Ending Child Poverty' National Programme with a 10-year horizon for implementation

## 3.1 Key objective

To take the poor and marginalised people out of the ghetto; to eradicate child poverty.

## 3.2 Measures

### National level

Teams of family therapy experts to design a programme for engagement with people with dependencies (alcohol, gambling, drugs). To provide counselling to people under this programme so that they learn how to navigate difficulties, to acquire social skills, to learn to read calendar dates and time, to obtain work discipline skills, etc.

The programme should also envision training of psychologists, educators and social workers to engage with high-risk groups.

### Local level

20 long-term projects to be prepared by municipalities, NGO and other stakeholder organisations in support of residents in the ghettos. The objective is to make use of local resources. These projects must be with a period of implementation of 7-8 years. Each needs to cover 20 people who will work with trained social workers and mediators. These experts should possess the relevant skill set for engagement with the communities that are most at risk. New services should be developed under those projects including education of children, full-day activities with children and adults. Extensive intermediation efforts will be required for families in order to upgrade their capacity and to have them integrate – acquire hygiene habits, learn how to prepare food, engage



Every **third** child lives in material deprivation, and **25%** of children live in households with severe material deprivation.

in community activities (temporary and subsidised employment), social skills. Every social worker should be responsible for a particular number of families and should have a relevant plan for them – setting out the objective, the activities, the responsibility of each party involved in order to accomplish the objectives, with monitoring and progress evaluation keeping track of what has been accomplished and what not and the reasons. The projects must provide basic material and social services – in terms of providing food and health treatment. Healthcare is a key focus in these programmes, and support for family planning, vaccinations, access to medicines, and access to food must be provided under those programmes. One option is to implement a voucher system under these projects, for a base minimum of products and services but this should be conditional on the efforts and achievements of families to overcome the crisis. Also, children must be guaranteed at least one healthy meal per day. With respect to temporary services, clear plan is required for educators and carers who are to work with the children on a daily basis in order to improve their literacy and social skills. The projects should also provide for

bath and laundry facilities – elements which would help people realise that this project brings tangible improvement of their well-being. The experts under the project can be supported by volunteers or entire families who, on volunteer basis, serve as positive role models for family life and teach by example. The premises for activities can be non-permanent such as office containers; the measures would not require special buildings but rather suitable spaces, the focus being on effective work for help and support.



Over **400,000** children in Bulgaria live at risk of poverty and social exclusion and this is a persistent trend.

### 3.3 Implementation

#### Preparation

In the two years leading up to the launching the national roll-out of the programme relevant capacity should be built – in terms of teams, training and supervision, needs analysis. In the second year prior to the launching of the programme the local long-term projects need to be prepared, identifying the services (for young people included) to be implemented under the programme, along with training of staff locally – social workers, educators, psychologists. An important prerequisite for the successful implementation of programmes is making sure teams are very well trained.

#### Draft Budget of the Programme

A total of BGN 119 million for a period of 8 years, including BGN 360,000 for social security contributions for the teams and BGN 440,000 for medicines. It is estimated that the implementation of the programme would require BGN 14.8 million per month,

inclusive of BGN 35,000 million for social security contributions per month.

#### Return

The target group consists of 30,500 individuals. Investment per person will be approximately BGN 4,000. This would be an investment for a future of happier children, with no starving.

The returns will be in terms of benefits for the entire society, because these people will be able to take control of their lives and be integrated and full members of society. Intergenerational poverty will be ended. If such a programme is implemented, in ten-year's time the critical rankings of this country will be reversed.

### 3.4 Challenges connected with the implementation of the programme

- ✔ The results of the long-term programme will not come until 15-20 years later, and the returns in economic terms will be for the next generation. This is not a popular practice in Bulgaria.
- ✔ Monitoring the quality and the identification of indicators for this purpose are of key importance.
- ✔ Continuing education of teams will be required to promote their professional development.
- ✔ Also necessary is to evaluate the participation and efforts of people. Self-assessment of the individuals in need is very important, as self-assessment is not equivalent to external evaluation and sometimes people do not want any help and refuse to be included in employment programmes. Motivation to participate for the people in need and for the people affected is a major element to be considered – approaches for incentivising involvement and for addressing resistance and doubts on their part are essential.
- ✔ People in need as potential beneficiaries under these projects should not be rendered dependent but rather should become equipped and capable to overcome their situation at one point.

## 4. General recommendations and challenges in connection with the implementation the objectives of the EU Child Guarantee

The key problem with the implementation of the objectives of the EU Child Guarantee is the absence of an integrated interinstitutional system with data on the number of children from vulnerable groups to allow identification of their specific needs for services and support. Line government institutions do not have basic information for the fulfilment of basic rights of children; where such information is available, it is not

public and is an obstacle for the operation of municipalities and NGO. For example, no data is available on child welfare, access for children to nutrition, number of children who are individually schooled, number of children with special educational needs, access to textbooks for students in high school, access to transport to and from school when a child wants to study in a school in another nearby location, etc.

