



# **11 years of social work for active families, systems and communities**

**2011 - 2022**

Activity Impact Study

of Hope and Homes for Children - Branch Bulgaria

*"We felt confident that we would make it, that we were not alone!  
They gave us strength for life, courage! Tomorrow is another day!"*

**Steli Peteva Ph.D., Violina Ananieva**

Sofia, 2023

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*With gratitude to the families, loved ones, professionals, decision makers, partners, and staff of HHC for going back to the beginning, the hopes and fears, and the shared journey through the years, losses and successes!*

## Abbreviations used

SAA	Social Assistance Agency
DGCRC	Directorate General for Child Rights Control
SACP	State Agency for Child Protection
DI	Deinstitutionalisation
HCYPMR	Home for children and young people with mental retardation
HMSCC	Home for medical and social care for children
DCC	Day care centre
DCCD	Day centre for children with disabilities
APIA	Access to Public Information Act
CPA	Child Protection Act
MBU	Mother and Baby Unit
SAA	Social Assistance Act
SSA	Social Services Act
EU	European Union
CSSCF	Complex for Social Services for Children and Families
UNCRC	UN Convention on the Rights of the Child
MH	Ministry of Health
MES	Ministry of Education and Science
MRDPW	Ministry of Regional Development and Public Works
IWG	Interagency Working Group
CM	Council of Ministers
MLSP	Ministry of Labour and Social Policy
MF	Ministry of Finance
HHC-Bulgaria	Hope and Homes for Children - Branch Bulgaria
NGOs	Non-Governmental organizations
NSI	National Statistical Institute
CPD to the SAD	Child Protection Department at the Social Assistance Directorate
DCMD	District coordination mechanism for deinstitutionalization
RFCT	Regional Foster Care Team
UNDP	United Nations Development Programme
PEWG	Permanent Expert Working Group
RHI	Regional Health Inspectorate
RDE	Regional Directorate of Education
UNICEF	United Nations Children's Fund
CMCS	Continuing medical care services
CCSCDCD	Centre for Complex Services for Children with Disabilities and Chronic Diseases
CSC	Community Support Centre
FTAC	Family type accommodation centres
CSRI	Centres for social rehabilitation and integration
HHC	Homes and Hopes for Children
TBACT	The Bulgarian Abandoned Children's Trust

# 11 years of social work for active families, systems and communities

## Summary

*In 11 years the child grows, the family strengthens, the community comes together!*

*What everyone needs is to live together!*

### ➤ For the purpose and the authors of the evaluation

This is not a "standard" evaluation of an organisation's activities and projects. It is a story about the activity of the people connected with the activities of Hope and Homes for Children - Branch Bulgaria (for short, HHC-Bulgaria), who shared their experiences, efforts and personal stories. The authors of this narrative are the evaluation participants - decision makers, professionals and families - sharing the difficulties and small victories over poverty, mistrust, loss and alienation. It is also the narrative of the people beside them - colleagues, associates, partners, and loved ones. Stories within the story of what helps families care for their children when they can't care for themselves.<sup>1</sup>

### ➤ About the participants and the impact

The evaluation involved 127 participants from 23 districts, 30 towns and 3 villages. With them we studied:

- **The impact of HHC on families:** we met with a total of 32 children and adults - representatives of 12 extended families living in 6 locations and collected 47 other small stories from the experiences of professionals across the country working in the HHC-Bulgaria network. We learned about the change in the lives of children and families that began 5, 7 or 11 years ago with the meeting with the HHC. *"We are not alone", "We are coping", "The child is learning", "Our home is noisy and full", "We are helping other families in need!"*
- **The impact of HHC on professionals and communities:** we collected examples of community impact from 61 professionals and partners working for DI and these included perceptions of *'Partnership', 'Coordination', 'Reciprocity', 'Safety and Stability'*.
- **The impact of HHC on systems at national level:** we heard views on the shared vision from 9 participants - policy makers, government institutions, NGOs - *"HHC-Bulgaria are an active partner of the government in the DI process of Baby Homes.", "We have a common understanding that DI is not an end but a means to achieve what is best for each child."*
- **Impact on international DI partnerships:** we spoke to 2 HHC representatives (HHC UK, HHC Moldova) about the role of HHC-Bulgaria: *"The HHC team is the lifeblood of national DI policy reform in Bulgaria"*.
- **Impact on the HHC team:** we talked to 23 HHC-Bulgaria team members about the bridges built between institutions, professionals, communities and families, about slow waters... and again about the families: *"We learned self-giving", "Every family's life was changed!", "My life as part of the HHC"*

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<sup>1</sup> The drawings in the report are inspired by the images and opinions of the evaluation participants.

*team changed - I changed my profession, I dedicated myself to people!"*

**With the help of the documents, we studied:** the activities, roles and results of the HHC-Bulgaria and partners, integrated in more than 150 documents - strategic, professional and advocacy, authored and collective, international and Bulgarian - influencing the DI actors.

➤ **About the main conclusions**

For 11 years, HHC-Bulgaria works for active families, active communities and active systems!

➤ **Active families:**

HHC-Bulgaria activated with its support **2,826 families** where parents are creating a home, caring for their children, working or completing education, and children are in kindergarten and school.

➤ **Active Communities:**

HHC-Bulgaria affects professional communities with **3,290 professionals** across the country through training, consultation and supervision to:

- Implement mechanisms for cooperation and coordination at district and local level;
- Develop a shared capacity to work directly with children and families at different risk or in crisis;
- Influence helping attitudes to include family resources;
- Impact the community through their participation in the Childhood 2025 Coalition.

➤ **Active systems:**

The HHC-Bulgaria has worked steadily to reform DI policy and practice by closing 25 HMSCC out of a total of 28 HMSCC closed and by closing the "entrance" to institutions for children by:

- It influences the social practice of CPDs, SADs, RDSAs, foster families and regional foster care teams (RFCTs), helping professionals, social services, RCMD - through trust in families, knowledge about the harm of institutions, models for active and crisis support, methods for prevention and reintegration, support of foster parents and the development of alternative services for families with children at risk.
- Influence the health system and the work of HMSCC staff, health professionals, MH project teams, RHI experts, pediatricians - through evidence on the consequences of institutionalized childhood, mechanisms for closing the "entrance" and subsequent closure of the HMSCC themselves, assessment tools and support for transition from institutional care to community-based services and family living.
- Influences the policy of DI and care for children and families through joint activities with the MLSP, MH, SAA and SACP - through monitoring and evaluation of own activities and outcomes for families, participation in capacity development and partnership at national, district and local levels.

# I. Deinstitutionalization: Saving children from silence and despair

## 1. The beginning of the way - for a world without institutions for children

In 1994, Mark and Caroline Cook founded HHC UK to help children living in poverty, most often children orphaned by war or disaster. Today, almost 30 years later, no one can say the exact number of children supported by the organisation, or the exact number of families helped who followed Mark and Caroline and their supporters. But both children and adults can be found in Europe - in Croatia, in Bosnia and Herzegovina, in Albania and Romania, in Ukraine and Kosovo, in Moldova (and Transnistria), Belarus and Bulgaria. Also in Africa - in Sierra Leone and Mozambique, in Eritrea and Sudan, in Rwanda and Uganda, in South Africa. In Asia - India and Nepal. Mark and Caroline's path to the children is always different, but with repeated encounters - with the government, with the directors of crumbling institutions for children, with mayors, teachers and social workers, with separated families and with the children. The lessons along the way become a cause for those helping in each country - part of HHC or their partners. A cause with different names, but one goal:

- "Let no child be left behind."
- "Let no child cry silently for love."
- "Let no child live in an institution."

## 2. The deinstitutionalisation of childcare - Europe's responsibility

Since 2000, the European Union (EU), together with international and national partners, has supported governments and civil society in Europe to make the transition from institutional care for children to family support systems and community-based social services. This is a process of complex reforms, with national specificities, but also with common, shared goals, namely:

- **Harmonization of** national laws and policies with international and European standards for alternative care for children.
- Work with governments to **plan for the closure of institutions** for children and increase necessary social assistance and services for families.
- Develop effective **strategies for transitioning staff** from institutions to new services for children, with accessible training and work opportunities.
- Improving the **quality of social services** in the community through the development and implementation of relevant standards, guidelines and monitoring tools.
- Helping governments to make effective use of **grants** to cover the costs of transition to community-based social services - e.g., to increase the number of social workers working to carry out comprehensive assessment of children in care and support; recruitment of staff; training of foster parents; building and equipping small group homes, etc.
- Evaluating and planning for the **transfer of state funds** from institutional care (post-closure) to community-based services.
- **Strengthening the capacity** of institutions and professionals in the social services sector.
- **Raising awareness** among decision-makers and the general public about the benefits of the transition from institutions to community-based services.<sup>2</sup>

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<sup>2</sup> 15 years of De-Institutionalization Reforms in Europe and Central Asia. Key results achieved for children and remaining challenges, UNICEF, [https://www.unicef.org/eca/sites/unicef.org/eca/files/2018-11/Key%20Results%20in%20Deinstitutionalization%20in%20Europe%20and%20Central%20Asia\\_0.pdf](https://www.unicef.org/eca/sites/unicef.org/eca/files/2018-11/Key%20Results%20in%20Deinstitutionalization%20in%20Europe%20and%20Central%20Asia_0.pdf)

Each country is making its way towards DI at a different pace, with different difficulties and achievements.

### **3. The Long Beginning of the Deinstitutionalization of Child Care in Bulgaria**

Bulgaria's journey started in 1991 when our country ratified the UN Convention on the Rights of the Child (UNCRC) and the UNCRC became part of domestic law, in implementation of the Constitution of the Republic of Bulgaria. With this step, the State assumed the obligation to help protect and promote the fundamental rights of the child - to life, to a name and citizenship, not to be separated from his parents, to be an active participant in his own development, to express his opinion freely, to be protected from violence and from neglect.

However, this positive act did not initiate the necessary follow-up action by the State. Years of totalitarian rule had created lasting attitudes in people that for some groups of children - those living in poverty, with disabilities, with minors or single parents - institutions provided better care than the family. Children were living away from families and loved ones, from the gaze and support of the community. Moreover, under the pressure of the economic and social crisis in this period, the number of children in institutions increased. These factors favoured and justified the delay of the deinstitutionalisation reform (for short DI) by 10 years, as a reform according to a "foreign model".

The long delay in concrete action led to a discussion on the status of Bulgarian children and the implementation of the UNCRC in Bulgaria at a special meeting of the UN Committee on the Rights of the Child in January 1997. A special document with recommendations to the Bulgarian government was adopted, which became an important regulator of the legislative process and the subsequent reform of child care<sup>3</sup>.

The beginning of the reform in Bulgaria started slowly after 2000, with the adoption of the Child Protection Act (CPA) and the Social Assistance Act (SAA), as well as with the establishment of a new institutional infrastructure with a central authority - the State Agency for Child Protection (SACP) and local authorities - Child Protection Departments (CPDs) of the Social Assistance Directorates (SADs). Sub-normative and strategic documents on child protection such as:

- Ordinance on the conditions and procedures for the implementation of measures to prevent the abandonment of children and their placement in institutions, as well as for their integration (2003);
- Ordinance on specialized protection of children in public places (2003);
- Ordinance on the conditions and procedure for application, selection and approval of foster families and placement of children in them (2006);
- Adoption of a National Integrated Plan for the Implementation of the UNCRC 2006-2009 - to bring together all national policies, strategies and programmes that address children, their rights and conditions for children's development.
- Adoption of the National Strategy for the Child 2008-2018, with a framework of state policy for the child in the areas of life (family environment, health care, education, leisure, etc.) and the specific obligations of the state institutions involved.

The qualitative change in the philosophy of childcare was unlocked as a result of several factors: the accession of Bulgaria to the EU in 2007, the active work of a team of new politicians with an understanding of the role of families in caring for their children, and the legitimization of this new approach with the adoption in 2010 of the National Strategy "Vision for the Deinstitutionalization of Children in Bulgaria" (for short, Vision for DI) and the Action Plan for its implementation.

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<sup>3</sup> Zhecheva, E., Creation of the Child Protection System and the Development of National Policies, pp. Pedagogy, Volume 91, Number 1, 2019, [https://azbuki.bg/wp-content/uploads/2019/02/azbuki.bg\\_dmdocuments\\_Pedagogy\\_1\\_19\\_EvaZhecheva.pdf](https://azbuki.bg/wp-content/uploads/2019/02/azbuki.bg_dmdocuments_Pedagogy_1_19_EvaZhecheva.pdf)

The institutions involved recognise the key causes of institutionalisation of children:

- Insufficient and unevenly distributed services for children and families.
- Lack of financial resources leading to social exclusion of families and institutionalization of children.
- Lack of a developed system of community-based alternative services.
- A medical model to childhood disability and an understanding that the institution offers the best care for children.
- Lack of an inclusive social and architectural environment.
- Changed patterns of family behaviour, with an increase in out-of-wedlock births and parents caring for their children alone.<sup>4</sup>

In response to these fundamental reasons, the Vision for DI provides:

- Closure of all 137 specialised institutions for children (in operation in 2010).
- Definition of the necessary social services in the community, which should be available in each district: services for support and prevention of abandonment, services for protection of children victims of violence (trafficking), substitute family care, specialized residential care for a small number of children for whom family care is impossible.
- Active position of the NGO sector in the DI reform.
- Child care DI process to be completed in 15 years<sup>5</sup>.

At this stage of recognized urgent need for reform in childcare, of declared political will and growing professional and civic activism, HHC UK takes the decision to work in Bulgaria and to share its experience and resources to close institutions for the youngest children - a kind of "entrance" to a system that separates children from families who need support!

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<sup>4</sup> National Strategy "Vision for the Deinstitutionalization of Children in Bulgaria", p.1, <https://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=601>

<sup>5</sup> Social Assistance Agency Activity Report 2021, <https://asp.government.bg/uploaded/files/6395-YearlyASP-site.pdf>



## II. "Hope and Homes for Children" and deinstitutionalization in Bulgaria

As evaluators, we sought views and examples of the contribution, roles and resources of the HHC in its work to deinstitutionalise care for Bulgaria's youngest children.

We found that not only the specialists and partners of HHC, but also all the families we met, found themselves in the vision of the organization - every child to live in a family!

### 1. Vision of the HHC



### 2. Contribution and roles of the HHC-Bulgaria

#### ➤ Opinions of politicians and decision-makers

- "The HHC have played a key role in changing the policy of care for children and families, as they helped at one of the most important moments - when solutions were being sought for DI. As partners of the state, HHC has the role of initiators, advocates, experts, helping families specialists, trainers and consultants. Their international experience, available support resources and dedicated team set them apart" (*Chair of the SACP 2009-2012*).
- "I have been working with HHC since 2015 and continue to do so in a responsible and fruitful partnership to improve the well-being of children and families in our country. HHC are inspirational and leaders to be followed in the DI process." (*Deputy Minister of Labour and Social Policy 2017-2018*)
- "The HHC is the organization in continuous interaction and partnership with the state institutions to achieve the strategic goal - DI of child care. A key achievement in our work together is their active participation and advocacy in the process of closing institutions and supporting children and families. One of the most recent examples is the assistance that the HHC provided to bring a Bulgarian child home from Ukraine" (*Secretary General of the SACP since 2013 and Chair of the SACP since 2022*).
- "As a partner of the state at the national and regional level, the HHC has contributed to the development of a system of services to support families with children at risk and to change the policy of care for children and families. The team has acted in key roles - in an initiating and advocacy role, in a coordinating and communicating role, in an expert and consultative role" (*Deputy Executive Director of SAA, 2009-2011*).
- "HHC is a recognizable partner, investing heavily in assessing each child and finding the best alternative for them; with an investment in families overcoming crises and not abandoning their children. The team has embraced DI as a cause and is working to close the 'entrance' to institutions.

Dialogic and partnering at national and local levels, they have created a network of dedicated professionals who have been there for families during COVID as well. With professionalism and transparency of investments and results, through external evaluations, public reporting, HHC attracts strategic donors and operate without government funding" (*Deputy Minister of Labour and Social Policy, 2009-2013*).

➤ **Opinions of national partners**

- "A key achievement of the HHC is the presentation of a model for effective cooperation and collaboration between the civil sector, district and municipal authorities through the establishment of Regional coordination mechanisms for DI. I have participated in workshops, research presentations and conferences of HHC, and recognize their initiating, advocating and coordinating role, their role as trainers, experts and family support specialists. Success in our work together is the development of a system of services to support families with children at risk" (*Programme Director, Community Services, UNICEF Bulgaria*).
- "We have been working with HHC since the formation of the Childhood 2025 Coalition. We have participated as partners in various debates to provide quality services for vulnerable children and their families. Their model of parenting support is very practical and most of all - it is geared towards a rapid response so as not to exacerbate the problem. HHC are always very active in the Coalition's work with very practical suggestions - for example, the assessment of children in the recent HMSCC." (*Executive Director of Lumos Foundation, Bulgaria Branch*).
- "We worked together for the closure of Shiroka Luka. We achieved reintegration of children in their biological families and where it was impossible, the children were placed in foster families. The HHC worked actively for the search and preparation of foster families for children with disabilities and for direct support of families after reintegration and on the prevention of abandonment. We work periodically and effectively until now within specific cases" (*Executive Director of ISS-Bulgaria*).
- "I dream of children living in ideal families - an ideal family is a family with lots of love. When working at the policy level, things happen slower and harder, you don't see the end result to stimulate. The HHC team gives hope that we are on the right track, that there is change, there is impact. Their work is always driven by the best interests of the child. And there is always a visible result - for children and families!" (*Coordinator of the Direction: Family Project, Ministry of Health*)

➤ **Testimonials from the HHC International Network**

- "The HHC-Bulgaria branch should be analysed at three levels of action and development - at the organisational level, at the level of impact and at the level of leadership.
  - ✓ At the organizational level - HHC is characterized by a positive culture, clear goals for DI, teamwork and resilience.
  - ✓ At the level of impact - Their activities are achieving visible results - the majority of institutions for babies have been closed and the "entrance" to them has been closed.
  - ✓ At the leadership level - ND has a core team with spirit and energy. The staff recruitment and support policy contributes to the recruitment of good professionals and good people and their continued service to the organisation.

As advocates for DI, HHC expresses strong and clear views to state institutions on what should be done for DI, demanding activism. They overcame many resistances, gradually and without opposition. The HHC are a community of practice - caring for their experts who are the energy of the team!" (*CEO HHC, UK*)

- "We have been collaborating with the HHC-Bulgaria branch on childcare reform since 2010. We share experiences and challenges in DI at bilateral meetings, on the platforms of the organisations in the HHC network, at study visits and conferences. We are familiar with the HHC infant institution closure projects and related actions - ACTIVE family support, local authority support, service development

and capacity building. In Moldova, we are also applying elements of the family support approach as well as partnership with the state to ensure commitment and sustainability of reforms. Bulgaria has made tremendous progress in DI over the last 10-15 years and the HHC has played an important role!" (*HHC-Moldova Director*)

➤ **Views of partners at district and local level**

- "We have been working with HHC since the establishment of RCMD - Burgas. This is a team with high professionalism, dedication to work, skills for field work and knowledge of how to help families in critical situation. Our successes are the children at risk who stayed with their biological parents and the children who left institutional care" (*Deputy Regional Governor of Burgas*).
- "HHC is a flexible organization and successfully enters into advocacy and expert role, communication and coordination role, trainers and supervisors role. The HHC team includes leading professionals in the field. I have drawn on everyone's expertise when needed. We worked with the HHC coordinator in Targovishte district in the period 2012-2014 - qualified, proactive, enthusiastic, flexible, energetic, positive and with a human attitude towards the problems of children and families" (*Local coordinator of the project " Direction: Family Project", MH, Targovishte*).
- "We are partnering with HHC in the period 2017-2023, in which work on the transition from institutional care for children to alternative forms of care continues actively. Support was provided by HHC to establish foster families and community services. The partnership between the hospital team and the HHC team was established with commitment from both parties to support children, with clear responsibilities, open and effective communication, and regular meetings. The hospital and HHC teams pooled resources to support children and families. One of our key successes has been improving nutrition for children with digestive disorders. We developed individual programmes for the children, with nutrition recommendations and monitoring of the child's condition" (*Paediatrician, nutritionist and dietician, Varna*).

➤ **Opinions of the HHC team**

The whole HHC team gives examples of the different roles they enter, achieve successes, overcome disappointments... These are the roles of initiators and advocates, coordinators and communicators, experts, trainers and supervisors and - always - helping children and families.

- "The goal is "No child without a home and parental care!" (*Coordinator HHC Targovishte*)<sup>6</sup> and "We strive for children to live with their families and we succeed!" (*Coordinator HHC Vidin*)
- "HHC is the main engine driving the train of change. In every carriage there is valuable cargo: knowledge, determination, THOUGHT, LOVE, CARE, BOLDNESS, responsibility, quick and adequate support, real social work and psychological support for every person in need."
- "The HHC responds to specific elements of poverty and social exclusion by mobilising the potential of the family, community links and access to financial assistance. Support achieves long-term family integrity. "An invisible web is spun" that holds the family together and prevents it from "failing" again" (*Coordinator HHC Vratsa*).
- "HHC is often the only advocate for children and families" (*Coordinator HHC for Northern Bulgaria*) and "Partnering Families and Communities" (*Coordinator HCC Veliko Tarnovo*).
- "HHC is the undisputed leader in the DI process. It has a motivated and prepared team to work towards eliminating institutional care. We are working in a period of global uncertainty, but we have the internal capacity to achieve our mission." (*Coordinators HHC Burgas*)
- "Very often HHC is a mediator between families and the CPD, as families trust us and share all their concerns with us" (*Programme Director HHC*).
- "We also play a key role in holding the government to account - for the implementation of the State's

<sup>6</sup> For the sake of brevity, the positions of the ND coordinators are described in abbreviated form.

policies, projects and commitments - through letters, meetings, statements, media, European Commission." (*Regional Manager HCC for Central and Eastern Europe*)

- "I greatly appreciate the role of HHC in helping at-risk families. This is a team with quality expertise and emotional intelligence. It is a fact that 95% of the families supported by HHC stay together and cope independently over an extended period" (*Coordinator HHC Stara Zagora*) and "Parents have confidence in caring for their children" (*Coordinator HHC Vetren and Pazardzhik*).
- "All the roles that the HHC team enters into makes it a catalyst for DI in Bulgaria" (*Coordinator HHC Sofia and Coordinator HHC Silistra*).
- "HCC is a "bridge" to the family and a "supporting column" of DI" (*Coordinator HHC Pernik*).
- "HHC are driving the DI activities and creative in their approaches" (*Coordinator HHC Montana*).
- "HHC gives a chance for a full life" (*Coordinators HHC Yambol*)
- "HHC is the only partner of the CPDs and RDSPs from the NGO sector." (*Coordinator HHC Kardjali*)

### 3. HHC resources

#### ➤ The HHC team and work organisation

"The resource that has made a lasting impact in the DI process in Bulgaria is the HHC team that has accumulated and shared specific knowledge=" (*CEO HHC, UK*).

"These are the "crazy heads", the courageous ones who make the change - this is the HHC team! Infected with inspiration!" (*Executive Director HHC Bulgaria*)

The HHC team includes:

- 25 management and core team coordinators working at district, regional and national level across the country;
- 10 external experts for diagnosis, intervention and support of children and families in specific areas of risk (disabilities, addictions, challenging behaviour, etc.)

The team works in sync through:

- Clear priorities based on the objectives of the HHC;
- Professional tools for assessing the needs of children and families and analyzing crises and coping resources;
- Reasonable regulations in working with families - what is done to support families and when, with flexibility in how solutions are sought and how support is provided;
- Clear organisation of work with families, helping professionals and partners;
- Transparent rules and accountability of funding to support families;
- Active communication between team members - in case work, organizational and management issues;
- Notification and coordination system between team members;
- Support system for coordinators in difficult cases:
  - o mutual support at local level;
  - o support at district level from the coordinators for North and South Bulgaria;
  - o support at national level from the HHC management - the Programme Director, the HHC Executive Director and the HHC Regional Manager for Central and Eastern Europe (*HHC Executive Director's summary*).

#### ➤ Patterns of work

- **The HMSCC closure model:** a process for managing the transition from HMSCC to family and community in which:
  - o There is an action, monitoring and evaluation algorithm;
  - o There is a lead process, with capacity, flexibility and resources, with support to partners;

- There is support of professionals against the fear of failure and loss for a job.
- **The District Coordination Mechanism for Deinstitutionalization (DCMD) model:** works as a "safety net" for the families most at risk in which:
  - There is a cross-cutting work with an action algorithm;
  - There is a sharing of responsibilities between actors and institutions;
  - There is care for the members of the RCMD - through training, supervision, learning from experience.
- **The ACTIVE family support model:** a process of gathering "grains of strength" against the crises hidden in each family, which is based on:
  - Proactivity - HHC seeks out children at risk, inform, support, coordinate;
  - Time - HHC invests as much time in support as is needed;
  - Trust - HHC Coordinator is someone the family develops trust in;
  - Relationships - HHC develops relationships with the child and family;
  - Support - child development requires the support of parents, also at risk;
  - Leadership - Case work requires leadership and a "team behind" - like HHCs.

The models are described through the experiences of the evaluation participants and in the following sections of the report.

### ➤ Partnerships

HHC's partnerships are at all levels, in different sectors and based on the principle of "working with the supporters, attracting the sceptics."

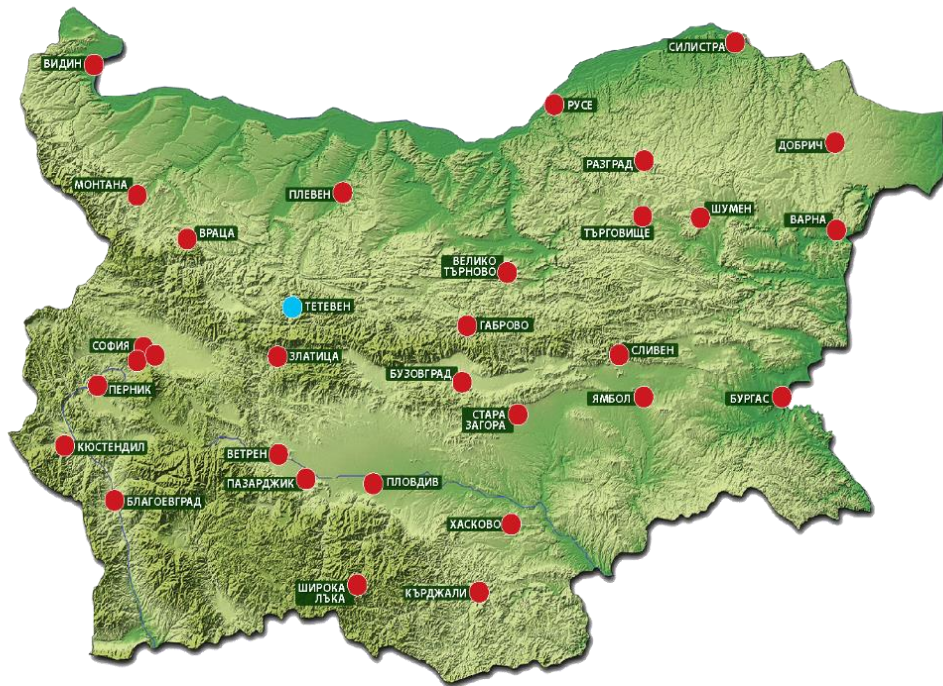
In meetings and evaluation conversations, we discovered key facts about partnerships:

- **The partnership is based on the win-win principle.** "Timely support for children and families is a win-win-win for families, institutions and us - the helpers! We work with respect, honesty, understanding of difficulties, willingness to make concessions and mutual support - within the HHC team, with families and with partners - at local, regional and national level. This is taught and is part of our team development" (*Executive Director HHC*).
- **Partnership is recognized as a valuable resource.** All participants rated the partnership with HHC as 'knowledge-based', 'motivating', 'supportive' and 'working'. HHC invests in this resource through workshops, training, consultation, supervision, roundtables, etc.
- **Partners use common working models.** All the professionals in the field apply the HHC philosophy of family support in their work: the "Applying the Child and Family Assessment and Support Toolkit", the "Foster Care RCMD", the "Good Practice Guide: how to support families", the HHC training materials, the HHC films, etc.
- **Partnerships are sustainable over time.** Participants in the evaluation - representatives of the social, health, education and NGO sectors - have been working together with HHC sustainably - since the organization's inception 12 years ago, or on HCC projects and ... until today! Despite turnover in the sectors, most participants continue to work there, sometimes with changed positions and employers.

**These resources are being put into action and built upon - on the path from closing institutions for children to open doors for families, support and services in the community!**



### III. "The first proof": 2010 - 2012



The experience under the pilot project

"Restructuring of the Home for Medical and Social Care - Teteven  
and construction of alternative social services  
for children and families

(Community Support Centre)",

*with the support of The Bulgaria Abandoned Children's Trust  
(ТВАСТ)*

## "The first proof": 2010 - 2012



*"The project has enabled our municipality to go all the way in closing the institution HMSCC, creating new social services and supporting families so that the experience can be applied at national level." (Deputy Mayor of Teteven Municipality)*

*"As a representative of the SACP, I witnessed the achievement of the HHC to convince the state and local authorities of the positive outcome of the upcoming closure of the institution HMSCC-Teteven. It was the first closed home for babies and marked the beginning of a permanent policy for the DI" (Head of the Ruse Department, General Directorate for Child Rights Control, SACP).*

*"The first closed HMSCC in Bulgaria - the „baby home“ in Teteven. A model for closing an institution with a comprehensive vision was created - procedures for closure, training of staff and first foster parents, renovation of a building, launching social services for children and families, a model for work on reintegration of children, work on prevention, analysis of the necessary resources." (Coordinator HHC Teteven)*

### 1. The context

The project "Restructuring of the Home for Medical and Social Care - Teteven and construction of alternative social services for children and families (Community Support Center)" was launched in a period when there are small and large towns on the map of Bulgaria, where 2421 children under 3 years live in 32 specialized institutions for medical and social care, called "homes".

The Bulgarian state has already been stated its official opinion that "the placement of children in institutions violates their rights guaranteed by international conventions to which Bulgaria is a party (UNCRC, UN Convention on the Rights of Persons with Disabilities) and leads to the establishment of discriminatory patterns in education and access to quality care and services."<sup>7</sup>

At the same time, as of 2009, a total of more than 7,500 children live in institutional (residential) care, accommodated in the aforementioned 32 baby homes, in 80 homes for children deprived of parental care, in 24 homes for children with mental retardation and in 1 home for children with physical disabilities.<sup>8</sup> Moreover, "according to the annual survey of the SACP in 2009, 2017 new children under 3 years of age were admitted to the baby homes, of whom 943 or 47% were newborns."<sup>9</sup>

Attempts are being made to reduce the number of children in institutions and to improve care in institutions - by training staff, improving nutrition and child development, and introducing steps to integrate children with disabilities into mainstream education. Similar attempts to improve care in institutions are being made in many countries in Central and Eastern Europe, but nowhere has it led to a definite reduction

<sup>7</sup> National Strategy "Vision for the Deinstitutionalization of Children in Bulgaria", pp. 1, <https://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=601>

<sup>8</sup> The data does not include children in "Boarding Educational Schools" and "Social Educational Boarding Schools", part of the juvenile justice system. <https://www.misp.government.bg/uploads/35/sv/10pr008-2pr-1.pdf>

<sup>9</sup> Guidelines for the Deinstitutionalization of Children from Medical-Social Care Homes, [https://www.mh.government.bg/media/filer\\_public/2015/04/08/kontseptsiya-deinstitutsionalizatsiya-detsa-dmsg\\_11-07-2011.pdf](https://www.mh.government.bg/media/filer_public/2015/04/08/kontseptsiya-deinstitutsionalizatsiya-detsa-dmsg_11-07-2011.pdf)

in the number of children in institutions. These non-systemic, 'soft' measures do not have an impact in Bulgaria either - neither on the continued placement of children in institutions from an early age, nor on the problems in the physical, emotional and cognitive development of the children placed in them.

In this period of clashing institutional rigidity and new political will, the Bulgarian government turns to the HHC for the first common cause: saving Bulgaria's babies!

## 2. Political will and leadership

### • The Facts

Three key elements describe the development of social policy in this period:

- A conceptual framework for the reform of the child protection system has been developed, harmonised with international standards for alternative care for children;
- The state institutions unite for the closure of HMSCC -Teteven;
- NGOs are given credit for the closure of the first institution for children from 0 to 3 years and the opening of new social services in the community.

MLSP - National Strategy "Vision for the Deinstitutionalization of Children in Bulgaria" (2010)
MLSP - Action Plan for the implementation of the "Vision for the deinstitutionalization of children in the Republic of Bulgaria (November 2010), with Monitoring Reports on its implementation
MH - Concept for deinstitutionalization of children from HMSCC, adopted by the Council of Ministers on 1.09.2010.
MLSP, MH, SACP and Teteven Municipality signed a partnership agreement with HHC for the implementation of the project "Restructuring of HMSCC - Teteven and construction of alternative social services for children and families (CSC)".
Council of Ministers of the Republic of Bulgaria - Decision to close the HMSCC in Teteven by a decree of 28.12.2010.

### • Opinions

Participants in the evaluation are united in the importance of the most significant factor for change - people! People - with political will, with knowledge and empathy, with local responsibility!

- "The architects and drivers of the DI reform were several key figures in politics - Valentina Simeonova - Deputy Minister of Labour and Social Policy, Nadia Shabani - Chairperson of the SACP, Desislava Dimitrova - Deputy Minister of Health, Iliana Malinova - Deputy Executive Director of the SAA, and in practice - Galya Bisset and Georgi Simeonov." (*Coordinator HHC for Northern Bulgaria*).
- "The HHC team brought knowledge and understanding of the concerns of all of us at the local level - concern about high expectations, new values and language, new services, fear of making mistakes." (*Deputy Mayor of Teteven Municipality*)<sup>10</sup>
- "The initiators and leaders in the implementation of the first project were Equilibrium Association - Ruse, Teteven Municipality Initiative Group and HHC. Nadia Shabani, as the chairperson of the SACP, also made a personal contribution with her support to the decision of the Teteven Municipal Council to close the HMSCC" (*Regional Manager HHC for Central and Eastern Europe*).
- "The success of the project included the efforts of the entire local team, with the participation of the Mayor of Teteven - Nikolay Pavlov, his deputies - Boris Vrabeviski and Marin Damgov, the SAD-

<sup>10</sup> The views quoted in the report were given by the HHC team and other DI participants in the relevant period of the HHC activity, with a job description current at that time.



Teteven and especially the team from the CPD, the colleagues from neighboring municipalities, the Director of the HMSCC -Teteven - Dr. Antonio Marinov and the staff" (*Coordinator HHC Teteven*).

- "The closure of the HMSCC in Teteven has shown in practice how the process of DI is being implemented, how the fears of the people, connected in one way or another with the HMSCC and the care for children, have to be overcome. The transformation of an institution is the first step towards change and taking a new path in child care." (*Coordinator HHC Gabrovo*)

### 3. The model for pilot closure of institution with vision

Closing an institution is not a process of locking one door and unlocking another. It is a professional, step-by-step process of managing the DI - with a prepared management team and an action plan, with parallel preparation of the children and families, of the professionals who support them and of the local authority, which bears responsibility to all. The HHC-Bulgaria team applies and adapts the international experience of HHC and especially the Romanian experience of DI and transformation of services for children.<sup>11</sup>

The HHC model for institution closure - called by the team "Teteven Model" - includes systematic, parallel actions based on international standards for DI, namely:

- **Prevention of placement:** the HHC takes care of all cases with a risk of placement of a child, through constant contact with all the CPDs in Lovech and neighbouring districts, reporting a child at risk and subsequent support to the family.
- **Placement moratorium:** no children from Lovech and other districts are allowed to be placed in the Teteven baby home.
- **Developing foster care:** the HHC informs the public about foster care and selects candidates for foster families, trains and supports approved foster families.
- **Reintegration work:** the HHC traces the families of the children placed in the baby institution and works with them to return the children home. If the families live in other cities, the HHC contacts community-based social service providers to support the families.
- **Assessment of the social services system in Teteven municipality and Lovech region:** this is the first attempt to assess and plan social services at municipal and regional level. The needs assessment (based on the model of the HHC) of the children in the Teteven HMSCC allows for mapping the "pathway" of the children from Lovech district to the HMSCC and for the analysis of new services needed. The analysis shows the need for the establishment of a Community Support Centre (CSC) in Teteven - in support of children and families in the municipality and in cooperation with the working social services and NGOs in the district. This is the first CSC in the country with the necessary set of services for DI - emergency reception for crisis placement of newborns and babies at risk of abandonment, day care, work with children at risk of dropping out of school, mobile prevention team, foster parents support team.
- **Planning for the transfer of funds:** agreement has been reached at central level for the transfer of the budget from the HMSCC to the CSC. This is a key and complex point of interaction between the MH (with a decision to reduce its annual budget by an amount equal to the budget of the closed HMSCC), the SAA (with a decision to increase its annual budget and open a CLC) and the MF. The transfer of funds is linked to the closure of the HMSCC so that there is a clear transition and reassurance to HMSCC staff that their jobs are being safeguarded, that staff are recognised as having

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<sup>11</sup> DE-INSTITUTIONALISING AND TRANSFORMING CHILDREN'S SERVICES A GUIDE TO GOOD PRACTICE, 2007

a specialist role in the new services and can be involved in appropriate training to develop the necessary capacity.

- **Develop and implement an effective staff transition strategy:**
  - **Training and supervision of HMSCC staff:** the HHC supports HMSCC staff through training and supervision aimed at understanding the need to end the institutional approach and at preparing those willing to work in the new services being established in place of the closed HMSCC.
  - **Capacity development:** the experience of HHC and the methodological package with tools for child and family needs and resources assessment, reintegration support plan, family support plan, provision and analysis of support, provide a common knowledge about the purpose, process and methods of working with children and families, previously unknown in institutional care.
  - **Provision of jobs for HMSCC staff in the new services:** in practice, almost all of those who want to work in the CSC (from the HMSCC staff), join the HHC trainings and start working in the CSC. HHC also provides administrative support for the preparation of the staffing table and budget of the CSC and thus contributes to the peace of mind of the staff and the municipality of Teteven.
- **Redevelopment of the building of the HMSCC for the purpose of the CSC:** HHC is committed to the redevelopment of the building with project funds, as the building is suitable for work with children and families (former kindergarten) and in a good location.
- **Testing the procedure for the liquidation of the HMSCC:** the first time HHC applies such a procedure in Bulgaria! The procedure involves a series of complex actions by the different institutions, professionals and local authorities involved. Involved are the lawyers of the state institutions (to comply with the laws and procedures), the municipal council and the mayor of Teteven (to decide on the closure of the HMSCC and the opening of the CSC), the Ministry of Health (to prepare a report and a draft decree to the Council of Ministers) and the Council of Ministers (to vote and implement the decree). And a liquidation committee involved with the assets of the HMSCC and their transfer to other institutions. HHC supports every step taken with opposing attitudes and actions.
- **Removing children from the HMSCC:** this is the most critical activity, influenced by various factors in the families and the environment, and requiring professionalism to return the children to their families or to be accepted by relatives or foster families. Each case requires interaction between the HHC, the HMSCC, the CPD, the families and services. Personal stories are shared by participants today!

All components of the model applied in Teteven are still being applied after the pilot project, but with the participation of different responsible parties, on different projects. The practice shows that HHC is committed to monitoring all activities and their implementation in a timely manner and implements components that other actors cannot successfully implement - support, protection and care activities. HHC intervenes with support whenever there is a risk of delay, poor coordination or failure. Thus, **HHC works as a team to manage the DI process and as a team to directly support families and professionals in the field!**

#### **4. The positive factors**

Participants in the evaluation highlighted several groups of factors with a positive impact on the process of closing the first HMSCC, including:

- **Leadership of stakeholders is a key factor for the start of DI for young children**

- "The strong supporters and leaders of the reform in the administration and the willingness of NGOs to help in the DI process created the necessary environment for change" (*Chair of the SACP 2009-2012*).
- "A major factor for the success and closure of the Teteven baby home was the general understanding of the state institutions that the current model of care for the youngest children cannot continue, that a qualitatively new approach of alternative support is needed" (*Deputy Mayor of Teteven Municipality*).
- "Consensus for the best interests of every child. Action, not just words. Courage, to state and admit the mistakes in the care of children, real actions to change the wrong approach in the care of children, applied for decades." (*Coordinator HHC Gabrovo*)
- "The very clear political will in 2010 and the involvement of NGOs in the development of the DI Action Plans" (*Executive Director of Lumos Foundation, Bulgaria Branch*).
- **NGO participation in the DI process brings expertise and experience in working with children and families**
  - "The objectives and the action plan were developed with active dialogue and participation of a large network of Bulgarian NGOs with more than 10 years of experience in working with different groups of children and families at risk. Many of these organizations, including HHC, also directed resources and invested in achieving the goals of the strategy" (*Deputy Minister of Labour and Social Policy 2010-2013*).
  - "The involvement of NGO representatives in achieving the goals in the National Strategy for Child MDI in Bulgaria has been important. NGOs contributed with direct field work and additional resources and expertise in supporting specific children and their families" (*Programme Director Community Services, UNICEF Bulgaria*).
  - "The strong motivation of the partners for the closure of specialized institutions, as well as the rapid development of new social services to support children and families." (*Executive Director of ISS-Bulgaria*)
- **Coordination and interaction between stakeholders and HHC "opens" social policy and practice to international experiences in DI**
  - "Good coordination and communication between all parties involved in DI, as well as the professional support of HHC to the families in order to raise the children in a family environment, were important contributions" (*Deputy Executive Director of the SAA during the project period*).
  - "HHC contributed with its professional activity to the analysis of the needs of the children placed in HMSCC, the training of the teams for the new integrated services and the support of the parents." (*Expert at SACP*)
  - "The introduction of key figures in social policy at national and regional level to the HHC model for the closure of institutions for infants has had a motivating effect on the fact that Bulgaria has the necessary knowledge and access to international experience in closing institutions for children and supporting their families. "Equilibrium"-Ruse and HHC prepared a "Position paper on the de-institutionalization of childcare in Bulgaria" and offered technical support to the SAA for the closure of the HMSCCs. The response was positive - the government was interested in HHC's expertise on the closure of HMSCC. The partnership was launched with the opening of a programme in Bulgaria (HHC-Bulgaria branch) to work on the HHC model. HHC's Program Director presented the model on how to close children's homes to CSSCF -Ruse, local authorities, CPDs, SADs, DG "Child Rights Control" at SACP, etc. That's how it all started ..." (*Regional Manager HHC for Central and Eastern Europe*)

## 5. The difficulties and the solutions

Participants in the evaluation identified several main groups of difficulties with the most significant impact, standing out from the overall sense of unknown, namely:

- **Doubt in administrative and professional readiness for DI turns into scepticism about the process**
  - "The unknowns were many and related to the process of closing the HMSCC, the participants, the risks for the children and staff... New ideas, new approaches, complex concepts, we did not know how we would cope ..." (*Deputy Mayor of Teteven Municipality*)
  - "It was a big challenge for local authorities to close down a long-standing working structure and open social services they had never heard of. In that period there was profiling of social services mainly by age or type of disability. The institutions were high capacity for children and without an individual care approach. There was no active work with children's families and no support offered. Everything was new and alarming" (*Head of the Ruse Department of the DGCRC – SACP*).
- **DI pilot initiatives carry a sense of enormous responsibility at the district and local level that can motivate or explode the process.**
  - "If there was a failure in Teteven, it would jeopardise the overall reform. There has been a lot of resistance to the process from the staff of the HMSCC. The frequent change of Ministers of health - three - also posed huge risks. The community supported us, but they never said anything about the project in the media. Everybody was afraid of unemployment" (*Coordinator HHC Teteven*).
  - "The team was taking the first steps in this direction and we needed very precise planning and precise work to avoid failure." (*Coordinator HHC for Northen Bulgaria*)
- **Institutional security becomes a leading issue if those working in institutions feel insecure about their development and employment**
  - "The difficulties were related to the fears of the staff that they would be unemployed and HHC had to train them and change their attitudes to assist the process." (*Head of the Ruse Department of the DGCRC – SACP*)
  - "The resistance of the HMSCC was great. The home was a 'warehouse' for healthy children for adoption. They forced the staff to make a petition to the Mayor of Teteven with the slogan - "Ruthenians - out of Teteven!", because in practice - together with two social workers from Teteven, the most experienced social workers and psychologists from CSSCF in Ruse took part in the process. Despite the agreements with the Ministry of Health, we had no access to the children, only the CPD could enter the HMSCC. Our role was to search for parents and create foster families, which at that time in Lovech region were zero! In the beginning there was no moratorium and in a few weeks the children in the home went from 25 to 33. They accepted children from all over Bulgaria. Then we asked for a moratorium from the SAA and this practice became an important factor for the closure of the following baby homes." (*Regional Manager HHC for Central and Eastern Europe*)

## 6. Achievements

The successful closure of the first HMSCC in Teteven is unanimously and excitedly appreciated by the participants as an achievement with an unlocking, national footprint, with the practical experience gained.

- **Cooperation of key state institutions and Teteven municipality becomes a working algorithm for DI**
  - "We are very proud of the work we have done. This is the first closed home for medical and social care for children (HMSCC) and in its place we have created new social services to serve not only the

children of the home, but the whole municipality. This is a historic moment, an example that we will follow in the next homes in Bulgaria. The reform has been triggered, DI is very important for the Ministry and the government. Our vision is that in the next 20 years there will be no more institutions for children" (*Deputy Minister of the Ministry of Health at the time of the project*).<sup>12</sup>

- "The readiness of the main state institutions to change the model of childcare played a key role. The state stood behind the decision that the institutional model of HMSCC could not continue and that a pilot attempt was needed to go all the way of DI in Teteven municipality, and then continue with DI at the national level" (*Deputy Mayor, Teteven Municipality*).
- "The most significant achievement was the cooperation of the MLSP, MH, SACP and Teteven municipality. At the national level, this ensured the continuation of the DI process and the implementation of the Vision for Child DI in Bulgaria." (*Coordinator HHC for Northern Bulgaria*)

- **The model of the closure of HMSCC is planned and tested in a real environment**

- "The successful closure of the first HMSCC contributed to the formation of political will for the real closure of the institutions, including a decision to change the legal framework for the purpose of DI and to involve NGOs in the implementation of policies for children in Bulgaria." (*Head of the Ruse Department of the DGCRC – SACP*)
- "The closure of the HMSCC -Teteven showed how the process of DI is implemented, how fears related to HMSCC and child care are overcome. The transformation of an institution is a first step towards a change in childcare" (*Coordinator HHC Gabrovo*).
- "With the closure of the HMSCC -Teteven, we have shown that the mission is possible and sustainable in the state and society. We have also shown the factors - commitment and teamwork among all participants in the process, provision of expertise for DI and most importantly - inclusion of families as a partner and active participant in the process" (*Program Director HHC*).
- "We have proved that HMSCC can be closed and this has given the government the courage to include HMSCCs in the first Action Plan for the implementation of the DI Vision and to commit to closing 8 more HMSCCs with European funds." (*Regional Manager HHC for Central and Eastern Europe*).

- **Cross-sectoral interaction of different institutions leads to capacity development at district level**

- The closure of the first HMSCC has given a real start to the process of DI in practice, covering all areas of interaction simultaneously: closing the entrance of the HMSCC, support to families, support for the development of foster care, empowerment of the process by involving District Governors, Municipalities, Police, RHI, RDE, social services. (*Coordinators HHC Gabrovo and Ruse*)
- "The achievements included the selection and preparation of the first foster parents in Lovech region to take in children from HMSCC without family support. Renovation of the HMSCC building was carried out and new services for children were opened, with "Emergency Reception" for newborn children at risk of abandonment not only for the town of Teteven, but also for the surrounding municipalities. After the closure of the HMSCC, abandonments decreased to 2-4 children per year." (*Coordinator HHC Teteven*)
- "The achievements at the local level are related to the impact on local structures, as community-based social services were created in place of the closed "home", staff jobs were preserved, and the budget was transferred from the MoH (for LTCF) to social services" (*Coordinator HHC for Northern Bulgaria*).
- "For the first time in Bulgaria, the NDD conducted training for the staff of the LTCF-Teteven and LTCF-

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<sup>12</sup> The first Community Support Centre in Bulgaria opened in Teteven, <https://www.teteven.bg/index.php/99-2010-04-26-20-08-17-sp-358/2010-04-17-11-36-58/491-2011-04-21-10-12-46>

*Ruse*, preparing them for the restructuring of the institutions and raising their qualification to work in the new social services."

An analysis of the lessons learned from this period is presented in an external evaluation carried out by the NBU's Know How Centre for Alternative Services for Children.<sup>13</sup>

## **7. The capacity of the NDE**

In this initial period of activity, NDD, together with HHC and Equilibrium Association - Ruse, developed, implemented and promoted several key products with impact today:

- "Statement on the deinstitutionalization of child care in Bulgaria"
- Changed Destinies - Model of Deinstitutionalization of Children from Teteven
- **A film about the closure of the country's first day-care center in Teteven and the true stories of the families whose children returned or stayed at home.**
- **"Psychological and Social Dimensions of Reintegration - Results for Deinstitutionalized Children from Teteven" - Galina Bisset and Petya Chikulova.**
- **"The Silent Cry: rescuing children from darkness and despair - Mark and Caroline Cook**
- DE-INSTITUTIONALISING AND TRANSFORMING CHILDREN'S SERVICES: A GUIDE TO GOOD PRACTICE, G.Mulheir, Hope and Homes for Children, UK, K.Browne, University of Liverpool, UK, 2007

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<sup>13</sup> "What Closed Children's Institutions Tell Us, <https://hopeandhomesbg.com/kakvo-ni-kazvat-zakritite-domove-za-detsa-2/>

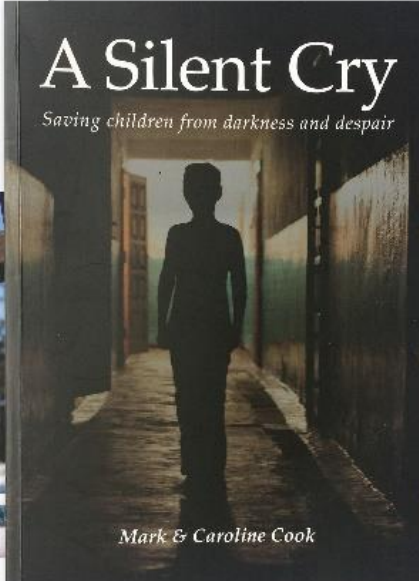


Становище на "Надежда и дом за децата",  
 Великобритания и СНЦ "Еквилибриум",  
 България за де-институционализацията  
 на грижите за деца в България




# A Silent Cry

*Saving children from darkness and despair*



Mark & Caroline Cook

**Променени съдби**

**Деинституционализация на децата от ДМСГД Тетевен**

**Благодарности за принос към проекта**

Благодарности за приноса на всички лица и организации, които са участвали в реализирането на проекта за деца с увисания потенциал от проектното ДМСГД Тетевен - основна организация - издръжка-поддръжка, Българския Семейно-социален център на улица "Св. Кирил и Методи" в София, РИДК ДМСГД Тетевен, неправителствена организация на улица "Братя Караджови".

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За цялостната поддръжка на децата от проекта и предоставените услуги и грижи от страна на всички участници и спонсори на организацията в София и Тетевен.

Благодарности

### Acknowledgement

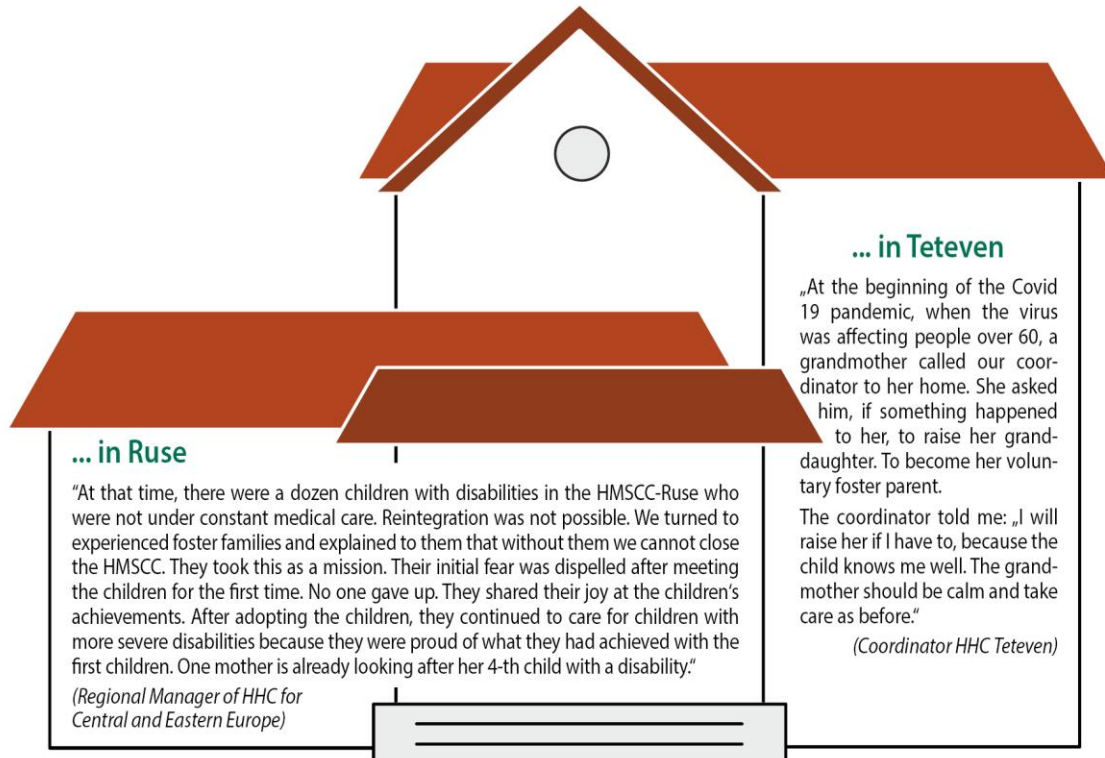
- **Successful model** - The work of the NDDs to launch DI in Bulgaria is described as a successful practice "Saving Babies First" in the book "The Silent Cry: saving children from darkness and despair" - Mark and Caroline Cook

## Visible results for people, communities and systems

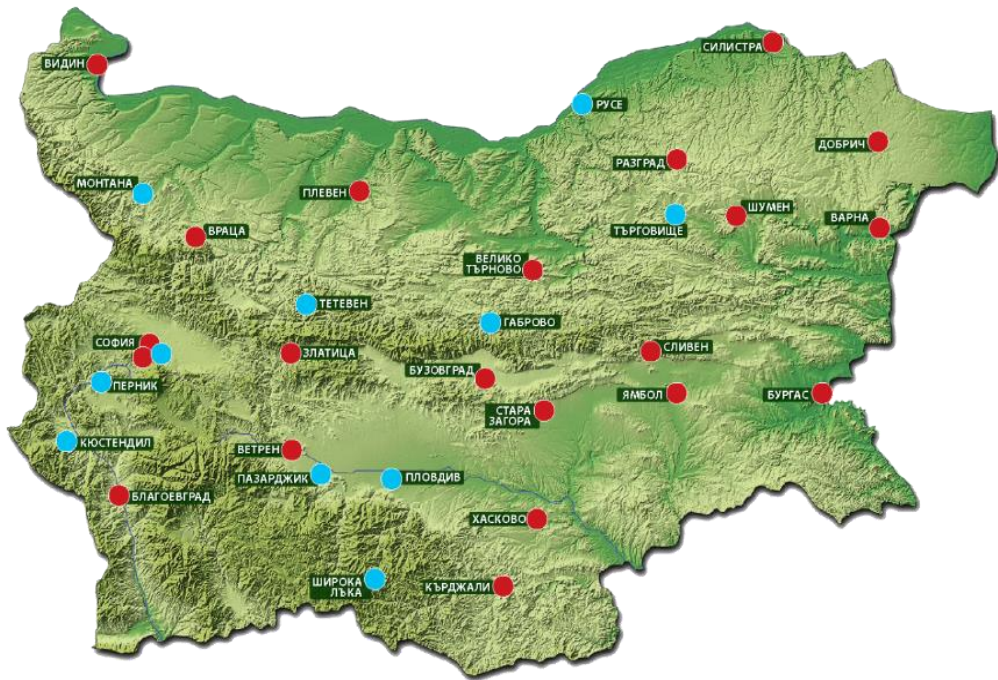
32	All 32 children in the HMSCC in Teteven are supported for reintegration, after an assessment of their needs and resources.
20	20 children have been adopted by Bulgarian families
10	10 children are back in their biological families
2	2 children were reintegrated into foster care and subsequently adopted
21	21 children from 0 to 3 years old in Lovech region are supported to stay in their families
1	1 newborn baby in Teteven is placed in a foster family
22	16 foster parents and 3 foster families have been trained, including 2 foster families for the care of children from 0 to 3 years.
30	30 professionals from CPDs in Lovech and Cherven Bryag municipalities were trained
	Partnership with the municipal government and Municipal Council for the closure of HMSCC and with the central government to ensure the new services
	The staff of the HMSCC is trained to participate in the provision of the new services
	The foster care in Teteven district is built
	The first HMSCC on the map of Bulgaria is closed
	The building of the HMSCC was restructured into a CSC with emergency admission of children
	The necessary financial resources are analysed and used transparently.



# Small stories for the invisible results



## IV. "The Evidence": 2012 - 2014



The experience of the project "Strategic deinstitutionalization and reform of childcare for children aged 0-3 in Bulgaria",  
*with the support of VELUX and OAK*

## "The Evidence": 2012 - 2014



*"HHC were the main partner of the MH in closing the first 8 HMSCCs. They invested their own resources and through a team of highly qualified specialists made an individual assessment of each child's condition as well as an individual plan for the child. Together with the MH team, they consulted and led advocacy meetings at the local level, which facilitated the adoption of the new child care reform ideas. They invested significant resources in the professional training of the teams involved in child care."*  
(Deputy Minister of Labour and Social Policy 2010-2013)

*"The key achievements of HHC are the reintegrations that have taken place, the discontinuation of weekly care for children at risk, the closure of the entrance to the HMSCC for premature children. They have achieved a change in the working model of all institutions concerned in the case of a child at risk."*  
(Coordinator Project "Direction: Family", Ministry of Health)

*"A sustainable partnership network of key players in the DI process has been built and new social services have been opened."* (Coordinator HHC Montana).

### 1. The context

The project "Strategic deinstitutionalization and reform of care for children aged 0-3 years in Bulgaria", with the support of the VELUX Foundation and OAK, is initiated by the HHC in a period of clearly stated political will on the part of the Bulgarian government and the launch of national projects for the closure of day-care centers and the opening of alternative care for children. Funding for DIs has been secured from European Structural Funds and the national budget.

The HHC team - with the experience gained in the closure of the HMSCC-Teteven and in direct work with families - identified potential problems in the process of DI - implemented within the national projects funded by EU funds - as well as possible "gaps" in the DI model. The team implements this strategic project in support of children, families and professionals, with activities that are not included in the projects of the state and without which there can be no prevention of new placements, successful reintegration of the children from HMSCC and training of professionals involved in this large-scale process. To this end, HHC develops and provides partners with unique professional know-how: a tool for assessing children's needs, parental capacities and attitudes and a plan for removal from the institution, tools for assessment, planning and support to prevent separation and tools for assessment, planning and support for reintegration.

HHC reached a tripartite agreement with the SAA, the SACP and the MH, which regulates the participation of the organization in the whole process, without the risk of duplication of activities and double funding of the European projects of the state.

The project is necessary due to the continued placement of children in institutions and the critically high number of young children in institutions - 1,946 children - the highest number of children under the age of 3 in institutions in the EU. The HHC names the reasons for this:

- The inability of families to cope alone with enduring problems such as poverty, social exclusion or disability;
- Persistent societal and institutional attitudes that the state can take better care of children than their families;

- Lack of knowledge or confidence in parents to seek support and services due to fear of recrimination and judgmental attitudes from professionals;
- Lack of or difficulty in accessing appropriate services in the community.

The HHC project provides an opportunity to influence key actors in the DI, namely:

- **Impact on the system of institutional care for children**, aimed at closing access to HMSCC as a "gateway" to the system of institutional care - through prevention of abandonment, moratorium of placement and support for reintegration;
- **Influencing families at risk** by providing active support to families so that they can strengthen their resources and care for their children - before separation occurs or to end separation;
- **Influencing decision makers** by sensitizing decision makers and professionals about the role of the family in early childhood, about the nature of institutions as a place without love and affection, and about family support as the best resource in children's lives.

## 2. Political will and leadership

### • The Facts

Several significant factors influence social policy and practice in this period:

- The DI continues with the active participation of the Bulgarian government in the closure of HMSCC and DDMUI through national projects;
- DI is integrated in the Operational Programmes Human Resources Development, Regions in Growth, Technical Assistance, Rural Development;
- Measures are being taken by the SAA to limit the placement of children in 8 HMSCC;
- The Childhood 2025 Coalition is formed by like-minded NGOs motivated to gather scientific evidence and influence policy and the DI process. HHC is an active member.

SACP, MLSP, SAA and MH - "Childhood for All" project for children with disabilities over 3 years of age from 24 HCYPMR/ 1 HCYPPD and 31 HMSCC (2010-2015)
Ministry of Health - Project "Direction: family" for restructuring of HMSCC into social services in 8 pilot districts - Gabrovo, Montana, Pazardzhik, Pernik, Plovdiv, Ruse, Sofia, Targovishte (2011-2015)
SAA and municipalities - Project "I have a family too"/ "Adopt me" - for the development of substitute family care for children in specialized institutions and at risk of abandonment (2011-2015)
MH, SAA, SACP and HHC sign tripartite agreement to support the closure of 8 HMSCC under the "Direction: family" Project
The MH and the HHC, in partnership with the ISS, enter into a cooperation agreement for the joint operation and closure of the HMSCC, Shiroka Luka, Smolyan Region (2012-2013)

### • Opinions

The participants in the evaluation are united in their opinions about the importance of several factors already recognized during the period of closure of the HMSCC-Teteven and implemented with new resources:

- **Sustainable political leadership and partnership:**
  - o "Having the political will for change and the political leadership that drove that change were key. A strategic policy document "Vision for the deinstitutionalisation of children in Bulgaria" was created - a new policy concept that responds to the needs of the child and is based on his/her rights. There was a belief in leadership and strong support from the European Commission, which made very

significant investments through cross-financing of several European funds" (*Deputy Minister of Labour and Social Policy 2010-2013*).

- "The very clear political will and involvement of NGOs in the development of the Action Plans" (*Executive Director of Lumos Foundation, Bulgaria Branch*).

- **Distribution of responsibilities across projects with EU funding**

- "The model for the closure of HMSCC, which we approbated in Teteven, has been applied in the 8 districts with HMSCCs through various projects of the MH and the SAA, with distributed roles, activities and funding aimed at. Conversion of the 8 HMSCC into Complexes for Innovative Social Services for Children aged 0 to 3; 2. Maintenance of the new services for a certain period until they are taken over by the municipalities and the SAA as a state-delegated activity; 3. Conducting reintegration needs assessment for children aged 0 to 3; 4. Development of foster care at the national level... Despite the imperfections, much has been achieved by the state." (*Regional Manager HHC for Central and Eastern Europe*).

- **Coordination of government institutions and resources for the closure of the HMSCCs:**

- "Good and consistent coordination and communication at local and national level was important." (*Deputy Executive Director of SAA*).
- "There was coordination between the different structures in the DI process, in the allocation of resources, in the provision of support. This influenced the public attitudes and the overall philosophy of DI" (*Deputy Governor, Ruse Region*).
- "I saw the action of several institutions united in the implementation of one cause, unity in political will and thought directed to the best interest of the child, but all this in practice" (*Coordinator HHC Garbovo*)
- "A synergistic effect was achieved in the use of funds for the DI process - EU funds, national budget, NGO projects, local resources" (*Coordinator HHC Teteven*).

- **Recognized role and partnership of the state with HHC:**

- "HHC had an agreement with the MH to participate in the closure of the 8 HMSCCs. Although they were not official partners of the Direction: Family Project, they partnered with the project team on a daily basis. The MH coordinators actively worked with the HHC coordinators in each district where there were HMSCCs to be closed. The HHC colleagues worked using the active family support method and provided real help to children in the HMSCCs and their families, as well as to families in the community. The goal was to limit the entrance to the institution. Around 400 persons were covered! (*Head of the "Direction: family" project, Chief expert in the Directorate "International Activities, Projects and Programs" of the Ministry of Health*)
- "The political will was materialised in concrete projects with EU funding. We were invited to close the HMSCC in Shiroka Luka and Kyustendil (with our funds), and to help close the 8 HMSCCs through cross-financing of several European projects" (*Regional Manager HHC for Central and Eastern Europe*).
- "HHC supported with knowledge the participants in the DI for the awareness of the role of the family as a factor for increasing the well-being of children; for the irreversibility of the reform of institutions for children and for the humanization of child care." (*Director of the HMSCC "St. Paraskeva", Sofia*)
- "A sustainable model for DI and alternative care for children has been created." (*Coordinator HHC for Northern Bulgaria*)

### **3. The models of support of HHC**

- **Essence of the models**

In addition to the HMSCC Closure Model, HHC is implementing two other models of support:

- The ACTIVE family support model developed by HHC UK and implemented for over 20 years in various states in transition from institutional to community-based child care;
- The "District Coordination Mechanism for DI" (DCMD) model developed by HHC-Bulgaria and applied as an original Bulgarian practice in the DI process.

Both models provide much needed professional knowledge about how, when, with what and until when professionals support families and interact with each other as representatives of different institutions and systems.

Social work with know-how, based on knowledge and adapted in international and Bulgarian practice, is proving to be a key tool for HHC and partners to achieve the much needed impact on families at risk, on institutions and professionals, and on local communities!

- **Impact of models**

- **The model of ACTIVE family support<sup>14</sup>**

- "HHC has developed and put into practice one of the most successful models for the prevention of child abandonment - the Active Family Support Model (*Deputy Minister of Labour and Social Policy 2010-2013*).
- "The pattern was pretty much the same in all the cities, but with characteristic cases and human fates. The district HHC coordinators are equally trained, flexible and responsive to the needs of the case. The key is the ability of HHC to support materially and morally, in a timely manner and without worries, the particular family. It is important to know that HHC stands behind each coordinator and can provide the necessary support. The model shows that the institution is not the best place to raise a child, and this has helped the municipalities to start the gradual closure of the HMSCC as well." (*Coordinator HHC Gabrovo*)
- "The model guides professionals on how to help families even in complex situations. Even though people and their difficulties are different, the goal of support is always the same - for parents to have a job and a home, for the child to have a doctor and go to kindergarten or school, to cope with daily tasks and to seek support when difficulties arise... But solutions change. *The model does too.*" (*Coordinator HHC Sofia*)

- **The DCMD model**

- "The model has contributed to turning around the attitudes of DCMD members towards parents from poor and marginalised ethnic groups. As a trainer of the model, I saw how the trainees experienced the reflection that in order to take care of abandoned children, you have to have a place in your heart for their parents." (*Psychologist, DCMD trainer in the country*).
- "The DCMD model was a key factor in the closure of the HMSCC - Shiroka Luka. Very useful model" (*Chief Expert "Child Protection in RDCP - Smolyan*).
- "The model is necessary for DI at this stage, when the institutions that have cared for abandoned children are being closed, and the new system and all its units have not yet begun to function routinely. There is a risk that children and their families will be 'caught' between two systems: one

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<sup>14</sup> An in-depth analysis of the active support provided to families by the Hope and Homes for Children Foundation is made in the Evaluation of the Program "Strategic Deinstitutionalization and Child Care Reform in Bulgaria and Moldova", carried out by the Know-How Center for Alternative Services for Children - NBU, <https://hopeandhomesbg.com/wp-content/uploads/2015/05/financial-final-BG-1.pdf>.

that is collapsing and another that is not yet in place... If these children are to remain out of institutions, if they are to be cared for at home, then the adults (parents, adoptive or foster parents) need support. This is a need of support from the highest administrative level, particularly at times when the new system has not yet begun to function effectively. In order to provide this support, HHC-Bulgaria has established the DCMD." (*Executive Director HHC*).<sup>15</sup>

- "Unlike Teteven, we already had to work with many more and difficult cases of reintegration and prevention, which scared the CPD because of the great responsibility. Under the European projects there could be no financial support for the families (social assistance is a state commitment) and for this reason, without our support the prevention and difficult reintegration cases would not have taken place. This is how we came up with the idea of the DCMD for complex case work - not only did the DCMD pool more resources and commitment from different institutions, but also the responsibility in individual case work was shared and somewhat "offloaded" from the CPDs. We could openly develop DCMDs in the 8 districts and therefore we are widely associated with this model." (*Regional Manager HHC for Central and Eastern Europe*)

#### 4. The positive factors

Participants in the evaluation recognised three main groups of positive factors for DI:

- **The available and applied knowledge of HHC on methods of supporting families**
  - "The analysis of the needs of children placed in day-care centers, the training of the teams for the new integrated services and the support of the parents" (*Expert in SACP and Administrator of the project "Accept Me 2015"*)
  - "Enforcing the model of multidisciplinary work and forming the ability to work in a team was the key. The trainings conducted by HHC for the employees of the CPDs built up the capacity for direct social work and changed the attitudes towards institutional care and the process of DI" (*Head of the CPD at the SAD Pernik*)
  - "Flexible support to families, successful reintegrations and prevention of abandonment have supported good communication between institutions in the process and understanding of the need to close the HMSCC." (*Coordinator HHC Pernik*)
- **Partnership with complementary contributions to the closure of the HMSCC**
  - "The people from HHC and the "Direction: family" Project of the Ministry of Health were among the first to be involved in this very difficult process. It was a very responsible, physically and mentally exhausting process and the fact that it started at all, and on such a large scale, was in itself a positive enough factor for the DI. The specific positive factors were: the readiness of HHC to provide many of the support activities (transport, financial and material assistance to the families), the expert support, the establishment of inter-institutional links, etc." (*Local coordinator of the "Direction: family" Project of the Ministry of Health, Targovishte*).
  - "The need for partnership with the families and communication with the institutions involved in the removal of the children from the HMSCCs was realized." (*Director of HMSCC "St. Paraskeva", Sofia*).
  - "The strong motivation of partners for the closure of specialized institutions and the rapid development of new social services to support children and families." (*Executive Director of ISS-Bulgaria*).
  - "The other NGOs - participants in the DI - recognized HHC as a stable partner and in cases of crisis of children they have sought our help." (*Coordinator HHC for Northern Bulgaria*).
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<sup>15</sup> OCD in the Role of the Adult - Social Work under the Laws of the Family System, NDD-Clone Bulgaria, <http://hopeandhomesbg.com/wp-content/uploads/2015/09/BOOK-.pdf>

- **Multidisciplinary work on an individual case**

- "Representation in the DCMD was at a high administrative level, which guarantees the necessary rapid and complex resolution of each case, as well as the careful and targeted monitoring of its development... The thesis that this model of social policy leads to unexpectedly good results, despite the particular environment in which it is applied has been proven." (*Deputy Governor, Ruse Region*)
- "In Montana, all administrative institutions were willing to complete the DI process. This process included social services, the CPD and all key partners. The partnership between the CSC working on DI and the CPD was the foundation for the successful reintegration process of the children from the HMSCCs and the prevention work." (*Coordinator HHC Montana*)

## **5. The difficulties and the solutions**

The analysis of the difficulties and possible solutions revealed a set of limiting factors identified in the expanded scope of efforts to close the country's HMSCCs:

- **Insufficient financial, administrative and professional capacity for DI affects direct support for children and families**

- "There were difficulties - it was the beginning of the implementation of the National Strategy "Vision for Deinstitutionalization of Children in Bulgaria" until 2025 and the Action Plan to it" (*Executive Director, ISS-Bulgaria*).
- "Difficulties were related to the reforming health system, the creation of a legislative basis for DI, the development of social services, the lack of trained staff for new types of services." (*Director of HMSCC "St. Paraskeva" Sofia*)
- "The lack of sufficient financial resources to work on DI, and the lack of legal changes to support families to care for their children. Still in Bulgaria, the easiest thing was to abandon a child" (*Director of CSSCF, Plovdiv*).
- "The situation at the political level was turbulent and sometimes there was a will for DI, sometimes there was not. A lot of staff that we had trained and worked with were changing at national and regional level, which made things very difficult." (*Coordinator HHC for Northern Bulgaria*)

- **The shortage of specialists and support services is felt most in the work on reintegration of children with disabilities**

- "There were various challenges - practices were being set up that were completely innovative for the period, staff at the HMSCCs were worried, social infrastructure was not in place in smaller localities, there was a shortage of health staff, GPs were overworked and reluctant to take on difficult cases in their practices. The solutions were a lot of personal contacts, explaining the processes of DI, trainings, opening opportunities for retraining of the staff of the HMSCCs and sustainable support" (*Director of HMSCC "St. Paraskeva" , Sofia*).
- "The difficulties in the closure of the HMSCC-Pazardzhik were related to the removal of children with disabilities that allow them to be raised in a family environment, as there were no foster families with such a profile. Children with severe disabilities had no alternative." (*Coordinator HHC Pazardzhik and Vetren*).
- "There were difficulties in working with foster families for the placement of children with disabilities, as well as in specific, dynamic processes of a family in crisis, which need to be managed in a timely manner with professional support" (*Coordinator HHC Pernik*).

- **Lack of interaction between health and social systems becomes visible at national and local level**

- "What stuck out to me as a bitter taste and pain was the time when the new services for the



permanent medical care (PMC) had to start and it turned out that there were not enough nurses. The services did not start and five children with permanent disabilities were sent to different parts of the country. The most unpleasant thing was that I saw how people who depended on this to happen did not show humanity. There was a contradiction between state policy and local policy. I would like to clarify that this was a period of change of government and leadership at district level." (*Coordinator HHC Pazardzhik and Vetren*).

- "There were difficulties in the systems, but with good communication between the institutions and the support of the HHC they were overcome" (*Head of the CPD, Ruse*).
- "There are always difficulties and specifics in the different systems, but the expertise of HHC team and their joint work with the SAD-Plovdiv contributed to the quick, effective and expert handling of all challenges" (*Director SAD Plovdiv*).

- **Attitudes to assessing families' deficits, not resources, dominate**

- "The most challenging element of working with HHC and the DI process in general has been the attitudes of health professionals. It was very difficult to even start implementing any DI activity where there was no resistance or at least a view that it was an impossible process. The attitudes of the health professionals, in my opinion, have not changed much today, but this cannot be an obstacle or an excuse for the professionals still working on DI today." (*Local coordinator of the project "Direction: family" of the MH, Targovishte*).
- "Most social workers in the child protection field preferred to place or leave a child in an institution instead of working with the parents. They looked at what the parents did not have in terms of housing rather than what the parents had in terms of attitude towards the child. Changing the way of working and thinking was very difficult... Solutions were found in DCMD meetings, roundtables, training and supervision for professionals. A support network was created." (*Coordinator HHC Pazardzhik and Vetren*).

- **The institutional approach and resistance to DI is sustainable and based on fear of change, uncertainty and taking responsibility**

- "There were concerns about how and where care for severely disabled children would continue. But there was also concern about the future of the HMSCC staff. Serious staff training has largely reduced the stress of cardinal changes. The selection of staff for the new services on a competitive basis, gave confidence to those willing to take up positions in the new services." (*Director of HMSCC Plovdiv*)
- "The difficulties were related to the human factor - the refusal of the employees in the HMSCC to cooperate with the process, so that they would not be unemployed, and the resistance of the community to children with disabilities from the HMSCC. The solutions: a huge mobile work, with a lot of financial and material support to the biological families, but also with psychological work to increase their capacity to cope with household and other problems and for the successful reintegration of the children from HMSCC ." (*Coordinator HHC Targovishte*).
- "The motivation for DI was different, with resistance from different sides - from the staff and directors of the HMSCC, from the systems linked to the HMSCCs (providers, adopters), from the CPDs, because the work of prevention and reintegration is more difficult and requires much more effort than placing a child in an institution, which they forgot about." (*Coordinator HHC for Northern Bulgaria*).
- "The difficulties were twofold: a) on the part of the HMSCC - the director's concern that staff would be out of work and the belief that this was the best place to raise the children. b) on the part of the CPD - the concern for the physical survival of the children. When a child is in a so-called "safe" environment, with a roof over their head and food, this is a clear responsibility. Another responsibility is working with the family. In Sofia, the CPD did not meet with me. I was working with information from the director of the HMSCC, I was talking to the mother, she was doing something for the child,

- but everything was difficult because of the resistance to my participation" (*Coordinator HHC Sofia*).
- "In the social sphere there have been cases of resistance and disguised placement because it is easy to place a child in an institution and then look for alternatives, parents, foster care - all energy-consuming activities. Joint efforts with NGOs from Coalition 2025 became a resource - with practice, expertise, scientific approach, advocacy." (*Coordinator HHC Teteven*)
  - "The resistance of the pilot HMSCCs was so great and their ingenuity in finding children from all over Bulgaria so persistent that a moratorium had to be put on the placement of healthy children and children with disabilities from other districts." (*Regional Manager HHC for Central and Eastern Europe*).
  - "The attitudes of health professionals were very negative towards the transformation of LTCF. For them, the model of the institution was workable and they did not assess the risks for the emotional and psychological development of the children in it. The priority was to meet the basic needs of the children: feeding, changing, hygiene, group activities and rehabilitation for children with disabilities. The children were more like patients in a medical institution" (*Coordinator of the "Direction: family" project for the HMSCC-Ruse*).

## 6. Achievements

### Achievements at national level

- **The HHC model is being applied and developed in new pilot areas**
  - "Apply the HHC model as a sustainable model for DI and alternative care for children. A Memorandum of Cooperation between HHC and the MLSP, SACP and MH was concluded. The partnership with the MH on the "Direction: family" project continued. Representatives of key institutions and organizations at the local level were trained - Regional Administration, Regional Directorates for Social Assistance, DSAs, CPD, Municipalities, RHIs, hospitals, MH, RDEs, HMSCCs and NGOs. The staff of the HMSCCs in the 8 pilot districts were also trained." (*Coordinator HHC for Southern Bulgaria*)
  - "The first 5-year regional and municipal strategies for the development of social services were developed, which included the construction of new services, most of them under national projects."
  - "Our model has been enriched by the expansion of the network of DCMDs. The number of abandoned babies in areas with closed homes has decreased. By closing the gateway to the HMSCCs, their closure had an indirect effect on the closure of the other institutions for children without parental care, as there were no children to 'feed'." (*Coordinator HHC for Northern Bulgaria*)
  - "With this project, the HHC coordinators have started the process of DI in several districts of the country, setting a good example that the "impossible DI" in Bulgaria is achievable." (*Coordinator HHC Targovishte*)
  - "A key achievement has been the establishment of the CCMD. And the organizational efforts to make it work to solve real problems of children and families at risk. It was the best possible prevention against the abandonment of children in institutions" (*Psychologist, trainer of DCMD in the country*).
- **The closure of the 8 HMSCCs and the capacity building for new services and support is a clear and successful step in the DI process.**
  - "In the period of the "Direction: family" project of the Ministry of Health (2012-2015) the most important success was the closure of the 8 HMSCCs in the pilot districts. The partnership with the HHC in this process was very important in several ways. HHC provided comprehensive support to the HMSCC staff through the development of a format for individual assessment of children's needs, through training of the teams doing the assessment, and through supervision of their work to support children's reintegration. As a result, the assessment was carried out in a very good quality. Again with

the support of the HHC, highly specialized professionals assessed the ongoing medical care needs of children with severe disabilities. This was an important assessment due to the attitude of the HMSCC staff to present the condition of most children in a very harsh light, so that they would not be removed from the home." (*Project Manager of Direction: family Project of MH*)

- "During this period we worked on the closure of the 8 pilot HMSCCs and the key success was that we were able to close the 8 homes. Nobody believed that closure could happen, we are definitely pioneers. We were able to achieve the confidence of the state in the professionalism of an NGO. We started to work very actively with the foster care teams created under the project of the SAA, and so we managed to refer many children to foster families, overcoming the risk of institutionalization and closing the "entrance" to the institution. This partnership with the foster care teams has been going on for over 10 years." (*Coordinator HHC Sofia*)
- "The 8 pilot HMSCC in Bulgaria were closed and innovative social services for children and families were opened. DCMD were built and trained." (*Coordinator HHC for Southern Bulgaria*)
- "We closed 8 institutions for babies. In their place, innovative social services for children and families were opened, including integrated health and social services – Family type accommodation centers (FTAC) for children with disabilities with permanent medical care. A sustainable model for DI and alternative care for children was created. We have shown that we, as HHC, are continuing the mission: to have no child in an institution in Bulgaria by 2025. Our model has been enriched by the expanded network of DCMDs - with a decisive role in the closure of HMSCCs in some places. There was also an effect on other institutions. The number of abandoned babies in areas with closed HMSCCs has dramatically decreased, and CPDs and service providers have begun working with our prevention and reintegration model. The many trainings, consultations and supervisions we did in the system had an impact. 2. The closure of the entrance to the HMSCC influenced the closure of other institutions as there were no children to 'feed'. 2015 there was no institution for children in Ruse District" (*Coordinator HHC for Northern Bulgaria*).
- "A DCMD has been established and 8 HMSCCs have been transformed into new social services" (*Coordinator HHC Gabrovo*).
- "We have gained valuable experience in the joint trainings of the project for the closure of the 8 pilot HMSCCs" (*Executive Director of Lumos Foundation - Bulgaria Branch*).
- **The HHC analyses the experience gained in the DI process at national level**
  - "We have realised that the large-scale closure of the HMSCCs with EU funds, with many institutions at central and local level, is much more complicated. It was difficult for us to play an overt leadership role so that there was no problem of double funding. We participated informally and discreetly in almost all activities as "invisible helpers". We were active in the prevention of abandonment and in DCMD, in participating in working groups. But we participated with partners in the closure of two other HMSCCs - in the village of Shiroka Luka and in the town of Kyustendil. <sup>16</sup> Based on our experience, we wrote Opinion of HHC to the EC on the use of EU funds for DI." (*Regional Manager HHC for Central and Eastern Europe*)

#### Achievements at district and local level

<sup>16</sup> An analysis of the process and the experience of the NDD in closing the two day-care centers is presented in *Somebody's Children: Perspectives on the Closure of the Institutions in Shiroka Luka and Kyustendil, Bulgaria 2014*, <https://hopeandhomesbg.com/venetchii-detsave-gledni-totchki-za-zakrivaneto-na-institutsiite-v-shiroka-luka-i-kyustendil/>.

Plovdiv	<p><b>Professional experience in DI</b></p> <p>"We participated in the pilot phase of DI in Bulgaria, it was a challenge! Our work was dynamic, each child was assessed thoroughly, a concrete plan was drawn up. The team was prepared through training to work in the new services. Complex procedures were being carried out to rebuild the HMSCC building. As a Director of the HMSCC I was on an exchange experience in the UK. Before that I worked in a pilot medico-social project in Germany. I had the knowledge and the goal was motivating! I managed, to some extent, to motivate my team." <i>(Director of HMSCC Plovdiv)</i></p> <p>"The material and timely practical assistance of HHC to families at risk and without income contributed to the success of the DI in Plovdiv." <i>(Director CSSCF Plovdiv)</i></p> <p>"For the period of our joint work, not a single child has been placed in an institution or a residential type service!" <i>(Head of the Child Protection Directorate at the SAA Rodopi and Kuklen)</i></p>
Targovishte	<p><b>A working model of DI and closed HMSCC-Targovishte</b></p> <p>"In partnership with HHC, based on experience, expertise, individual approach, willingness to work, initiative, creativity, responsibility and other professional and personal qualities, we created a working model, which is the main factor for the ongoing activities for the DIs even now." <i>(Local coordinator of the project "Direction: family" of the MH, Targovishte).</i></p> <p>"With my work I helped to remove the children from the HMSCC in Targovishte and to close and restructure it. This was achieved with the participation of the coordinator of the Ministry of Health, CSSCF, CPD, Targovishte Municipality, Regional Government, RDSA, CSRI, CSC." <i>(Coordinator HHC Targovishte)</i></p>
Sofia	<p><b>Capacity development among professionals to work directly with families</b></p> <p>"Our work with HHC started in a period of a reforming health system, development of new social services and a shortage of trained staff for them. The support from HHC team was professional and timely, with knowledge and skills to work directly with families, with sensitivity to the family and the child." <i>(Director of HMSCC "St. Paraskeva" , Sofia)</i></p>
Pernik	<p><b>Closed HMSCC-Pernik and returned children to their families</b></p> <p>"The most important achievement is the closure of the HMSCC-Pernik. ..It is related to the return of children to their birth families and timely support to families." <i>(Head of CPD-Pernik)</i></p>
Gabrovo	<p><b>Developed support network, services and foster care</b></p> <p>"The development of foster care in Gabrovo region is supported. Dozens of families have been supported when they needed it, so that they could adequately care for their children. Trainings have been held for the participants in the DCMD and a network of support for families through social services has been created throughout the district. Supervisions were conducted for HMSCC workers, thus removing anxiety and overcoming fears of the coming change" <i>(Coordinator HHC Gabrovo).</i></p>

Ruse	<p><b>Closed HMSCC-Ruse and children in family and alternative environment</b></p> <p>"On 30.09.2015 the placement of the last 5 children in the HMSCC-Ruse was terminated and the FTAC for children with disabilities with permanent medical care was opened. The children had contact with their parents and the only reason for not being with them was their need for constant medical care. The children's families, who could grow up in a family environment, received the necessary support and returned their children." <i>(Head of OPD-Ruse)</i></p> <p><b>Increased capacity of families, adoptive parents, professionals and communities</b></p> <p>"We have achieved a lot in Ruse through DCMD. Increasing the knowledge and skills of families to care for their children and to overcome family difficulties. Raising awareness among high-risk communities about child development and child needs. Overcoming social exclusion of children at high risk due to violation of their rights. Improve the quality of services for children. Contribute to community awareness of foster care. Increase the knowledge and skills of adoptive parents and children to cope with the challenges of the post-adoption period. Prevention of abandonment." <i>(Deputy Governor of Ruse)</i></p>
Montana	<p><b>Closed HMSCC -Montana and mobilized community</b></p> <p>"The HMSCC-Montana was closed as a result of two important factors: 1. Proposing a new model of work at different levels: district level; expert level, with direct support to parents and prevention work. 2. Mobilization of all resources of the community, professionals, parents, administrations." <i>(Coordinator HHC Montana)</i></p>
Pazardzhik	<p><b>Systemic model of DI with broad partnership</b></p> <p>"The achievements are many: the good work of the DCMG; the support of foster families caring for babies or children from HMSCC, the support of families where children from HMSCC were reintegrated. There has been a lot of work on the prevention of abandonment, with a good organisation of work between HHC, CPD, the maternity ward, the RFCT and the specialists from the CSSCF. This closed the "entrance" to the two institutions – in Vetren and in the town of Pazardzhik. In the end, the two institutions were closed. A network of partners was built." <i>(Coordinator HHC Pazardzhik)</i></p> <p>"Prevention has been achieved at the level of the maternity hospital in the town. In Pazardzhik, HHC and partners worked with parents and they coped with raising their children. A small proportion of newborns are placed in foster care." <i>(Coordinator HHC Teteven).</i></p>
Kyustendil	<p><b>Closed HMSCC-Kyustendil with the active participation of Kyustendil Municipality</b></p> <p>"At the time, there were comments about the possibility that when the HMSCCs were closed, their budgets would be given to the municipalities for the development of alternative services. Then we prepared a project for the construction of new services, I met with the mayor of Kyustendil and he gave the green light for the closure of the home! We offered him solutions for all the children, as well as appropriate support, and things happened! This was a good example of active support from the municipal leadership!" <i>(Executive Director of HHC)</i></p> <p>"In Kyustendil, the main task of the HHC was to initiate the procedure for the liquidation of the HMSCC, prepare the municipal council, proposals for the opening of future services and reallocation of funds. The administration of the process, the drafting of a letter to the Ministry of Health and the implementation of the actual closure of the HMSCC, as well as the removal of the last child from the home, moving him first to another service and then to a foster family, were the key steps of the HHC" <i>(HHC Report on the activities in Shiroka Luka and Kyustendil).</i></p>

### Closed HMSCC-Shiroka Luka, in partnership of HHC, ISS and the community

"There has been an accelerated reduction in the number of children in institutions and an increase in the number of children without family support who are placed in foster care... Decisions were coordinated between all participants and guided by the best interest of the child." (*Chief Expert CPD RDSA Smolyan*)

"The closure of HMSCC-Shiroka Luka was an important milestone and a success because it involved additional efforts in parallel to the closure of the 8 HMSCCs. A lot was achieved in the search and preparation of foster families for children with disabilities, with the accumulation of experience in supporting families in the prevention of abandonment and after reintegration." (*Executive Director of ISS-Bulgaria*).

"The closure of HMSCC in the village of Shiroka Luka and in the town of Kyustendil happened in parallel with the closure of the 8 HMSCC. There were very few children left in both homes and we were asked by the Ministry of Health to support their closure. It was important for HHC to reach a critical mass of closures to create a feeling that the process was irreversible." (*HHC Report on activities in Shiroka Luka and Kyustendil*)

## 7. The capacity of HHC

During this period, HHC produced and made available to professionals, institutions and the public a series of books, films, working papers, agreements and position papers, including:

- A model of ACTIVE family support, with professional tools to assess the needs for prevention and reintegration support
- DCMD in the role of the good adult
- Film "Being a parent"
- Film "Extraordinary Foster Parents of Extraordinary Children"
- Deinstitutionalisation and Quality Alternative Care for Children in Europe - Lessons and Perspectives, Working Paper, 2012, HHC and Eurochild edition (translated by NDD)
- Deinstitutionalisation and the myths associated with it, 2013, HHC and Eurochild edition (translated by HHC)
- Memorandum of Understanding between SACP and HHC, 2014.
- Childhood 2025 Coalition's position on the DI process in Bulgaria, 2014



Помощи на Колекция „Детство 2025“ по процеса на деинституционализация в България

**Увод: процесът на деинституционализация в България**  
През 2010 г. Българското правителство прие Националната стратегия „Визия за деинституционализация на децата в Р България“ и направи първите стъпки за изпълнението ѝ. Визията и планът представляват политически ангажированост и стратегия за свързването на институциите за деца в България и бива широко признателен казус в страната, така и на международно равнище, като впечатляваща демонстрация на политическа воля за решаване на един от най-негативните проблеми по отношение на грижата на децата в България. В момента процесът за действие е в своя край и очакваме, че бива постигнати някои значими резултати, за последните четири години са реализирани и някои от основните цели на Националната визия за децата. Детство 2025“ представя редица от тези резултати и ще бъде представен в рамките на Конференцията за децата в България на 15 ноември 2014 г. Конференцията ще бъде организирана от Колекция „Детство 2025“.



**Confession:**

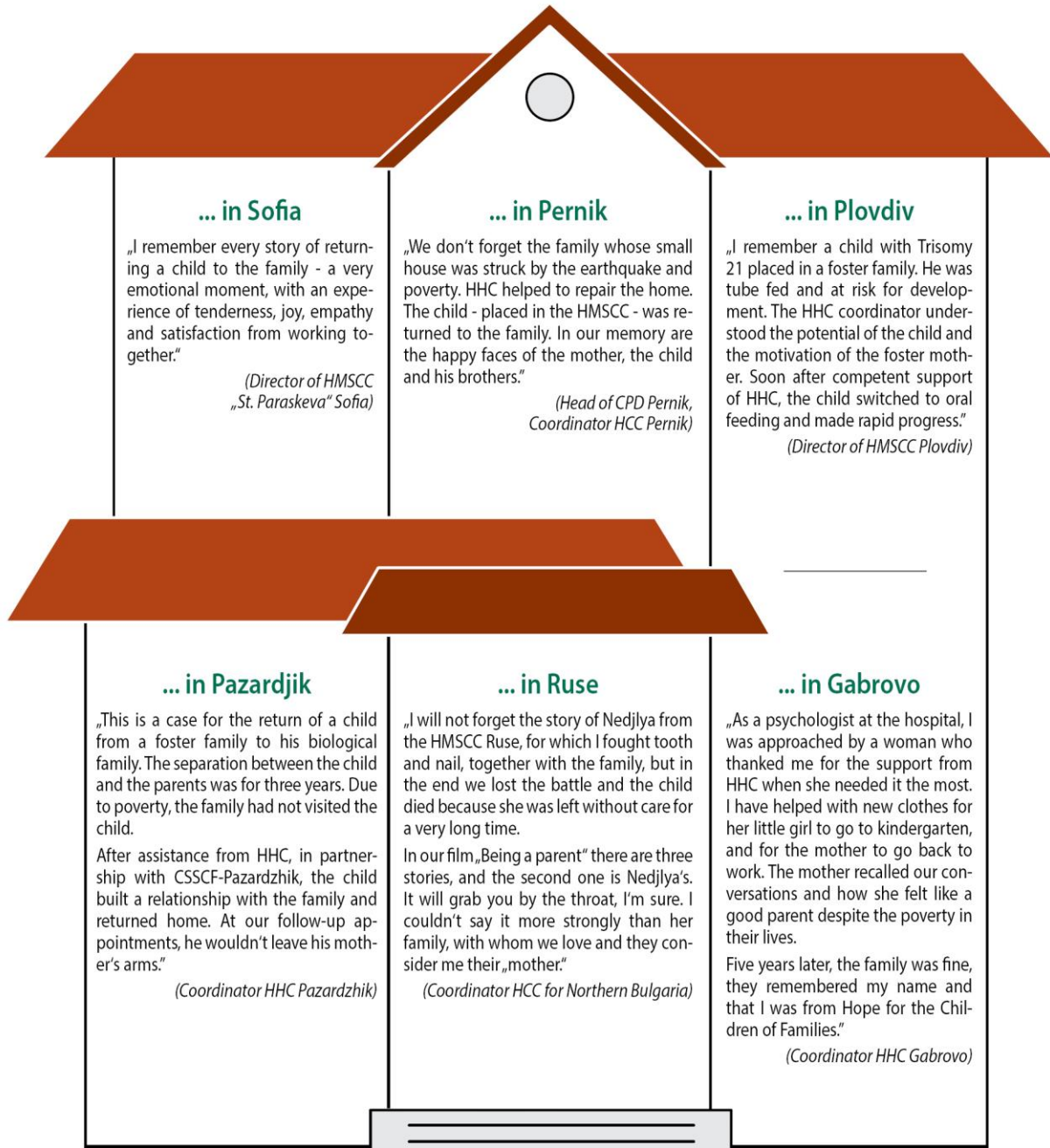
- **Positive evaluation** - In the Third Monitoring Report (July 2012 - June 2013) on the Action Plan for the Vision for DI, the work of HHC in the closure of the HMSCCs - Shiroka Luka and Kyustendil, as well as in supporting families for the prevention of abandonment and reintegration of children from the 8 HMSCC, was assessed as professional and effective.
- **Good practice** - The "Direction: family" project of the Ministry of Health and the support provided by HHC and UNICEF for the restructuring of 8 HMSCC into integrated health and social services is described as good practice in the Compendium of good practices in the field of child welfare, deinstitutionalization and the provision of social services in the community for children and families in Bulgaria and Italy", 2015.
- **Good Practice** - The HHC models of working have been recognised as good practice by UNICEF, in a Compendium of Promising Practices to ensure that children under 3 years grow up in a safe and supportive family environment, 2015.

## Visible results for people, communities and systems

10	8 HMSCCs were closed by the state and 2 HMSCCs by the HHC, in agreement with the MH and partners
104	104 successful reintegrations of children into their biological families
93	93 children from HMSCC are placed in foster families
805	805 successful prevention of infant abandonment at maternity hospital level
77	77 participants in 8 multidisciplinary teams of the "Direction: family" project have been trained in the HHC models
260	Trained 260 representatives of 8 HMSCCs in prevention and reintegration
1040	1,040 staff trained in 8 HMSCCs and new services
	Foster families are supported in the care of children with disabilities
	A moratorium on the placement of children from other districts and healthy children has been decided



# Small stories for the invisible results



## ... in Sofia

„I remember every story of returning a child to the family - a very emotional moment, with an experience of tenderness, joy, empathy and satisfaction from working together.“

*(Director of HMSCC „St. Paraskeva“ Sofia)*

## ... in Pernik

„We don't forget the family whose small house was struck by the earthquake and poverty. HHC helped to repair the home. The child - placed in the HMSCC - was returned to the family. In our memory are the happy faces of the mother, the child and his brothers.“

*(Head of CPD Pernik, Coordinator HCC Pernik)*

## ... in Plovdiv

„I remember a child with Trisomy 21 placed in a foster family. He was tube fed and at risk for development. The HHC coordinator understood the potential of the child and the motivation of the foster mother. Soon after competent support of HHC, the child switched to oral feeding and made rapid progress.“

*(Director of HMSCC Plovdiv)*

## ... in Pazardzhik

„This is a case for the return of a child from a foster family to his biological family. The separation between the child and the parents was for three years. Due to poverty, the family had not visited the child.“

After assistance from HHC, in partnership with CSSCF-Pazardzhik, the child built a relationship with the family and returned home. At our follow-up appointments, he wouldn't leave his mother's arms.“

*(Coordinator HHC Pazardzhik)*

## ... in Ruse

„I will not forget the story of Nedjlya from the HMSCC Ruse, for which I fought tooth and nail, together with the family, but in the end we lost the battle and the child died because she was left without care for a very long time.“

In our film „Being a parent“ there are three stories, and the second one is Nedjlya's. It will grab you by the throat, I'm sure. I couldn't say it more strongly than her family, with whom we love and they consider me their „mother.“

*(Coordinator HCC for Northern Bulgaria)*

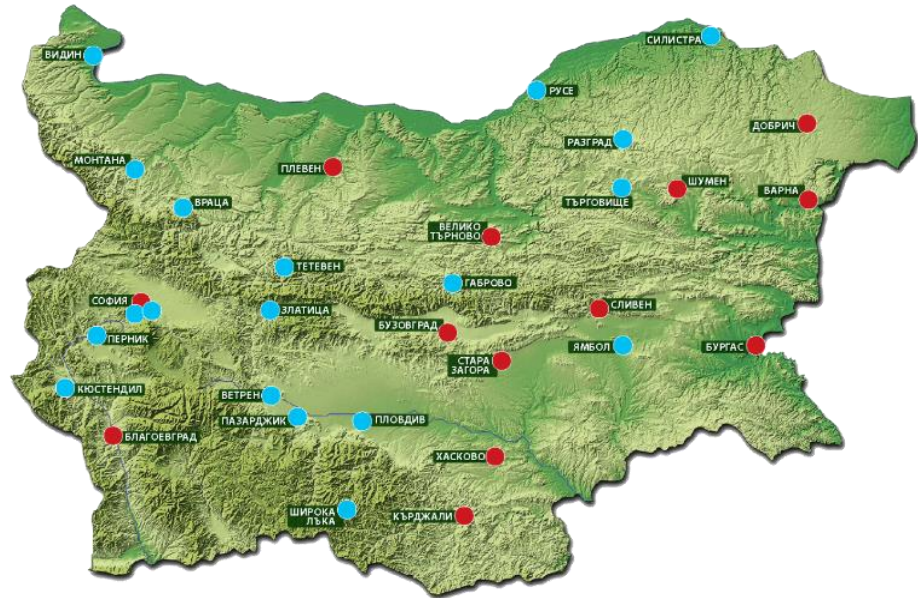
## ... in Gabrovo

„As a psychologist at the hospital, I was approached by a woman who thanked me for the support from HHC when she needed it the most. I have helped with new clothes for her little girl to go to kindergarten, and for the mother to go back to work. The mother recalled our conversations and how she felt like a good parent despite the poverty in their lives.“

Five years later, the family was fine, they remembered my name and that I was from Hope for the Children of Families.“

*(Coordinator HHC Gabrovo)*

## V. "No turning back": 2014-2019



The experience of the project "Strategic deinstitutionalization for the elimination of institutional care for children under 3 years of age in Bulgaria",  
*with the support of VELUX and OAK*

## "No turning back": 2014-2019



*"I took part in the closure of HMSCC-Vetren. The difficulties were in the direction of removing children with disabilities who could be raised in a family environment, as there were no foster families with such a profile. However, 4 children with disabilities were placed in foster families. A number of meetings of the DCMD, round tables, trainings and supervisions for child protection professionals were held. The model of work of the HHC is working in Pazardzhik region. Among our successes is the prevention and support of a family of deafblind parents in raising their child with hydrocephalus."*

*(Coordinator HHC Vetren and Pazardzhik)*

*"While I was a social worker in the CPD, the real lead role was that of the HHC coordinator for the district. Whenever there was a risk to a child, we contacted her and found a way to avoid placement. She wasn't just a voice on the phone, our meetings took place at the CPD, then we visited the family together. This live contact was the "clincher."*

*(Social worker, CPD Byala Slatina)*

*"The HHC coordinator helped to remove the children from the HMSCC-Vidin. Support to families continues - with parenting skills development, advocacy and accompaniment, timely material support."*

*(Social worker, CSSCF Vidin)*

### 1. The context

The project "Strategic Deinstitutionalization for the Elimination of Institutional Care for Children under 3 years of age in Bulgaria", supported by the VELUX Foundation and OAK Foundation, is being implemented by HHC in a period of political instability, with no new national projects for the closure of HMSCC and a moratorium on the placement of children under 3 years of age without disabilities.<sup>17</sup> The updated Action Plan to the DI Vision has also been delayed and there is an attempt to ensure that the closure of HMSCC is not explicitly planned. The MH is approving a new service, the "Centre for Comprehensive Services for Children with Disabilities and Chronic Diseases" (CCSCDCD) in two municipalities, but does not continue the national project "Direction: family" for the closure of the HMSCCs.

The HHC team is developing its own strategic project to abolish institutions for Bulgaria's youngest children in order to continue DI efforts on the scale of the previous period, albeit without the active participation of the state. The project has a new "visible" goal - supporting families to prevent abandonment and to return children from HMSCC to their families. The closure of HMSCC is the "invisible" goal towards which the HHC is strengthening its work at district and municipal level, multiplying the DCMD model and concluding agreements with 14 districts and 10 municipalities to prevent and support families at risk of separation from their children. Together with the CPD and service providers, HHC works to move children out of HMSCC into new districts and supports foster families to care for children in HMSCC or infants in the maternity ward. In this way, the model for closure adapts each time to the unique social environment of the

<sup>17</sup> The moratorium was imposed by the ASA only in 2018.

HMSCC, including support for removing placed children from the particular HMSCC and support for families to close its "entrance" to new children.

And in this new context, HHC is recognized as a leader, a knowledge investor, an advocate and a key link between professionals and families, between institutions and systems.

## 2. Political will and leadership

- **The Facts**

Several significant factors influence social policy and practice in this period<sup>18</sup> :

- DI continues without the active involvement of the state, due to political instability, institutional uncertainty and the delay of the measures set out in the Vision for DI.
- The lack of leadership in DI reform has delayed the update of the DI Vision Action Plan by more than two years, effectively delaying reform.
- The lack of national DI projects for HMSCC calls into question the partnership between systems and puts a critical strain on the child protection system and NGOs supporting families.
- In the same period, all children and young people with disabilities from children's social care institutions, as well as children and young people without family support - from children's social care institutions were placed in community-based services. There are problems in the management of the new services that affect the motivation for DI of the youngest children.
- One of the few effective tools to continue DI is the work of the 2025 Coalition - with positions on DI, the reform of HMSCC and the need for a DI Roadmap.

MLSP - Updated Action Plan for Implementation of the "Vision for Deinstitutionalization of Children in Bulgaria" 2016

Ministry of Health - Approves "Center for Comprehensive Services for Children with Disabilities and Chronic Diseases" (CCSCDCD) in Silistra and Vidin

Second 5-year regional and municipal strategies for the closure of specialized institutions and the development of social services

Memorandum of Cooperation between HHC and SACP - 2014

Memorandums of Understanding between HHC and 10 municipalities Kazanlak, Stara Zagora, Zlatitsa, Vidin, Vratsa, Veliko Tarnovo, Silistra, Haskovo, Razgrad, Septemvri

Memorandums of Understanding between HHC and 14 Regional Administrations - Pleven, Pazardzhik, Silistra, Razgrad, Yambol, Haskovo, Stara Zagora, Sliven, Kardzhali, Vratsa, Veliko Tarnovo, Burgas, Vidin, Sofia.

- **Opinions**

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<sup>18</sup> An in-depth analysis of the context and achievements of the ND is presented in Supporting Child Care Reforms in a Context of Political Instability, Poverty and Limited Human Resources (Evaluation of the Work of Hope and Homes for Children - Bulgaria Branch (NCD) 2014-16), <http://hopeandhomesbg.com/podkrepa-na-reformi-za-detska-grizha-v-usloviya-na-politicheska-nestabilnost-bednost-i-ogranichen-choveshki-resurs-2/>.

Participants in the evaluation were unanimous in their views on the importance of several factors:

➤ **Deficit of political leadership and partnership**

- "Political will for DI was almost non-existent. Turbulence at the national level intensified and reflected on the practices of social institutions at the local level. There was an attitude that DI was finished and the uncovered HMSCCs would remain. However, work has begun on the new Social Services Act. After a long delay, in 2016, the Updated DI Plan was adopted," (*summarised opinion of Coordinators HHC for Northern and Southern Bulgaria*).

➤ **NGO activism and responsibility in practice**

- "The lack of national projects has also given opportunities - the opportunity for support from the NGO sector." (*Social worker CPD at SAD-Mezdra, Roman*)
- "Somehow there was more momentum from the last cabinet and the strong initial push. DI was just happening, but it didn't have that momentum. To a large extent, HHC and other NGOs were putting pressure on the process and the adoption of the Updated Action Plan 2016-2020. Monitoring was difficult as there was no continuity and many of the structures that had been put in place – Permanent Expert Working group (PEWG) and Interagency Working Group (IWG) - were not functioning well. We – HHC and Childhood 2025 Coalition - have repeatedly alerted about this to this. The existence of caretaker governments has created difficulties in communication and commitment from the government." (*Programme Director HHC*)

➤ **Sustainability of values and knowledge of professionals**

- "The DI policy was clear. The new social workers in the CPD had already been taught at university the DI process and how damaging institutionalisation is to children. The processes in the MLSP and MH were channelled and this gave reassurance to the process." (*Coordinator HHC Teteven*)

➤ **Increased work at district and municipal level**

- "Strengthened the capacity for common and coordinated activities for prevention of abandonment and support of families by the CPD, SAD, Municipal administrations and providers of social services for children, Regional Health Inspectorates, Regional Inspectorates of Education and other actors." (*Director of the Directorate of Social Activities and Health, Veliko Tarnovo Municipality*)
- "Very important was the joint work at the regional and local level - with the Vratsa RDSA, the Child Protection Department (CPD), the Vratsa Municipal Administration, the social services. Difficulties, of course, there were, but they were overcome without conflict and elegantly. The protection system felt that the goals and specific tasks, which were only talked about a while ago, are already being implemented and the DI process is increasingly successful." (*Coordinator HHC Vratsa*)

### **3. The models of support of HHC**

The HHC models are being actively implemented by an expanding range of professionals working with the HHC team - professionals in the CPD, the RDSA, municipal and district authorities, members of the DCMD, the HMSCC, health professionals, foster carers and social services, trainers and university lecturers - in the also expanding scale of pilot areas involved in the HMSCC and DI closure process.<sup>19</sup> The role and impact of the models is viewed positively as:

- **The HHC models impact in the most crisis period and on the whole family**

- "The HHC support model is not tied to long and cumbersome administrative procedures. Their work

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<sup>19</sup> An analysis of outcomes for families supported by the ND team, through the lens of families, the DPO and the ND, was undertaken as part of the Supplementary External Evaluation of Outcomes for Families and Children (2018).

- is well organised and they respond quickly and appropriately to the needs of our clients. They work in the field together with social workers from the CPD. The support of HHC comes in the most crisis situations for families and consists in activities for which the CPD does not have the necessary resources. Even today, HHC continues to complement the activities of the measures taken by the CPD for the prevention of abandonment of children aged 0 to 3, and often indirectly the results are also available for children over 3 years of age in the supported families. At the moment, HHC is the only NGO working in the territory served by the SAD – Pirdop." (*Head of CPD at the SAD - Pirdop*)
- "The family environment is a major factor in prevention and reintegration work. Material and psychological support from HHC are extremely important in order to prevent children from being removed from their families. Support is always influenced by the needs of families." (*Head of CPD at SAD, Kostinbrod - Sofia*)
  - "The model for ACTIVE family support has played a crucial role in the success of the reintegration process and prevention of child abandonment in Silistra region. The work of the model has contributed not only to many families in need receiving support and finding resources for coping, but also to changing many children's lives." (*Coordinator HHC Silistra*)
- **HHC models are being implemented by an expanding range of professionals, foster carers and community members**
    - "I was involved in the establishment of the DCMD as an expert of the Sliven Regional Health Inspectorate. It was difficult to organize institutions from different systems to work in one direction. We from the health sector do not know the role and activities of social workers. When there is a risk for the rights of the child in the health care institutions, we inform the social workers, but then we don't know what happens... It was also difficult to keep up with the activities of the DCMD. In Sliven district there are practices requiring joint efforts: early pregnancy, neglect of parents' responsibilities towards children, many abandoned children. They are outside the health care system... The role of HHC and the personal aura of Mr. Simeonov played a huge impact in convincing people that the institution is not a good place for children." (*Member of the DCMD, expert of the Sliven Regional Health Inspectorate, at the closure of HMSC -Sliven*).
    - "Our models from the previous phases were multiplied in the new areas. But the social practice was changing after the closure of each HMSCC - no home - reduced number of abandonments and if there were such children, they went to foster families. The profile of foster care expanded. At the national level, HHC has fought to prioritise the recruitment of foster carers for children 0-3 and for children with disabilities." (*Coordinator HHC for Northern Bulgaria*)
    - "The model for ACTIVE family support has been enriched in the work with institutions, key experts on the ground and with the members of the extended families." (*Coordinator HHC Vratsa*)
    - "The basic living environment in these settlements is changing, new services are being thought of based on the needs of children and families. DCMD is a factor in DI. With the closure of the HMSCs, the need to validate the model continued - how to work in the absence of an institution, how to move children with disabilities out. Ongoing, practical training of CPDs is needed. This work is very important for CPDs because it is 'noise in the system' and can lead to bad outcomes" (*Coordinator HHC Teteven*).
    - "The ACTIVE family support model has been enriched in the work with the concerned institutions, key experts and extended families." (*Coordinator HHC Vratsa*)
  - **HHC models adapt to the specificity of the environment and change it**
    - "Our model is flexible enough and we have always acted according to the specifics of each area. The enrichment of the model was based on prioritising our work and focusing on key activities. Difficulties existed in each area, but through our experience, we were able to overcome them. The social system was also learning to work like this and to look for a solution for each child" (*Programme Director*)

HHC)

- "Our working model is essentially the same, but with more expertise and confidence that this is the right way and the right path." (*Coordinator HHC for Southern Bulgaria*)
- "HHC supported social service workers by broadening their horizons to work with mechanisms to support children and their families, seeking partnerships at local level - with local authorities, communities, health professionals" (*Coordinator HHC Silistra*).
- "The work was very dynamic. We supported the foster parents, especially in the primary placement of a child in the family. We acted quickly and efficiently to prevent new placements of children." (*Coordinator HHC Yambol*)
- "We had already been down that road. We knew that ACTIVE family support worked, and people had more knowledge and hope. The environment was changing and the cases were changing. In the beginning we often worked on the physical survival of families, how to feed them. But people made progress, even in the neighborhoods. The professionals were seeing this progress. If they used to underestimate the role of grandparents, aunts, time has shown that they are a resource. CPD professionals were still shouldering more responsibility than the family, had many fears and did not see the ray of light. But the experience gained and the closure of the HMSCs showed the change." (*Coordinator HHC Sofia*).

#### **4. The positive factors**

Participants in the evaluation recognised positive factors for DI that related to and built on those of previous periods, namely:

- **Accumulated knowledge about DI and partnerships among professionals and institutions create a community of practice**
  - "HHC worked with all institutions that are responsible and relevant to the DI process, which was very important." (*Member of the DCMD, expert of the Sliven RHI, at the closure of HMSC-Sliven*)
  - "With the model of closure of HMSCs already established, professionals had knowledge of the DI process and their own role in it. Those working in HMSCs felt more reassured about their future following closure. CPDs were less worried about what they would do when there was an abandoned child at the level of the maternity home and where they would place children if they had to be removed from their biological families. Social workers became more proactive in cases of children reintegrated into the birth family" (*Coordinator HHC Gabrovo*).
  - "The partnership between the institutions at the district level and the support of HHC to the families were the key." (*Chairperson of the DCMD, Deputy Governor, Sofia City*).
  - "I remembered this period with the support of my colleagues from HHC and with the attitude that the goals were feasible. This gave me the motivation not to give up. The staff from the CPD proved to be really committed to the removal of the children, our communication was seamless and contributed to the final outcome." (*Coordinator HHC Yambol*)
  - "There were many difficulties, but also many partnerships. In Silistra, we had the support of the Director of the HMSC-Silistra and together we looked for solutions for each child. In the closure of the HMSC-Vidin we had the assistance of the last director of the institution. In Vratsa, we worked together with the RDSA-Vratsa and with colleagues from the CPD and the SAD. RDSA-Vratsa sent a letter to the SAA with a request to stop the placement of children in the institution due to the small number of users and the imminent closure - and the order was a fact. In Yambol, we also partnered with RDSA-Yambol and gradually achieved the goal. In Sofia, we worked with For Our Children Foundation and together we managed to close this institution as well." (*Programme Director HHC*)
- **HHC ongoing support to families and parents at varying risk contributes to a sense of security in both families and DI participants**

- "Continuity of support provided by HHC. We have relied on prompt, timely, concrete support from HHC, on the empathy and commitment of the HHC coordinator - Ms. Margarita Andreevska - to the cases presented to her. And in my current work our cooperation continues!" *(Social worker of the CPD/SAA-Byala Slatina)*
- "The initiative and active work of HHC with underage mothers in order to prevent abandonment." *(Social worker CPD/SAA - Mezdra, Roman).*
- "HHC help the family with whatever is needed. The institutions, even if they want to, are not so flexible and cannot help." *(Member of DCMD, expert of the Sliven RHI -Sliven).*
- **The development of foster care as an option for support outside an institution has a positive impact on professionals and the community**
  - "The development of the potential of foster care, as the closest form of family care, has influenced professionals and the media who have covered the complexity of each DI case. And the role of the HHC who partner professionally with their support of the children." *(Head of CPD at SAD Mezdra)*
  - "The cooperation with HHC and the correct selection of the foster families that meet the needs of the particular child." *(Head of the RFCT, Vratsa Region).*
  - "The development of foster care has begun, with the profile of foster carers changing to care for children aged 0-3 and children with disabilities, albeit less frequently. The attitudes of social workers have changed, in the direction of - no institution, so we work on prevention and - as a last resort - we remove to foster care. At the level of the maternity home, the abandonment of babies has decreased." *(Coordinator HHC for Southern Bulgaria)*

## 5. The difficulties and the solutions

The views of the participants in the assessment on the difficulties and possible solutions in this period show already known limiting factors and possible solutions, namely:

- **Dissenting political will impacts negatively on DI, but motivates HHC in search of new approaches**
  - "In the phase without national projects, HHC had to change tactics because we could not agree with the central government, which changed frequently. We only had a memorandum with the SACP. We started to sign agreements with municipalities and district governors in which we did not mention the closure of the HMSCCs, but only the work with families. These were families at risk of being separated from their children and those with whom the CPD was working on reintegrations from the HMSCCs. We were also supporting foster families who were taking children out of HMSCC or babies out of the maternity ward... When the second District Strategies were being developed, we made sure to include the closure of HMSCC. We also had small amounts to support repairs and equipment for new services in the closed HMSCCs - for example, equipment and transport for the HMSCC in Razgrad. Our strategy was to empty the HMSCC and force the MH to close it. Our best allies were the CPDs." *(Regional Manager HHC for Central and Eastern Europe)*
- **Continued resistance to DI requires a lot of fieldwork**
  - "The difficulties were related to the still existing resistance in part of the society and in the institutions against the DI and the closure of the HMSCC for children from 0 to 3 years. It was influenced by the still prevailing "model" towards childhood illness or disability, according to which the HMSCC offers the best care for children." *(Coordinator HHC Silistra)*
  - "The main difficulties were in the resistance of the team of the HMSCC itself, which did not cooperate with the removal of the children. Eventually, we were able to get the children out and suspend the operation of the HMSCC. The work on abandonment prevention proved to be extremely valuable



because many of the parents, supported by HHC at the right time, did not abandon their children."  
(*Coordinator HHC Yambol*)

- "There were specifics in each area. In Sofia district the closure of the HMSCC- Zlatitsa was difficult in the beginning. All the participants from the CPD and the SAD were negative towards HHC. It took time, a series of meetings and fieldwork to convince them that what we say, we do. So we created a fruitful partnership and together we closed the HMSCC-Zlatitsa. There was a backlash from the Director of the HMSCC-Vetren when the HMSCC-Vetren was closed. It was very difficult for our coordinator to access the HMSCC, but we worked well with the CPD, the SAD and the RDSA of the district, which overturned the resistance." (*Programme Director HHC*)
- **The underdevelopment of foster care and alternative services for children with disabilities indicates problems at the national level and seeks solutions at the district level**
- "In the beginning, there were not enough services for children with disabilities - in some ways the DI process, through the closure of HMSCCs, outpaced the country's readiness for this change. This policy had a lasting impact on the mentality of local communities and institutional representatives. Difficulties in the district of Silistra with the closure of HMSCC were also related to the underdevelopment of foster care and services for children with disabilities. The HHC network in the country, with whose assistance children were placed in foster families, provided invariable and decisive assistance." (*Coordinator HHC Silistra*).
- "Faster removal of children from the HMSCCs was hampered by the lack of sufficient foster families in the district for the age of the children. This made it necessary to look for foster families from other districts, which took time. Fortunately, my colleagues from the CPD provided assistance and within a year of starting my work in the HHC, our team actions have yielded results." (*Coordinator HHC Yambol*)

## 6. Achievements

### Achievements at national level

- **In practice, the sustainability of the DI process has been achieved with the active advocacy of HHC and partners**
- "The achievements are the continuation of the DI process and the clear message that HHC continues to work on the issue. The closure of HMSCCs in districts without a national project has continued, partnerships at local and regional level have been strengthened - DCMDs and municipalities, CPDs, SADs, RDSAs, social service providers. Advocacy work continued at the national level - through the Childhood 2025 Coalition, the Permanent Expert Working Group and the National Council for Child Protection, where HHC was a member. The SACP approached HHC through the DCMD to have district meetings, bring together all the DI actors and discuss the Childhood for All project activities. The series of meetings of the Childhood 2025 Coalition with the MLSP and of the Child Participation Programme (CPP) with the MLSP was a serious success and the effect was the issuance of an order banning the placement of healthy children aged 0-3 years in HMSCC and residential services in 2018 (*Programme Director HHC*).
- "The reform had gained momentum and local players were led by it, so DI was integrated into thinking and practices."(*Regional Manager HHC for Central and Eastern Europe*)
- "There has been a lot of evidence - closed HMSCCs, established DCMDs, thousands of families adequately and timely supported, a well-established DI policy and a sustainable DI model at all levels - political, social and scientific." (*Coordinator HHC Gabrovo*)
- "A professional inter-institutional cooperation was achieved and the HMSCC-Vetren, HMSCC-Razgrad, HMSCC-Silistra, HMSCC-Zlatitsa, HMSCC-Sofia ("St. Sofia"), HMSCC-Vidin, HMSCC-Vratsa,

HMSCC-Yambol were closed. The partners were SAD, DCMD, CPD, social service providers, regional and municipal administrations, MH, RHI." *(Coordinator HHC Vratsa)*

- "We continued our partnership with all the institutions that provided us with exceptional assistance: the Regional Administration, the CPD, the RDSA, the Yambol Municipality and the municipalities of the small settlements, also the St. Panteleimon" Hospital In Yambol, and the municipal authorities of the town of Yambol. Prevention of separation and abandonment of children in a moment of crisis in the family - both in material and stressful terms, sometimes related to sudden illnesses of the parents - proved to be key. Our support includes accompaniment for the settlement of documents, material support in kind and direct counselling to increase parental capacities and confidence in their own strengths as parents." *(Coordinator HHC Yambol)*

- **A wealth of practical experience has been gained and the leadership role of HHC is well established**

- "HHC had gained experience and we were much more effective in preventing and reintegrating children. We applied the model flexibly and sought resources in new ways. The fact that we closed down 8 HMSCCs, without a national project, showed that HHC was a serious change agent and put pressure on the system at a time of low political will. Without us, the intention to close down all of the HMSCCs would not have been included in the Updated Action Plan" *(Regional Manager HHC for Central and Eastern Europe)*.
- "We have continued with the active closure of the next HMSCCs. We expanded our network of in-country coordinators, DCMDs and expert medical consultants who helped us to 'decipher' the complex diagnoses of the children in the HMSCCs. We have trained the teams of the new social services - the FTACs for children and youth with disabilities - in the IMPACT programme for dealing with unacceptable behaviour of children and young people who have left institutions." *(Coordinator HHC for Southern Bulgaria)*
- "In this period we supported the teams of the new services of the FTACCYDs, opened under the project "Childhood for All", through trainings under the IMPACT programme for working with users with problematic behaviour, which were many of the children and young people brought to the new FTACCYDs. We also did a lot of supervision of these teams. We continued to expand our network of in-country coordinators, DCMDs, counsellors, including medical professionals with high expertise, who helped us to overcome the 'overwhelming' diagnoses of the children in the HMSCC." *(Coordinator HHC for Northern Bulgaria)*.
- "Memoranda of Cooperation were signed between HHC and the District Administrations and Municipalities in Bulgaria, which provided a new stage in the DI process. Material and consultative support was provided to families at risk of abandoning their children, and outreach work was carried out. Through trainings and conferences, active advocacy was carried out to improve the quality of care for children in Bulgaria." *(Coordinator HHC Burgas)*
- "HHC built on the models of support and launched the Child Participation Programme." *(Programme Director HHC)*

- **The development of the community-based social services system is gaining momentum and creating opportunities for HMSCC workers**

- "There were already more services at local level and more new jobs, including the new service CCSCDCD - for children with disabilities and chronic diseases - approbated in Silistra and Vidin and provided by medical referral inpatient, outpatient or mobile. This gave perspective to the directors and medical professionals of HMSCCs after the closure of the institutions." *(Regional Manager HHC for Eastern and Central Europe)*

**Achievements at district and local level**

Vratsa	<p><b>The closing of the HMSCC-Vratsa and the creation of a community of foster families</b></p> <p>"The biggest achievement was finding foster families for every child and closing the HMSCC." <i>(Head of the RFCT, Vratsa District).</i></p> <p><b>Mobilising resources, professionals and partnerships to support families at risk</b></p> <p>"The achievements are complex: the closure of HMSCC-Vratsa and the Memorandum of Understanding with the Regional and Municipal Administration of Vratsa in 2016, the establishment of the DCMD in 2015, the annual participation in the Commission for the Child and the creation of the Child Protection Program in Vratsa Municipality, participation in the creation of the Regional and Municipal Strategy 2016-2020. The HMSCC closure impacts on the work of social workers of the CPD, intensifies the process of closure and restructuring of institutions for children without family care. At the local level, the RDSA and SAD have activated all the resources of the state and those of HHC to solve the crises of families." <i>(Coordinator HHC Vratsa).</i></p>
Silistra	<p><b>Closure of the HMSCC -Silistra and the families supported by HHC</b></p> <p>"With the closure of the HMSCC for children from 0 to 3 years, the last specialised institution for children in the district of Silistra has been abolished. In its place, a new type of health and social service was built to support children and families at risk - the first in the country CCSCDCD. With the expert role of HHC, the capacity and development of foster care in Silistra district was increased. With the expert, material, financial and logistical support of HHC, a number of children were not separated from their biological families." <i>(Coordinator HHC Silistra)</i></p>
Vetren	<p><b>Closure of the HMSCC-Vetren and the return of the children to a family environment</b></p> <p>"The key achievements are that after the closure of the entrance, all the children from HMSCC-Vetren were removed from the institution. Some of them were placed in foster families, others were adopted and others reintegrated. Our partners were: CPD-Septemvri, Septemvri Municipality, RDSA-Pazardhjik, SAD-Pazardhjik region, the foster care teams, the CSSCF-Pazardzhik, the RDE - Pazardzhik, the District Police Office - Septemvri. A very good partnership has been built with the health mediator of the Septemvri Municipality." <i>(Coordinator HHC Vetren)</i></p>
Razgrad	<p><b>Closure of the HMSCC-Razgrad and opening of day-care services</b></p> <p>"In the work on the closure of the HMSCC-Razgrad we cooperated hard with the municipality and together we planned what will happen after the home is closed. A day centre for children with disabilities was opened and HHC supported this service with equipment and a vehicle" <i>(Programme Director HHC).</i></p> <p>"In the municipality of Razgrad it is planned to open day services for children to support children and families even before the funding from the national budget." <i>(Coordinator HHC Teteven)</i></p>
Zlatitsa	<p><b>Supported families</b></p> <p>"The most important achievement is the supported families and children living with their families." <i>(Deputy Governor, Sofia-City, DCMD)</i></p>

Sofia	<p><b>Supported and responsible families</b></p> <p>"Our model of work in Sofia and in the country is to help families stabilize, but also to teach them to be active. We don't have a case in HHC where there is an older child who doesn't go to school or kindergarten and the family is getting help for the young child. This is ACTIVE support for the family - there is support and there are responsibilities." <i>(Coordinator HHC Sofia)</i></p> <p>"During the period of the joint work with HHC , the families were supported and no child was removed from the family environment." <i>(Head of CPD, Sofia District)</i></p>
Vidin	<p><b>Coping families</b></p> <p>"The most important achievements are the cases in which, as a result of the support of HHC, the families cope with the care of their children." <i>(Social worker, CSSCF -Vidin)</i></p> <p>"In Vidin, an association has been established that offers social services for children." <i>(Coordinator HHC Teteven)</i></p>
Yambol	<p><b>Closed HMSCC-Yambol and successful partnership</b></p> <p>Thanks to the hard work of HHC, the HMSCC was closed. We partnered successfully with the CPD at SAD-Yambol, they were truly committed to the removal of the children, our communication was seamless and contributed to the final result of the removal of the last children in the home." <i>(Coordinators HHC Yambol)</i></p>

## 7. The capacity of HHC

During this period, HHC has prioritized capacity development at the district and local level, drafting 35 Memorandums of Understanding, continuing the development and promotion of professional publications, films and methodological documents, and participating in the drafting of positions and statements as a member of the Childhood 2025 Collaboration. These include:

- Memorandums of Understanding between HHC and Municipal Administrations.
- Memorandums of Understanding between HHC and District Administrations.
- International Conference "Deinstitutionalization of Child Care: How do we invest in change?", 5-8 November 2019, Sofia.
- Film: Active Family Support for Families in Crisis by HHC- Bulgaria Branch - 2017
- Film: Back with my family
- The Good Helper Child, A Guide to the Meaning of Child Participation.
- Children's Participation Programme:
  - Advocacy meetings with representatives of the Bulgarian government - MLSP, MH
  - "Being Safe" - Child Protection Policy in HHC
  - "Children Helping Children" - an initiative to support the Children's Programme of the National Children's Society and children from the St. Vrach Day Care Centre for children with disabilities
- Participation of HHC in positions and statements of the Childhood 2025 Coalition:
  - Position paper on 165 new cases of healthy children placed in HMSCCs - to the Minister of Labour and Social Policy and the Executive Director of the SAA, 2019.
  - OPINION on the topic of Family Type Accommodation Centres and the process of DI, 2018.
  - OPINION for a new national strategic document for the child - to the President of the SACP, 2018.
  - Proposals for the work of the Taskforce on Integrated Health and Social Services - to the Deputy Minister for Health, 2017.

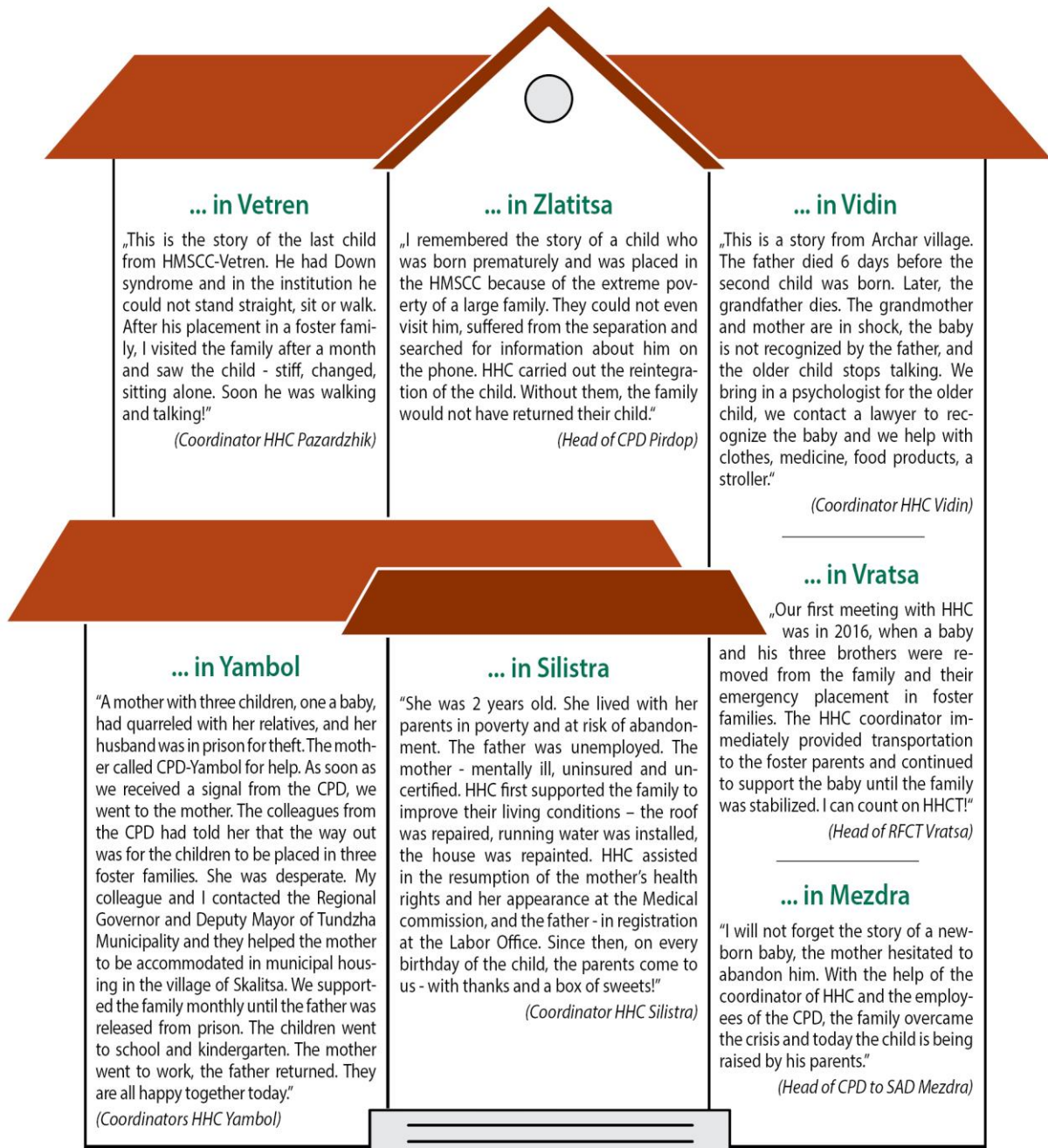


**Confession:**

- **Childhood Rescuer Award** - HHC received this special award at the 2018 National Foster Care Association.
- **Example of Management and Coordination** - The activities of HHC are identified as an example of management and coordination at the local level through the DCMD and the partnership with the District Administrations, in the Monitoring Report for the Implementation of the Updated Action Plan for the Implementation of the National Strategy "Vision for the Deinstitutionalization of Children in the Republic of Bulgaria" - Period 1 January - 31 December 2019.

Visible results for people, communities and systems	
8	Closed 8 HMSCCs with the support of HHC, without national projects of the state
1291	1291 families are supported by HHC and the CPD for separation prevention
59	59 families are supported by HHC and CPD to return their children
80	80 foster parents have been supported by HHC in the care of babies and children with disabilities
1543	1,543 training participants (members of DCMDs, CPDs and service providers)
173	173 participants in supervision (members of the DCMDs, CPDs and service providers)
79	79 trained specialists in the FTAC and CSRI
101	101 professionals trained in the new IMPACT services for working with children with challenging behaviour
	Expanded network of DCMDs and consultants, including highly experienced medical professionals
	Expanded profile of foster care with foster parents for children from 0 to 3 years of age and foster parents for children with disabilities and chronic diseases

# Small stories for the invisible results



## ... in Vetren

„This is the story of the last child from HMSCC-Vetren. He had Down syndrome and in the institution he could not stand straight, sit or walk. After his placement in a foster family, I visited the family after a month and saw the child - stiff, changed, sitting alone. Soon he was walking and talking!”

*(Coordinator HHC Pazardzhik)*

## ... in Zlatitsa

„I remembered the story of a child who was born prematurely and was placed in the HMSCC because of the extreme poverty of a large family. They could not even visit him, suffered from the separation and searched for information about him on the phone. HHC carried out the reintegration of the child. Without them, the family would not have returned their child.”

*(Head of CPD Pirdop)*

## ... in Vidin

„This is a story from Archar village. The father died 6 days before the second child was born. Later, the grandfather dies. The grandmother and mother are in shock, the baby is not recognized by the father, and the older child stops talking. We bring in a psychologist for the older child, we contact a lawyer to recognize the baby and we help with clothes, medicine, food products, a stroller.”

*(Coordinator HHC Vidin)*

## ... in Vratsa

„Our first meeting with HHC was in 2016, when a baby and his three brothers were removed from the family and their emergency placement in foster families. The HHC coordinator immediately provided transportation to the foster parents and continued to support the baby until the family was stabilized. I can count on HHCT!”

*(Head of RFCT Vratsa)*

## ... in Mezdra

“I will not forget the story of a newborn baby, the mother hesitated to abandon him. With the help of the coordinator of HHC and the employees of the CPD, the family overcame the crisis and today the child is being raised by his parents.”

*(Head of CPD to SAD Mezdra)*

## ... in Yambol

“A mother with three children, one a baby, had quarreled with her relatives, and her husband was in prison for theft. The mother called CPD-Yambol for help. As soon as we received a signal from the CPD, we went to the mother. The colleagues from the CPD had told her that the way out was for the children to be placed in three foster families. She was desperate. My colleague and I contacted the Regional Governor and Deputy Mayor of Tundzha Municipality and they helped the mother to be accommodated in municipal housing in the village of Skalitsa. We supported the family monthly until the father was released from prison. The children went to school and kindergarten. The mother went to work, the father returned. They are all happy together today.”

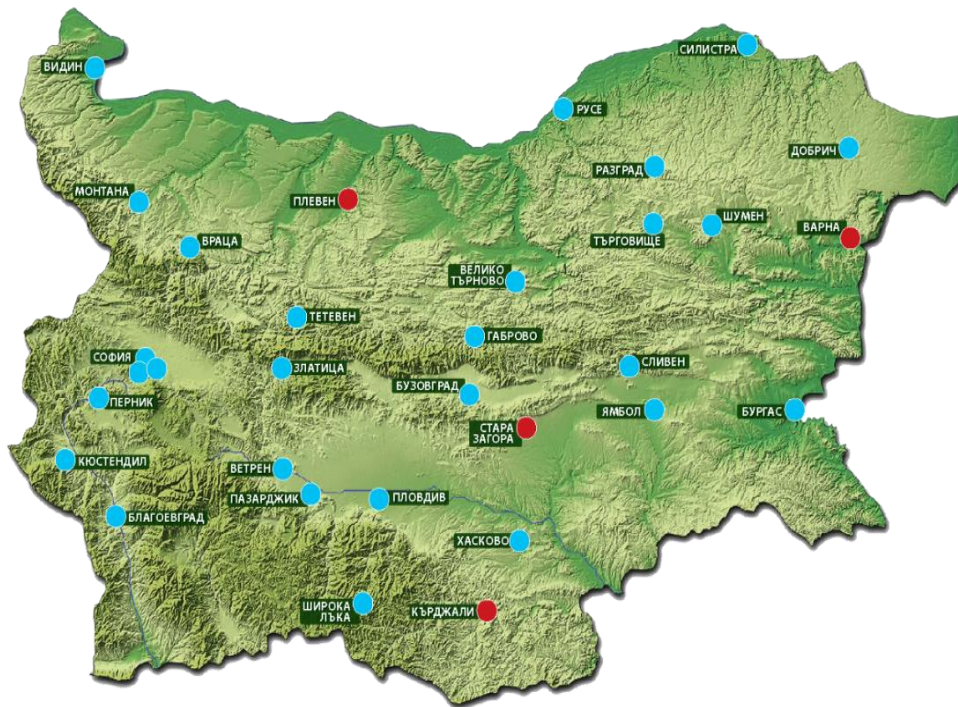
*(Coordinators HHC Yambol)*

## ... in Silistra

“She was 2 years old. She lived with her parents in poverty and at risk of abandonment. The father was unemployed. The mother - mentally ill, uninsured and uncertified. HHC first supported the family to improve their living conditions - the roof was repaired, running water was installed, the house was repainted. HHC assisted in the resumption of the mother's health rights and her appearance at the Medical commission, and the father - in registration at the Labor Office. Since then, on every birthday of the child, the parents come to us - with thanks and a box of sweets!”

*(Coordinator HHC Silistra)*

## VI. "Towards the finish line": 2019-2022



The experience of the project "Ending the elimination of institutions for children under 3 in Bulgaria: a flagship project to stimulate regional and global reform",

*supported by VELUX, OAK, MEDICOR*



## "Towards the finish line": 2019-2022 (with extension until March 2023)



*"The support of HHC comes at the most critical times for families and includes activities for which the CPD does not have the necessary resources. HHC complement prevention measures with direct, immediate and always specific support to the youngest children up to 3 years. Often indirectly, the development of older children in the supported families also improves. This result is not analyzed!"(Head of the CPD at the SAD Pirdop)*

*"The support of HHC was very timely and included not only social and professional support, but also advocacy with state institutions. I am impressed by the organized and highly professional assistance of the HHC team, which provided systematic additional support and training despite the difficulties during the COVID-19 period." (Pediatrician, Medical University, Varna)*

### 1. The context

The project "Ending the elimination of institutions for children under 3 in Bulgaria: a flagship project to stimulate regional and global reform", supported by the VELUX Foundation, OAK Foundation and MEDICOR is being implemented by hhc in a period of ongoing DI in practice, wavering political will and increased resistance among staff in working HMSCCs.

The HHC team aims - with the help of the project - to work strategically in 12 districts of Bulgaria to close 9 HMSCCs for children under 3<sup>20</sup>, thus completing the most critical part of the reform - the DI of care for the youngest children. Efforts are underway to increase the capacity of all actors involved in DI, strengthen the DCMD and provide support to children and families at risk of separation or during reintegration from HMSCC. The efforts of all actors also aim to impact the closure of institutions for Bulgaria's older children.

In this period, the state is planning national projects with European funding for the development of new residential services in the community and for the transition of children from institutions to services in the community - an important step in the development of alternative care at national level. The SAA is implementing the project "Continuing Support for the Deinstitutionalisation of Children and Youth" to build infrastructure and soft measures for the closure of children's institutions, including conducting a needs assessment of children and families. HHC is also directly involved in supporting these families - target groups of the European projects - as they cannot receive social assistance under the projects, recognised by the European institutions as the sole responsibility of the state.

The unexpected crisis with COVID-19 negatively affected the process of DI in Bulgaria - by delaying the process of building the new social infrastructure of 20 FTACs for children in need of permanent medical care and 6 Centers for specialized health and social care for children with high-risk behavior. The willingness of decision-makers and professionals to complete the process of closing institutions for children, often described as "closure at any cost", is also unstable in "these times of crisis".

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<sup>20</sup> These are day-care centres in Veliko Tarnovo, Haskovo, Buzovgrad, Kardzhali, Sliven, Sofia, Pleven, Burgas and Stara Zagora. The remaining 3 LTCMCs are planned for closure by other agencies.

In this successive phase, with unforeseen difficulties, objective crises and institutional fluctuations, HHC has launched a new project aimed at closing the HMSCCs and remains the only sustainable organization - driving the closure of institutions for infants and continuously providing resources for it.

## 2. Political will and leadership

- **The Facts**

A complex set of persistent but also new factors influence social policy and practice:

- Among the stated priorities of the Bulgarian government continue to be the DI of child care, support for the prevention of abandonment, reintegration and fostering of children in foster families and families of relatives<sup>21</sup>.
- The state's planned projects to develop social infrastructure with alternative services for different groups of children have been delayed as a result of various crises - the Covid 19 pandemic and the economic crisis.
- The new Social Services Act confirms the state's commitment to close the HMSCCs for Bulgaria's youngest children by the end of 2020 and to fully implement DI by the end of 2025.
- Childhood 2025 Coalition's active work to influence through position papers on key issues in the DI process continues.

MLSP - Social Services Act (SSA) with a deadline for the closure of HMSCCs by 1.01.2021.
SAA - Project "Accept Me 2015" for the provision of foster care in the 26 districts of the country, extended until the end of 2023.
MRDPW - Project "Support for DI of Child Care" for the construction of infrastructure and provision of equipment and furniture for the functioning of 14 Centers with residential health and social services for children with disabilities and high-risk behavior
SAA - Project "Continuing Support for Deinstitutionalization of Children and Youth", with SACP, MLSP, MH and MES, for closing institutions for children and providing new services
SAA - Project "Continuing Support for Deinstitutionalization of Children and Youth", with SACP, MLSP, MH and MES, for infrastructure and soft measures for the closure of institutions for children
Closure of 8 HMSCCs by the MH, but with the transfer of some of the children to the last 4 working HMSCC
Closure of all institutions for children without family care in the country
An action plan to create a European Child Guarantee (2030) to reduce the number of children in residential care and support children in their biological families.
Statements of the Childhood 2025 Coalition on the process of closure of HMSCC and key issues such as: emergency removal of children from HMSCC and their placement without preparation in other HMSCC or in residential services for children.

- **Opinions**

- **New legislation confirms the closure of HMSCC with a deadline**

- "A new law and decrees regulating social services in the community have been adopted, and work is

<sup>21</sup> Social Assistance Agency Activity Report 2021, <https://asp.government.bg/uploaded/files/6395-YearlyASP-site.pdf>

ongoing to close the HMSCC by the end of 2020 and for a comprehensive DI - by 2025.

➤ **Delay in building new residential services of the MH slows DI process**

- "When we started to close the 8 HMSCCs that had children with severe disabilities, we had to move them to another HMSCCs because the new centers for permanent care were not ready. We knew what the risk was to the children, that it was not right, but this decision at that time was dictated solely to preserve the lives and health of the children. So we placed some of the children - not a large number - from Burgas, Dobrich and Sliven in Varna. But in order for these children to be placed in Varna, children without a need for medical care had to be removed from there and we met the fears of the services about the low age group. In practice, the system is not yet prepared to offer appropriate services for the youngest." (*Coordinator Direction: Family Project, Ministry of Health*).

➤ **Political will for the closure of daycare centers with the most vulnerable children is changing**

- "Unfortunately, in the last two or three years, the political will has not been there - it is assumed that the DI process is over." (*Executive Director of Lumos Foundation - Bulgaria Branch*).
- "The pandemic has desensitised the issue and there was a sense of erratic movement of the DI process by the central government. There was a good legal basis, but also political inertia and inertia in decision-making. There was pressure from all of us to do our job of removing the children, because the resistance from those working in the HMSCC was mounting. Protests were organised in places with outsiders and journalists. Our daily lives were filled with anxiety and concern for the children and together in the Childhood 2025 Coalition we sent our concerns for the children being removed." (*Coordinator HHC Teteven*)
- "In recent years, political will for the DI process has been lacking. It is accepted that this process is over. It has become cardinally difficult for us to work on the closure of the last HMSCCs in Pleven, Varna, Stara Zagora and Kardzhali. In addition, at the end of 2020, as a result of the deadlines set in the new SSA, children from several HMSCCs in the country were removed from the CPDs by order of the SAA and placed in the 4 HMSCCs in the country indiscriminately." (*Coordinator HHC for Northern Bulgaria*)

➤ **DI in practice continues but affected by unexpected crises and instability**

- "After the update of the Action Plan with the firm commitment to close all remaining homes, including the HMSCC, the government signed off on EU projects to build infrastructure and soft measures on the closures. These projects started in the previous phase 2017 - 2018, but the services planned in the MH projects for the construction of 20 FTAC with permanent medical care and 6 centres for children with high risk behaviour have not started in 2020. HHC continued to work on the reintegration of children from HMSCCs in preparation for their closure. In the context of Covid-19, in order to comply with the SAA, the government surprisingly closed a total of 8 HMSCCs with children moving to the remaining 4 HMSCCs. On the one hand, we were happy that 8 more HMSCCs were closed down, which would otherwise have "sucked in" new children, but this was in violation not only of the model but also of the principles of DI. In order to minimize the damage, we offered our support to families and social services..." (*Regional Manager of HHC for Central and Eastern Europe*)
- "The process of DI continued - with the reorganization of institutions for children in family-type accommodation services (FTAS) and foster care. But nothing is more appropriate than growing up in the biological environment, when the parents have the will to do so. The social policy of involving NGOs in support of state institutions has yielded results, because only they provide the much needed direct support to families." (*Head of the Day Care Centre for Disabled Children and their Families in Byala Slatina, Byala Slatina*)

### 3. The models of support of HHC

Continued application of HHC models in direct work with families, professional communities and systems.

- **The model for the closure of HMSCC**

- HHC has been invited to participate with a team of experts and consultants in the assessments and reassessments of the children in the last 4 HMSCCs - Kardzhali, Pleven, Varna and Stara Zagora, in support of the implementation of the project "Continuing support for the deinstitutionalization of children and youth", implemented by SAA.<sup>22</sup>

- **The ACTIVE Family Support Model**

- "The ACTIVE Family Support model has created confidence in many parents that they can care for their babies. Hundreds of children have stayed or been returned to their families. The society gradually accepted that institutions are not a good place to raise children." (*Coordinator HHC Kardzhali*).
- "The models of ACTIVE family support and DCMD were effectively applied in the field work and were accepted as good practices by the social workers in the social services and by the CPDs in the district.

- **The DCMD model including foster families**

- "The DCMD is a living, functioning mechanism, flexible and open to new members who have built capacity to help. DCMD Burgas organizes a series of events for foster families in the district." (*Member of DCMD, Chairman of Burgas Municipal Council*)
- "DCMD continues to be a very well functioning mechanism and the proof of this is all the cases of families at risk that have been reviewed and have ended positively for the children in them - supported and living with their parents or in foster care" (*Member of DCMD Kardzhali, representative of the RDSA*).
- The DCMD model contributed to strengthening the capacity of the CPD, the SAD, the municipal administrations and providers of social services for children, the RHI, the RIE and to common and coordinated activities for prevention of abandonment and support of families. And at the moment the established model continues to work." (*Director of the Directorate of Social Activities and Health in Veliko Tarnovo Municipality*)

### 4. The positive factors

- **The ongoing partnership of HHC and key actors in the field maintains motivation and a sense of professional community**

- "At the workshops organised by HHC, experiences, difficulties and good practices from the work are shared. There are always prepared videos and photos that show the actual result of the assistance provided to the families. Anyone can make a comparison between closed institutions and growing up in a family environment when there is such coordinated support. This gives impetus and motivation to all those working on DI." (*Head of the Day Care Centre for Support of Children with Disabilities and their Families in Byala Slatina*)
- "We have established cooperation between the regional administration, the Municipality, territorial

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<sup>22</sup> Report-Analysis of the NDE on the assessments of the children from the Early Childhood Centres - Kardzhali, Pleven, Varna and Stara Zagora for the period May-September 2022 - <https://hopeandhomesbg.com/wp-content/uploads/2023/04/doklad-ocenki-DMSGD-2.pdf>

- structures of the SAA, local structures of central and state government, social service providers and local NGOs. These are the communities of our families." (*Coordinator of NDD Veliko Tarnovo*).
- "Sustainable networking, based on the excellent working of the DCMD in Burgas region, the signed Memorandum of Partnership with the Burgas Municipality, the annual charity campaign "The Tree of Goodness" (*Manager of the CSC - Burgas Municipality*)
  - **The work of HHC on the prevention of abandonment produces visible results for all**
    - "The work on prevention of child abandonment and reintegration of children in their biological families continues intensively in partnership with HHC. They are our good partner and have proven their competence and professionalism through their prompt and adequate support to increase resources in families. Another important factor is the increasing number of foster families where children receive the necessary care in a family environment." (*Head of CPD at SAD, Aitos*)
    - "HHC supports the family after leaving the social service of the Mother and Baby Unit, which is a prerequisite for more sustainable prevention." (*Director of CSSCF Plovdiv*).
    - "The main positive factors to date include the rapid exchange of information and the timely provision of support to families in need by HHC." (*Head of CPD Haskovo*).
    - "The material and psychological support provided by HHC is still extremely important for the prevention of removal of children from their families." (*Head of CPD Sofia*)
    - "The support is immediate and is appropriate to the needs of the children and families." (*Head of CPD at SAD Kardzhali*)
    - "Working in a pandemic environment has made us look for even more effective solutions. Prevention has become the main focus, so that the institutions are not filled." (*Coordinator HHC Teteven*)
  - **Financial support of HHC to foster parents**
    - "HHC provides financial assistance to foster families for travel to medical centers located in other districts, for the purchase of vital medicines for foster children, for travel outside the Haskovo region, for meetings and adjustments with children who are to be placed in the foster family." (*Head of Regional foster care team - RFCT Haskovo - under the Project "Accept me 2015"*)

## 5. The difficulties and the solutions

- **Delayed closure of HMSCC affects children and the system**
- "The postponement of the closure of the last 4 HMSCCs is a huge problem because at any moment they could become convenient for accommodating new children. The difficulty was that although the deadline for closing these institutions was known, in most of them the children were not phased out. Waiting until the last month could lead to a fatal outcome for some children. The CPD should have acted more decisively. The staff from the HMSCC seemed to be using the children as hostages." (*Coordinator HHC Teteven*)
- "In districts with uncovered HMSCCs, the CPDs are under the influence of their directors and only respect their medical opinion. We – HHC - were asked to reassess the children in the 4 HMSCCs because they were last assessed in 2020. But the CPDs did not follow all our recommendations, under the influence of the HMSCCs directors, and submitted other information to the SAA, reducing the number of children who received an opinion from us that they could be raised in foster care. The opinion was prepared by associate pediatricians who participated in the reevaluation. Because the directors convinced them that the children were not fit for foster care. Apparently there are reasons for sabotaging the removal of the children and the closure of the HMSCC itself that we are not aware of." (*Regional Manager HHC for Central and Eastern Europe*)

- The closure of the last 4 HMSCCs should be part of the National Map of the Social Services." (*Deputy Mayor of Teteven*)
- **The lack of quality standards for foster care negatively affects its development and the attraction of foster families**
  - "There are no changes in the Social Services Act for the service "foster care", no updated standards and criteria, both in terms of the requirements for foster parents and for their remuneration and professional development." (*Head of Regional foster care team - RFCT Haskovo - under the Project "Accept me 2015"*)
- **Insufficient capacity to work with the youngest children with disabilities has a negative impact on the removal of children from HMSCCs**
  - "Still at the local level people are not prepared for DI. This was evident with the 8 HMSCCs planned for closure during this period. Some of these had children in more severe condition but without the need for ongoing medical care. When they had to be moved out of the HMSCCs into social services, it turned out that some of the children had already been moved to the FTAS under the Childhood for All project, but quickly returned to the HMSCCs. I am not talking about many cases. In the new service, the child has regressed, cannot adapt, the staff cannot cope with him and they return him. And now some of these services where the children have to be taken out again, they don't want to take them in because they are afraid. Obviously the staff in the FTASs for children with disabilities need further training." (*Project Coordinator Direction: family, Ministry of Health*)
  - "At the local level, the work of the CPD was hampered by the small number of foster families and the lack of foster families for children from 0 to 3 years, as well as foster families for children with disabilities. This problem continues in Burgas region and often children have to be placed in other towns and districts, far away from the place of birth." (*Shared opinion of a Member of the RFCT, Chairman of the Municipal Council, Burgas and the Coordinator HHC Burgas*)
  - "Difficulties related to the removal of children with disabilities from HMSCC continue." (*Social worker - coordinator of programs in CSSCF Vidin*)
  - "During this period, children were also being placed and diagnosed, which artificially kept the children in the HMSCCs." (*Coordinator HHC Sliven*)
  - "In Stara Zagora there is a huge HMSCCs to close. I feel like a stopped train in a dark tunnel." (*Coordinator HHC Stara Zagora*)
- **Parents in crisis continue to be undersupported**
  - "Difficulties for parents are most often related to the lack of support from the family environment, especially the support for the underage mothers." (*Director of CSSCF Plovdiv*)
  - "A serious difficulty is the illiteracy of parents, from which the lack of activity and confidence stems. That is why one of the most important tasks of the support teams is the requirement for children's to study at school." (*Head of the Day Support Centre for Children with Disabilities and their Families in Byala Slatina*)
  - "In spite of the advanced stage of the DI, the removal of children from families in difficult situation continued in this period." (*Head of the CPD Sofia*).

## 6. Achievements

### Achievements at national level

- **Developing a professional community invested in the DI process**

- "There is a very serious professional community of service providers and advocacy organizations established and working, which are the correctives that invest in the DI process, but also demand activism and responsibility." (*Deputy Minister of Labour and Social Policy 2009-2013*)
- **The professional community advocates for the link between the closure of HMSCCs, separation prevention and families' access to community-based services**
  - "The closure of HMSCCs during this period reinforced the practice of not institutionalizing infants. The closure of 8 HMSCCs during a 2-year pandemic with extreme social constraints and enormous pressure from the economic situation is a real success! The model of closing institutions for children was followed, social services for children and families were developed." (*Teteven HHC Coordinator*)
  - "At the national level we observed a "melting of the ice" with SACP, MLSP and SAA, there were common goals for the support in the community." (*Coordinator HHC Stara Zagora*)
  - "There has been visible progress - in the areas where HMSCCs have already been closed, the protection system is doing well, has gained experience and is working better with biological and foster families." *Regional Manager HHC for Central and Eastern Europe*)
- **Supported children and parents stay together**
  - "The most striking indicator is that the children we have supported together with HHC are being raised in a family environment, with their basic needs for shelter, food, warmth and health being met." (*Manager of the CSC - Burgas Municipality, Head of the RFCT, Burgas*).
  - "The HHC team provides support to families when they are in crisis. And the decision to separate from a child is always made during a crisis! With the closure of the HMSCC there has been a change in the attitudes of families at risk - they find it much harder to make the decision to leave their children with another - foster - family than in an institution. With our monthly active support and their resources in the community, the parents have mobilized to the maximum, despite the difficulties and the real risks." (*Shared opinion of both Coordinators HHC Yambol*)
- **General knowledge is achieved about the specifics of transition from institutional care to community support**
  - "We are guided by the lessons learned from DI, which show us that closing a specialized institution without sufficient training can be more dangerous for children and even put them in a worse situation, violating their rights. Any decision to move a child from their usual residence, including the institution, to a new location and type of care is a delicate transfer procedure that must be carefully planned, supported and carried out. Children who have not yet spoken or have limited communication skills cannot understand changes in their lives if they are simply told what is happening. They also need to be prepared for the move. Moving children under 3 into unfamiliar contexts and/or with strangers can be extremely frightening and traumatic for them and can lead to behavioural problems and developmental delays." (*Programme Director, Community Services, UNICEF Bulgaria*)
- **Direct work with families with children at risk focuses on the need for early childhood development and early intervention services**
  - "A key achievement has been the development of a system of support services for families with children at risk. At the national level, social services have been opened and are functioning in over 130 municipalities with direct work with children and families aged 0-18/20. Integrated health and social services are also provided for children 0-7 and families, aimed at early childhood development and early intervention of disabilities." (*Director of the Social Activities and Health Directorate in Veliko Tarnovo Municipality*)

## Achievements at regional and local level

Burgas	<p><b>Active professionals and systems supported families</b></p> <p>"Established and working DCMD in Burgas region, Memorandum of Partnership with OA Burgas. We work in partnership with 7 CPDs, OA, RDSA, SAD, CSC, municipalities, RIE at MES, NGOs. 41 cases of children and families have been discussed and supported at 22 meetings of the DCMD. The activities of the HHC coordinators are included in the Municipal Programme on Child Rights. On the ground we provide material assistance, support and counselling to families at risk." <i>(Shared opinion of both Coordinators HHC Burgas)</i></p> <p>"Success is the annual initiative, now a tradition - "Christmas Tree of Goodness" in the Burgas Municipality. Exciting, uniting, family holiday." <i>(Member of DCMD, Chairman of Burgas Municipal Council)</i></p>
Veliko Tarnovo	<p><b>The closure of HMSCC-Debelets and the mobilized families</b></p> <p>"The closure of the HMSCC-Debelets achieved thanks to the development of new social services and the referral of families and children at risk to them, as well as the model of ACTIVE family support, mobilizing the resources of parents." <i>(Director of the Social Activities and Health Directorate in Veliko Tarnovo Municipality)</i></p>
Sozopol	<p><b>Successful prevention of child abandonment</b></p> <p>"In recent years, the Sozopol CPD has not had a failed prevention. All the children with whom the department and HHC have worked are being raised in their biological families. Both the achievements and the difficulties have shown that teamwork and - not rarely - the participation of representatives from the highest level in the state administration is necessary." <i>(Head of the CPD Sozopol)</i></p>
Vidin	<p><b>Children stay in families</b></p> <p>"Every case in which, as a result of the cooperation with HHC, the families manage to cope with the care of the children." <i>(Social worker - program coordinator at CSSCF Vidin)</i></p>
Aytos	<p><b>No abandoned children</b></p> <p>"Thanks to the quick, timely and adequate support of the HHC coordinators for Burgas region, the risks of child abandonment were overcome. Many children were given a chance for a better life in a family environment." <i>(Head of CPD at SAD Aytos)</i></p>
Haskovo	<p><b>Closure of HMSCC-Haskovo and development of foster care</b></p> <p>"Closure of HMSCC, development of foster care and other services for families, interaction between institutions, advocacy of NGOs." <i>(Coordinator HHC Haskovo)</i></p> <p>" HMSCC-Haskovo has been closed and no children have been placed in institutions. The children are being raised in their families with support." <i>(Head of CPD Haskovo)</i></p> <p>"Together with HHC we prevented the abandonment of dozens of children who remained in their families." <i>(Chief Social Worker at SAD Haskovo)</i></p>
Byala Slatina	<p><b>Trust and consistency in support preserve the family</b></p> <p>"Satisfaction with family preservation is an indicator of our need as social workers. At the beginning there is mistrust in the families, they think it is another one-off visit from some services. Then the relationship is established, they see the real support, they gain</p>



	confidence in their own strength." ( <i>Head of the Day Support Centre for Children with Disabilities and their Families in Byala Slatina</i> )
Buzograd	<p><b>Closure of HMSCC-Buzovgrad day-care</b></p> <p>"After the closure of HMSCC-Buzovgrad, a Center for Complex Services for Children with Disabilities and Chronic Diseases (CCSCDCD) was established, with early diagnosis, treatment, medical and psychosocial rehabilitation, access to medical specialists, etc. (<i>Coordinator HHC Stara Zagora</i>)</p>
Sliven	<p><b>Closure of HMSCC-Sliven</b></p> <p>"The indicator of success for Sliven is that the HMSCC has been closed and there is no institutionalisation of children. The results are sustainable.</p> <p>HHC continue to maintain links with all organizations working for the prevention of separation from children." (<i>Expert RHI Sliven</i>)</p>
Stara Zagora	<p><b>Resolved cases, supported families</b></p> <p>"In Stara Zagora, despite the frequent changes of leadership, there were a sufficient number of meetings of the DCMD and many cases solved through it. Donations were organized with the Bulgarian Red Cross, Zonta Club and many others. But the HMSCC was not closed." (<i>Coordinator HHC Stara Zagora</i>)</p>
Sofia	<p><b>A better life for children and families</b></p> <p>"Improved living and learning conditions for the children, as well as family support in reintegration work" (<i>Head of CPD - Vazrazhdane, Sofia</i>)</p>
Yambol	<p><b>The closure of HMSCC-Yambol and contribution to the closure of other institutions for children</b></p> <p>"With the joint efforts of the entire HHC team, the HMSCC-Yambol was closed. Support was provided both at the management level and collegially - with consultations and direct assistance. During this period we successfully partnered with the CPD-Yambol, who assisted in finding foster families from different districts and removing the children from the HMSCC. We contributed to the closure of the HMSCC in Sliven through abandonment prevention." (<i>Coordinators HCC Yambol</i>)</p>
Kardzhali	<p><b>An end to the placement of healthy children in HMSCC and timely support for the youngest children</b></p> <p>"Although the HMSCC-Kardzhali has not been closed down, HHC has contributed to the cessation of placement of healthy children and the removal of healthy children from it. Only children with disabilities remained in the HMSCC. The social workers from the CPD were always looking to us for help with families at risk of separation from their children and to find foster families for newborn children and children from the HMSCC. HHC assists in increasing the number of foster families for children aged 0 to 3 years" (<i>Coordinator HHC Kardzhali</i>).</p>
Pleven	<p><b>The removal of children from institutions</b></p> <p>"The most important achievement is the removal of children from institutions and their placement in a family environment or in foster families, carried out jointly with the CPD and the RFCT." (<i>Coordinator HHC Pleven</i>)</p>

## 7. Capacity of HHC

- Good practice guide or how to support families with children at risk, 2020
- COVID 19 - The Isolation Diaries, 2020
- A model for matching children from HMSCC with foster families online
- Statements of the "Childhood 2025" Coalition on the placement of children in the residential services
  - COVID 19: Call to action to protect vulnerable families and children in alternative care across Europe
  - Letter on the urgent process of closing 8 HMSCCs, December 2020.
  - Statement of the "Childhood 2025" Coalition on areas of concern in achieving the goals of the DI process in Bulgaria, May 2022.
- Together we can do anything - Campaign of Electrohold Bulgaria and HHC to support vulnerable families with children to overcome the negative consequences of COVID-19, 2022
- Organization and management of health care for children with disabilities, 2022 - Bissett, A.P.
- Films with the stories of Martina and Nikolai, Minka and Bozhidar, the twins Kaloyan and Maria, - 2022.
- International Conference "11 Years in Support of Children and Families", March 2023.
- Families. No institutions. HHC, 2022

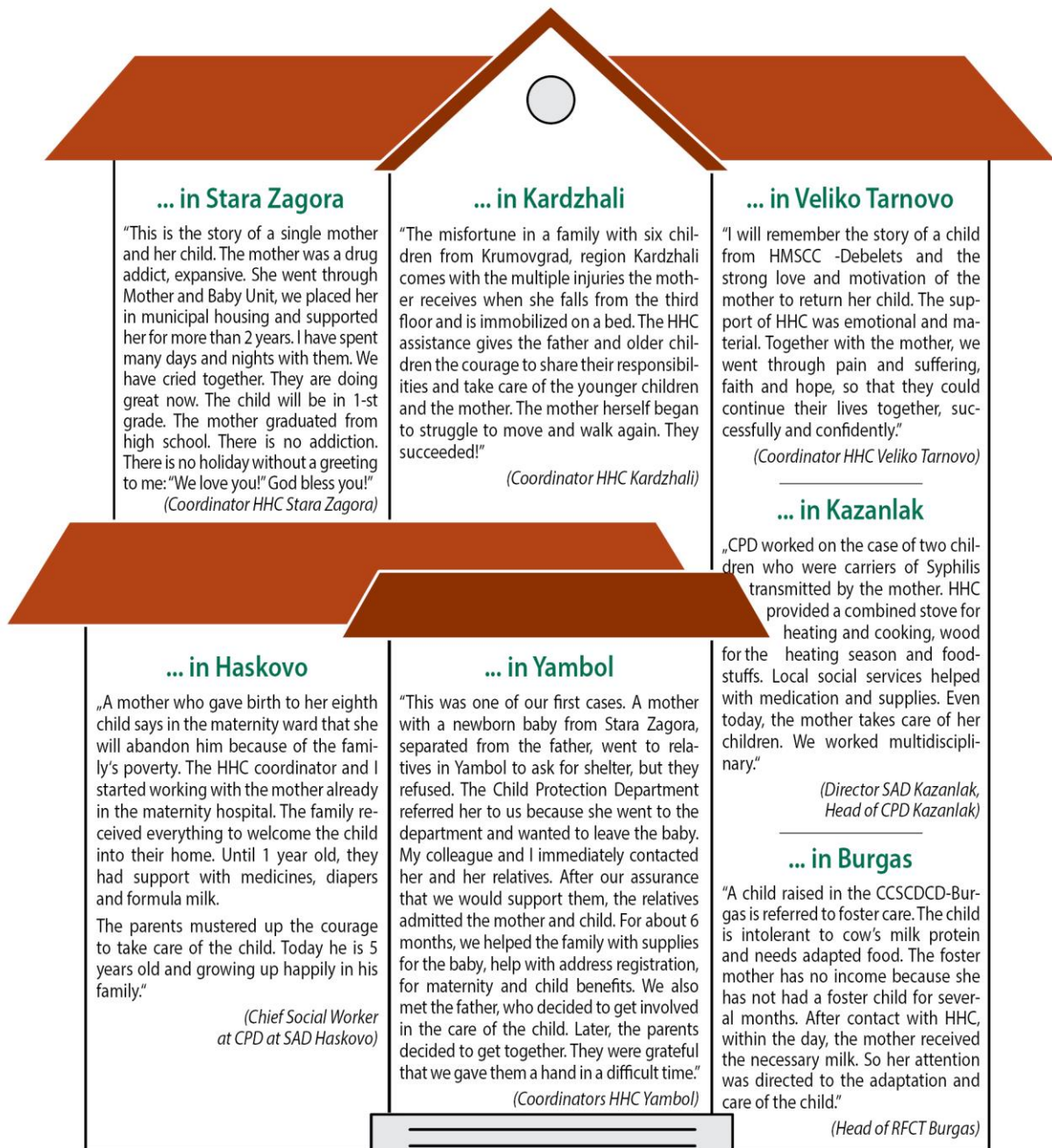


### Recognition

- **Second Prize** "Social Innovations related to Social Inclusion" of the HHC Youth Programme - 2022.
- **Good practice** - in Eurochild Report's Growing up in a pandemic: Europe's children in the age of COVID-19
- **Ambassador of Good, 2022** - Award of the MLSP and SACP for making a difference in the lives of families in difficulty.

Visible results for people, communities and systems	
6	6 HMSCCs closed with HHC involvement during pandemic!
711	711 successful child-parent separation preventions have been implemented
8	8 reintegrations of children into their families were carried out
40	40 foster families are supported in the care of babies and children with disabilities
21	21 DCMDs work for prevention and reintegration
20	20 children were removed from HMSCC to their biological or foster families
	A new online model for "matching" children from HMSCC with foster families has been tested
	HHC participates in the assessment teams of the children in HMSCC under the SAA project and works for the urgent removal of newly placed children in the uncovered 4 HMSCC
	HHC supports Ukrainian families with children from 0 to 3 years in Pleven, Yambol, Vidin, Vratsa, Veliko Tarnovo
	The "Childhood 2025" Coalition and HHC impacted DI through advocacy and recommendations to the government.

# Small stories for the invisible results



## VII. Experience in working with children and families

### 1. Through the eyes of the families

*"It was a long time ago, in 2012. The mother wasn't well - she didn't want to feed the child, to look after it. They were in the hospital, for the child's kidneys, but the mother threw the bottle with the milk out the window... she left the hospital, not knowing where... And the child went to a "home"... Then Kremena came and started helping us to get the child back - to repair the room, to have wood for the stove, to have food, diapers, medicine for the child. Every time she reassured me, told me to believe that I would be fine! She gave us a photo album of the child and family, to see how far we had come! We made it!"(Father, village of Kalekovets)*

*"My granddaughter was born in 2013, a methadone baby, with a TEMC of 50% from birth. Her mother has a drug addiction. She could not care for the child. She was late walking, late talking, we had so many fears! HHC helped us in a difficult time - I was laid off and after the benefit period - without money, at 60 years old. Kremena helped us with everything we needed: baby milk, clothes, diapers, gas invoices, because we often went to checkups in Plovdiv. They helped us with the autocratic support for the adoption. The child's independence is our biggest success! She goes to school, she is doing great, she draws very nicely! Here is a drawing for me: "I love you, Daddy!" (Grandfather and grandmother, adoptive parents, Kaloyanovo village)*

*"It was 2018. It was a difficult time, my daughter - a minor mother, with a minor child, both at risk! The child could not speak, was hyperactive, had reflux, needed adapted food... My daughter did not care for the child, she had him as a younger brother... Without Valeria from HHC we would not have survived physically, we needed food for the child, but also for us... They helped us until we got on our feet. Together we built a network of support - with the CPD, the kindergarten and specialists. It woke up the faith that we would make it. Five years later, here we are - we have a special child in preschool. In the beginning he was a special needs child, now he is developing in a special, unique way!" (Grandmother, Sofia)*

In March 2023, we visited families with whom the HHC coordinators had worked back in time - in 2012, 2013, 2015, 2018. We saw the children grown and the families increased. We heard stories of successes and difficulties - of parents and children, at work and school, at home and family. We heard about their plans - for the future of the children, the hopes of the mothers and the work of the fathers - here or abroad. We also heard about the fears - about the children's difficulties, about their isolation at school, about health and check-ups, about developmental crises and about the insecurity of the families... They told us with excitement about the help from the HHC coordinators, repeated their names, returned to the months or years of support, to the help and faith in them... They all sent us off with the invitation, "Come and see us again!"

We learned a lot - about the families, the issues, the triggers, about meetings with HHC and support, about change and resources.

- **What types of families did we meet?**

These were mostly large families, often with an infant placed in a HMSCC. And with support from HHC to get their child back.

We talked to single mothers, some with difficulties (intellectual, mental), with one or several children, often not recognized by the father. They received help from HHC to take care of their children and to move on with their lives.

We were welcomed into the home by a single father, but with a large family of relatives, who received support from HHC to bring his baby, placed in a HMSCC, back to school, to raise him and now to enjoy and worry that he is now in school, albeit with not much success.

We thanked parents of children born with chronic illnesses and disabilities for revisiting the pain of the past and sharing the happiness of the present.

- **What problems have they encountered?**

Families talked about their extreme, enduring poverty, in precarious housing, with meager living, poor food, illness... And how the baby is placed in the HMSCC to be fed, raised - "for a short time", "until he grows up"... and sometimes stays for years.

The single mothers and grandmothers who became mothers of their grandchildren talked about the time without income, without support, about their vulnerability, about the exhaustion and the deadlock, about the hesitation how long they will be able to look after the child like this, how long they will have strength. Because without them, the children "will go to waste"...

Families who have experienced extreme stress or crisis after illness, separation, or death in the family have spoken at length about their problems, their wanderings, and their seemingly endless suffering.

They went back to memories of the beginning - of pregnancy and the birth of another child, sometimes twins, in large families; of the discovery that the baby had fragile health, illness or disability; of an accident and loss - of health, work, a partner, another child... Or of a series of accidents and problems that seemed to have no end - to physical suffering, helplessness, emptiness ...

- **What support have they received?**

- Immediate support to cope with an accident, risk or crisis - material help for home and household, to welcome the baby into the family, financial help for medicines, consultations with specialists, aids, operations, etc.
- Support for overcoming the persistent problem in the family - material or financial support for a safe, warm and secure home and life, administrative support for municipal housing, consultative support for improving health and controlling illness, support for education and employment, restoration of health rights, etc.
- Additional support to understand the problem - information and counselling support to understand the health problem or disability, the child's specific care needs, the tasks facing the parents, the support available from the state, social services or other organisations, perspectives and life together, etc.
- Support for the development of baby care skills - healthy eating skills, daily routines, motor and cognitive development, social relationships, closeness.
- Consultations with specialists - lawyers, psychologists, early intervention specialists, cardiologists, nutritionists, rehabilitators, speech therapists, pulmonologists, neurologists, allergists, etc.
- Continued support to strengthen resources and stabilize the family - through communication, childcare, shared concerns, mutual support, etc.
- Supporting links with the small community - estranged relatives, services, parenting organisations, neighbours and friends - to build a support network.
- Administrative support - for the recognition of the child by the father, for registration and other documents for parents and children, for health rights of parents, appearance at TEMC, etc.
- Monitoring and ongoing communication for connection, sense of belonging, and to assess and

analyze progress, needs and risks.

- Accompaniment in difficult times - for reassurance, problem solving, mediation with institutions, advocacy.

- **How long is the support?**

We heard stories of intensive support for between 3 and 6 months, and ongoing support for a year or two, and more. The key is that support continues until the family and child care stabilizes. Beyond that timeframe, the HHC's relationship with the family continues long-term - through the anticipated holidays and the unexpected hardships, through the human relationships and mutual trust.

- **What have we learned about crisis support?**

In the course of our assessment trips and meetings with families in the Plovdiv region, I observed the crisis case work carried out by a team of HHC coordinators (the coordinators in Sofia, Plovdiv and Yambol) and their partners in three municipalities and CPDs - in Plovdiv, Yambol and Elhovo.

#### **Crisis support during assessment**

A mother of an infant and two older boys (6 and 4 years old) called the HHC coordinators in Yambol, crying that the 4-year-old child had burned himself with boiled milk while she was changing the baby's diaper. The coordinators quickly referred the mother to a hospital in Plovdiv and called the coordinator in Plovdiv to ask her to support the mother, the child with the burn and the baby. They themselves contacted the father's sister (who works in Greece) in Kresna to send the big boy to her.

The coordinator in Plovdiv visits the mother in the hospital for support. She has to look for a place for the mother and the baby to live because the child with burns is placed in intensive care and they do not allow attendants. The coordinator contacted the CPD and the Mother and Baby Unit (MBU) and after several conversations and coordination, the mother and baby were placed in the MBU. The coordinator visits them and talks to the social workers about the mother's condition. She has a mental illness that was triggered at the birth of one of the children at home and worsened - after the loss of a baby at 40 days, following a bout of COVID.

Due to the experience or because she did not take medication during this period, the mother fell into a crisis and was admitted to the psychiatry in Plovdiv for treatment. The social workers from the CPD call the coordinator in search of a solution for the children. The baby stays in the MBU during the weekends, and the coordinator and the CPD Elhovo look for a solution for the next period. The CPD Elhovo finds a foster family to care for the baby while the mother receives treatment. The CPD Plovdiv, with a donation of fuel from HHC, placed the child with the foster family.

After 10 days, the hospital called to say that the child with the burn was out of danger and would be discharged. During the stay, the coordinators are looking for an option to get the child to his aunt in Kresna. The three departments - CPD Kresna, CPD Elhovo and CPD Plovdiv make a plan for accommodation. Again with the support of HHC, the child is placed with the aunt in Kresna. The mother stays for about a month in the psychiatry.

When the mother was discharged, with the efforts of the coordinators in Plovdiv, Yambol and Sofia, the mother was sent to her relatives in Kresna. In the meantime, HHC coordinators in Yambol spoke to the father and convinced him to return to Bulgaria and take care of his children and wife. Soon the man returns from Greece, they collect their children and now they have to collect the baby from the foster family. So it all ends with a happy ending!

## 2. Through the eyes of specialists

*"The team of HHC helps with struggle, dedication, professionalism." (Deputy Regional Manager – Sofia city)*

*"The timely direct work of HHC prevents irreversible consequences for the child and the family." (Head of the CPD - Sozopol)*

*"HHC has filled an empty niche in social outreach. The results of their support for families are visible and sustainable over time. These are professionals with their own handwriting." (Head of the CPD at the SAD - Pernik)*

*"The support to families from HHC was professional and timely. They are sensitive to the problems of the family and the needs of the child." (Director of HMSCC Ruse)*

*"The support of HHC is always timely when a need is reported by the CPD. The coordinator is responsive, competently sets priorities and boundaries. Ms. Andreevska always visits the family's home first, talks to the SAD, school, GP, relatives, neighbours. She draws up a complete picture and acts methodically and quickly, according to the specific need." (Social worker CPD/SAD-Byala Slatina)*

*"What distinguishes the colleagues from HHC, in the face of Antonia Meserdzhieva and Evgenia Meserdzhieva, is precisely the timely help they give to the families. The colleagues are true professionals, with knowledge and skills, but more importantly – with approach and method of working with families, foster parents and specialists." (Head of RFCT Burgas)*

*"The assistance of HHC is timely, related to the specific needs of the family in terms of material support, finding a job, improving housing conditions, administrative support, covering health insurance and medical expert decisions, medical care, provision of medicines, logistics." (Social worker in CSC Silistra)*

*"We trusted the HHC team, they knew what the children and families needed to live together." (Deputy Mayor of Teteven)*

*"I highly appreciate the work of the HHC coordinator and the specialists from HHC for Ruse region. They are recognizable among institutions and families. Their support is timely and aimed at minimizing the risk of abandonment of the baby or his reintegration into the family. The team never breaks the link with the families!" (Head of Ruse Department of the DGCRG at the SACP)*

*"The HHC team in Sliven district has the necessary knowledge and skills to work directly with the families. The children stay in the families!" (Expert RHI Sliven)*

*"This is support "here and now", literally a "ring" away!" (RDSA Kardzhali)*

*"The support of the HHC specialists has always been timely and adequate, with attention to the families." (Chief Expert of CPD in RDSA - Smolyan, Head of CPD Kazanlak, Head of CPD Aitos, Chief Social Worker in CPD at SAD Haskovo and many others)*



## VIII. Sustainability of deinstitutionalisation and open questions

*"We have enough accumulated critical material, we have enough experience and good practices, and if we develop the culture and the skills to learn from experience, we will have much better results and perhaps fewer messed up children's fates." (Deputy Minister of Labour and Social Policy 2010-2013)*

*"A systematic approach is needed in the planning and implementation of cross-cutting policies for children and their families, ensuring stability and sustainability of measures, with multidisciplinary and inter-institutional work for the best interests of every child." (Secretary General of the SACP since 2013 and President of the SACP since 2022)*

*"We need to wake up more people. We need to change the patterns of thinking, to tell, to show, to recall good practices, to paint a future without children's homes. And we, from HHC, can and will do it." (Coordinator HHC Stara Zagora)*

*"Today - after the explosion of various crises - we are in a new phase of DI, which requires not only the closure of institutions for children, but also a new vision of child protection. It requires:*

- To gather positive evidence of children and families supported and together;*
- Making cost-effective public policy;*
- Make child protection part of poverty prevention and cost of living crisis policy reforms.*

*4 LTCFs in Bulgaria have not closed - nothing is over until it is over! But in a short period Bulgaria has made a significant, qualitative change and national reform." (CEO HHC UK)*

### 1. Resilience of DI

The participation in the DI of so many different groups of professionals, with sensitivity and motivation, with increasing capacity and long experience in the field, with knowledge of the positive factors and the risks, is a powerful factor for the sustainability of the process of closing institutions for children, but also for a change in the philosophy of child protection policy.

Without opposing opinions, the participants in the evaluation formulated the steps and measures for the continued DI for the youngest children of Bulgaria - these are the opinions of decision makers, specialists in the RDSA and the CPD, in the RHIs and projects of the MH, members of the DCMD, social service providers and NGOs, representatives of district and municipal administrations, the academic community, the HHC team, national and international partners.

We combined them into 13 goals for the sustainability of DI in Bulgaria.

#### 13 Sustainability Goals for DI in Bulgaria

1. Continuing efforts until the closure of the 4 HMSCCs
2. Political will and governance of the DI process in the current context of acute crises
3. Development of common policies in the health, social and education systems for the most vulnerable children and families
4. Adequate funding for the development of systems and professionals involved in DI
5. Partnership between NGOs, state and municipal structures to support the most vulnerable children and families in times of crisis

6. Development of services for prevention and for ACTIVE support of children and families
7. Sustainable development of foster care with development of quality standards
8. Establishment and operation of residential services with permanent medical care
9. Continuing education for organisations and people as an investment in the future
10. Developing a community of practice of professionals working with vulnerable children and families
11. Gather evidence on outcomes for children and families, processes and reform priorities
12. Continuing the work of HHC for active families, systems and communities
13. Evidence-based advocacy from every goal achieved!

## 2. Open questions instead of conclusion

Today, 209 children<sup>23</sup> live in the last uncovered 4 HMSCC, 82 of them are over 3 years old - permanently institutionalized! A balance of leavers (85 children) and new entrants (79 children) is maintained both overall and by institution, indicating a drive to maintain the status quo.

- In Varna: 15 new children and 13 children left.
- In Kardzhali: 7 new children and 5 children left.
- In Pleven: 18 new children and 24 children left.
- In Stara Zagora: 39 children were newly admitted and 43 children left.

The largest number of children were admitted from the maternity ward - 43 children, and from the children's ward - 24 children.

These data, at the end of the evaluation, prompted us to pose questions to the brief conclusions:

- The HHC team successfully worked to close the infant institutions so that the "gateway" to the entire system would be closed. **Is there a need for new leadership to stop the next generation of children being "raised" in institutions and in new services alienated from families?**
- DI is a long-term, intersectoral and intergenerational process. **How does the journey towards a national policy bringing together different sectors and generations of helping professionals continue?**
- Bulgaria has made significant positive progress in DI, but the process is not complete! **How is evidence gathered that supporting families leads to better lives for children? How is child protection integrated into larger national policies - to prevent poverty and to tackle the cost of living crisis?**

<sup>23</sup> Response of the Ministry of Health №93-00-19 / 06.02.2023, to a request for access to public information.