

EVALUATION REPORT

Formative and Summative Evaluation of the Childcare and
Deinstitutionalisation Reforms in Europe and Central Asia 2009 - 2022

Bulgaria Country Report



Coram International at Coram Children's Legal Centre (CCLC)

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This evaluation was conducted by Coram International on behalf of UNICEF Europe and Central Asia Regional Office as part of a regional formative and summative evaluation of childcare and deinstitutionalisation reforms in seven countries (Armenia; Bulgaria; Georgia; Moldova; Montenegro; Serbia; and Tajikistan) from 2009 to 2022. In-country data collection for the evaluation in Bulgaria was carried out by Rosalie Lord and Miglena Baldzhieva. Further remote interviews were carried out by Professor Dame Carolyn Hamilton DBE. The Coram International team is led by Professor Dame Carolyn Hamilton. Team members who are part of the region-wide evaluation team include, Kara Apland, Sihana Bina, Catherine Burke, Farah Elhouni, Bruce Grant, Ramyah Harrichandrian, Rosalie Lord, Awaz Raoof and Amelia Smith.

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LIST OF ACRONYMS

| | |
|--------|--|
| AQSS | Agency for Quality of Social Services |
| ASA | Agency for Social Assistance |
| CRC | UN Convention on the Rights of the Child |
| CWD | Children with disabilities |
| CRPD | Convention on the Rights of Persons with Disabilities |
| DI | Deinstitutionalisation |
| ECARO | Europe and Central Asia Regional Office |
| ESIF | European Structural and Investment Funds |
| EU | European Union |
| MoES | Ministry of Education and Science |
| MoH | Ministry of Health |
| MLSP | Ministry of Labour and Social Policy |
| OECD | Organisation for Economic Co-operation and Development |
| SACP | State Agency for Child Protection |
| ToC | Theory of Change |
| ToR | Terms of Reference |
| UN | United Nations |
| UNEG | United Nations Evaluation Group |
| UNICEF | United Nations Children Fund |

1. EXECUTIVE SUMMARY

1.1 Object, Purpose, Objectives and Users

The **object** of this evaluation is the national childcare reforms undertaken in Bulgaria between 2009 and the end of 2022, with a focus on DI, children with disabilities (CWD) and children for whom it is often difficult to find a durable family-based placement (“hard to place children”). The evaluation does not include the detention of children in conflict with the law but does include children at high risk of coming into conflict with the law for so-called “delinquent” or anti-social behaviour. In addition, the evaluation does not provide an assessment of inclusive education, early detection and intervention in disability cases, broader social protection programming to alleviate poverty, but instead identifies any barriers or bottlenecks in the child protection system to children accessing these services.

The **purpose** of the evaluation is to provide a rigorous assessment of the results of DI and childcare reforms undertaken by the government of Bulgaria and UNICEF, with a particular focus on children with disabilities (CWD) and hard to place children. The evaluation’s geographical scope covers programming across Bulgaria at both national and sub-national levels. The **objectives** of the evaluation, as stated in the terms of reference (ToR), are to:

- Assess the impact of government child care policies and understand what worked and what did not in the DI of children, in particular children with disabilities and other hard to place children, how and why;
- Determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms;
- Assess the actual and potential contribution of UNICEF’s work to national progress (including the outcomes and impacts of programming) in DI and childcare reforms, including CWD and other hard to place children; and
- Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems.

The **primary intended users** of the evaluation are the UNICEF Eastern Europe and Central Asia Regional Office (ECARO) child protection section, UNICEF ECARO evaluation section, UNICEF Bulgaria Country Office child protection and evaluation sections, the government of Bulgaria (most notably, MLSP, SACP, ASA, MOH, and MoES), municipalities, social assistance directorates, as well as public organisations, international NGOs, UN agencies and donors working on child protection and social protection issues in Bulgaria. Secondary intended users of this evaluation are the education, health, child rights monitoring and public finance teams within UNICEF, government, civil society, development and donor agencies working in Bulgaria, given the interlinked nature of childcare and DI reforms with programming in these areas. UNICEF HQ CP section and Evaluation Office will also be a secondary audience, as will UNICEF country offices and their partners in the other six states, and even in the region more generally.

1.2 Methodology

The methodology is based on the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC) criteria of relevance, effectiveness, impact, efficiency, sustainability and coherence. The methodology was equity and rights-based and adopted a theory-based approach to determine whether, how and why (or why not) childcare reform initiatives have led to the changes set out in the Theory of Change (ToC). The evaluation was also consultative and participatory and involved a gender-responsiveness methodology.

The evaluation applied a mixed-methods approach to data collection and analysis, incorporating both quantitative (using secondary/administrative data) and qualitative methods to gather data that is rich and explanatory, as well as accurate and measurable and to improve the validity of results through triangulation. The evaluation involved a desk review, analysis of secondary or administrative data and primary data collection through KIIs, individual interviews and focus group discussions (FGDs) with children, young people, parents/carers and professionals and practitioners. Data collection was carried out with stakeholders at the national level in Sofia or, where necessary, online and at the sub-national level in three locations: Sofia, Montana, and Stara Zagora. A total of 84 research participants were included in the sample. 42 KIIs were carried out with 46 participants (including government and non-government at national/subnational levels), 8 FGDs were conducted with 23 professionals and practitioners, 2 FGDs with 8 children and young people in residential care, 6 individual interviews with children and young people, and 1 individual interview with parent of a reintegrated child.

An evaluation reference group (ERG) of representatives from key stakeholder bodies provided oversight at strategic points in the evaluation process. This included participating in an evaluability assessment, consultations during the inception phase and consultation and validation of the final report.

2. FINDINGS

Relevance: Bulgaria's National Strategy on the Child 2008-2018 recognising the negative impact of placing children in institutional care, aimed at reforming the child care system to ensure that children were raised in a family environment; the number of children accommodated in institutions was reduced. Measures to be introduced under the Strategy included support for good and responsible parenting, prevention of abandonment; improving the skills of social workers to identify risk of abandonment; the provision of social services within the community to support children and families; provision of social assistance and the development of a range of day care facilities, including nurseries and kindergartens and the development of high-quality alternative family care. The measures were all highly relevant, but the National Strategy did not prioritise the closure of specialised residential institutions but rather their transformation, with the introduction of smaller, 'family – like' units and a focus on upgrading the conditions.

The later National Strategy, Vision for Deinstitutionalisation of Children in The Republic of Bulgaria and its accompanying Action Plans (2010) and (2016) set out highly ambitious measures to reduce the number of children in residential care. It recognised that the process of reform required the involvement of national and sub-national bodies, the residential institutions and non-governmental bodies and that cross-sectoral working was essential. The Vision and the Action Plans have been highly relevant to achieving child care reform and DI.

The Action Plan 2016 identified the challenges faced in the first 5 years of implementation and set out new measures and activities which were both relevant to the reforms and DI. The Action Plan was regularly monitored, with the last Monitoring Report was prepared at the beginning of 2022 which also included an overall assessment of its implementation. However, since the introduction of the Action Plan in 2016, there has not been a recalibration of the Action Plan to ensure that the reforms continue their 'relevance'. In particular, the relevance of the 303 residential care homes¹ needs to be reconsidered to ensure that they do not become another, smaller, form of institutionalisation, as does the exclusion of children placed in special pedagogical schools and correctional schools from the reforms.

A review of the challenges faced in implementing the reforms since 2016 and a recalibration of activities, with a greater emphasis on the provision of community-based services, family-based alternative care, and capacity-building of the social services workforce, and less emphasis on the use of FTPCs together with DI of the correctional schools, would enable the reforms to maintain their relevance. This is particularly important as the DI Vision reaches its end in 2025.

In terms of the legal framework, the Child Protection Act 2000 (as amended) and the Social Services Act 2019 and accompanying secondary legislation are highly relevant laws, particularly in relation to the use of residential care, deadlines for closing the last specialised institutions, and establishing the Agency for the Quality of Social Services to improve oversight and control of the social services provided to children.

UNICEF's input during the evaluation period has been highly relevant to childcare reform and DI. They are widely regarded as a trusted partner to the government and key player in childcare reform, offering an integrated approach combining policy advice and technical assistance (including in relation to the DI Vision), modelling services for children, piloting the closure of institutions, supporting the establishment of regional foster care teams, and building an alliance of NGOs to support childcare reform efforts. UNICEF could play a valuable role in taking the next step: advocating for review of the Action Plan and providing support to the Steering Committee (expert group) in setting new targets and activities for the last two years of the DI Vision and planning for a new strategy post-2025.

Effectiveness/Impact: The DI reforms have been highly effective: 133 of the 137 old-style institutions open in 2010 have been closed. The remaining 4 homes, with 221 children (as of 31st December 2022) are to be closed in the near future. A broad range of community-based services aimed at supporting children and families and preventing separation have been opened, some services provided by municipalities, and others through contracted NGOs. In some areas this had led to a strong network of services, but the availability and effectiveness of the services varies geographically, and more services are needed to support families and prevent children being placed in residential care.

The establishment of foster care is another achievement and was at the beginning of the evaluation period was highly effective. However, data indicates the pace of the reforms has slowed in recent years and renewed efforts are required to ensure continued effectiveness. A range of challenges, including negative perceptions of foster carers and the foster care profession and changes to the method of contracting foster carers, have led to a reduction of newly recruited foster carers, and pre-existing foster carers leaving the register. These issues are compounded by the fact that foster

¹ This includes all forms of residential care and not just FTPCs.

care has, for many years, been implemented on a project basis with EU funding rather than through the government as a State delegated activity. The provision of foster care is essential if institutionalisation is to be avoided.

It is problematic to determine whether the reforms are effective and services are meeting need and preventing separation of children from families, without data showing trends and results. At present there is very limited disaggregated data on children in the care system, particularly in relation to gender and ethnicity: meaning there is insufficient evidence to provide a complete picture of the differential impact of reforms on boys and girls, and ethnic minority children in all forms of care, over the entirety of the evaluation period.

Reforms aimed at increasing the capacity of social workers in the child protection system do not appear to have been as effective as anticipated, and remains an area in which significant attention and investment is required. Data revealed a strong perception that social workers working in CPDs are overburdened with high caseloads, a high level of administrative responsibilities, are poorly paid and are not given adequate career development opportunities or supervision to carry out their jobs effectively. These challenges have led to a perception that social work is an unattractive profession, which in turn has led to challenges for CPDs to recruit and retain social work staff. Future efforts need to focus on the steps that need to be taken to make social work a more attractive career and on increasing retention.

Given its international experience in developing the capacity of social services workforces, UNICEF has an important role to play in assisting the Government to develop a plan to increase recruitment and retention and in developing training programmes to build capacity, particularly in terms of increasing skills, improving standards of social work and assisting the government to develop an effective and supportive supervision system.

Efficiency: Cross-financing from different EU structural funding pots has enabled reform to take place, including rapid closure of the old-style institutions over the course of the period, and has in turn freed up resources to be funnelled into the development of community-based services. While the funding provided to municipalities for state-delegated services has improved in recent years, data suggest the funding available falls far below the need. Further, availability and quality of service provision varies by municipality, and even between service provider, based on a number of factors, though the introduction of the Social Services Act 2019 and related by-laws, including the Ordinance on the Quality of Social Services, as well as the National Map of Social Services should go a long way to address this important gap. The Child Protection Departments at sub-national level face serious human and financial resource challenges, which impacts on the quality of social work and case management. In addition, there are an inadequate number of child psychiatrists, psychologists, psychotherapists, and specialists equipped to deal with children who face mental health challenges.

Coherence: The reforms have been coherent: first the building of the infrastructure for reforms under the Action Plan 2010, followed by a second stage of reforms focussing on closure of the homes and the provision of services, and then a third stage introduced by the Social Services Act 2019, focusing on improvements in quality and standards of the social services workforce. Ensuring that all the different sectors working with children and the service providers (both governmental and non-governmental) work coherently and in alignment with each other has presented some challenges, especially with respect to children with disabilities. There is still a need to strengthen the intersectoral coordination mechanisms between MoES, MoH, and MLSP, given the interlinkages between DI/childcare reform and assessment of children with disabilities, early identification of disabilities and developmental difficulties and provision of integrated support, and inclusive education. It is notable that UNICEF's new CPD covering 2023-2027 has a focus on young children and on early intervention to ensure that a child, particularly children with disabilities and children at risk of abandonment are able to access cross-sectoral services to meet individual needs.

Sustainability: While important steps have been taken to engage in holistic and sustainable reforms of the childcare system, renewed efforts are required to keep up momentum and to avoid undermining the progress made so far.

UNICEF has been a constant source of support in guiding the government's reform efforts and has contributed to sustainability of results.

3. LESSONS LEARNED

1. It is important to develop strategies and action plans which enable implementation, but in order to ensure continued relevance, long term strategies require regular review and revision to take into account the achievement and challenges.

2. While closure of large scale institutions is an important part of DI, it is essential that community-based support services and alternative family-based care services are available before DI takes place to ensure that placement in a residential care setting remains a placement of last resort and only where it is in the best interests of a child.
3. In order to benefit children and meet their needs, community-based services, especially for children with disabilities, require well-trained and skilled staff who have the time and support to carry out their work. This in turn requires adequate funding. It is not possible for services to provide quality care and meet high standards without adequate financial (and human) resources.
4. A strong social work workforce is vital to support effective deinstitutionalisation. Given the important function of social workers in relation to gatekeeping and reintegration, it is critical that social workers are sufficiently qualified, receive sufficient training on case management and social work principles, receive adequate supervision, and have manageable caseloads and responsibilities, to ensure they can give sufficient attention to each case.
5. Political will and public opinion matters when implementing large-scale reforms. It is important that communication strategies are put in place to explain the key goals and objectives of reforms to the public and to politicians and policy influencers to avoid misunderstanding.

4. RECOMMENDATIONS

The recommendations below were developed based on the findings arising out of the research, taking into account the perspectives shared by key informants and rights-holders during data collection.² These recommendations were adjusted based on written and oral consultation with UNICEF Bulgaria Country Office. The draft recommendations will be consulted upon during an online meeting with the ERG on May 29th, 2024, after which the report will be circulated for written comments from ERG members.

Short-term is defined as up to one year, medium-term as one to three years, and long-term over three years.

| Recommendations | Responsible bodies | Timeframe |
|--|--|-------------------------|
| Planning: Review the results of the Action Plan 2016 and conduct an impact assessment of the DI Vision, with a focus on achievements and challenges, with a view to recalibration of activities in the DI Vision and to inform the two-year Operational Action Plan to the 2030 National Action Plan. There should be a particular focus on closure of the four remaining infant homes; the continued development and provision of community-based services; family-based alternative care, especially for children with disabilities and hard to place children, capacity-building of the social services workforce and a reduction in the use of FTPCs. | SACP and all involved parties | Short term |
| Undertake a critical review of the staffing, training, functioning and administration of the Child Protection Departments, including a vision of what the Child Protection Department should be delivering, the current situation and strategic approaches for moving forward, including strengthening the capacity of social workers to undertake work with children and families; provision of administrative and technical support to improve efficiency and management of workload; remuneration and career progression for the workforce; effective management to reduce turn-over of staff; in-service continuous education; supervision and support and monitoring and data collection . | ASA and all the parties involved. | Short-term and ongoing |
| Development of community-based services. Using the results of the National Map of Social Services and the reported disparities in services nationwide as a base line, ⇒ Analyse the extent to which available community-based services meet the needs of children and families ⇒ Develop a mechanism for continued monitoring and development of available community services. | ASA, AQSS, municipalities with NGO service providers | Short-term and ongoing |
| Foster care: | ASA, RDSA, municipali | Medium-term and ongoing |

² The recommendations are in line with the CPD 2023-2027, agreed between the Government of Bulgaria and UNICEF for the period 2023 – 2027. It is anticipated that UNICEF would be able to provide support for implementation of these recommendations under the programme.

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| <ul style="list-style-type: none"> ⇒ Undertake a review to understand the reasons for withdrawal of registered foster carers and the steps that need to be taken to recruit new foster carers and ensure retention of existing and new foster families. ⇒ Develop a communication strategy on foster care to increase recruitment and address negative public perceptions of foster carers. ⇒ A funding mechanism for activities related to recruitment and evaluation of foster carers, training, support and monitoring should be developed and provided for within the State budget; ⇒ The Ordinance on the terms and conditions for application, selection and approval of foster families and placement of children in them should be updated. ⇒ Recruit and train a cadre of professional, specialist foster parents to care for children with disabilities both short and medium term and other children with complex needs/ difficult to place children including unaccompanied and separated refugee and migrant children. | ties and service providers | |
| Data collection and monitoring. Relevant agencies should improve routine data collection and the management and analysis of community-based programmes at a national level to promote and secure evidence-based decision making on the effectiveness of services and current gaps in provision for target groups (CWD and other hard to place children). All data should be disaggregated by age, gender, ethnicity and geographical location. | SACP, ASA, AQSS, Bulgarian National Statistics Institute | Short-term and ongoing |
| Training: Develop compulsory pre-service and in-service training modules for all social workers, residential care workers and foster carers on child development, children's mental health and challenging behaviour. | SACP, ASA, municipalities and service providers | Medium-term |
| Review the effectiveness of different co-ordination mechanisms, as well as case management guidance and methodologies, with the aim of strengthening inter-sectoral coordination and provision of integrated support for children and families. In particular, intersectoral coordination mechanisms between MLSP, MoES and MoH on early identification and inclusive education and that of MLSP on childcare reform and support provided to vulnerable children and parents should be strengthened. | SACP and all protection bodies | Medium-term |
| FTPCs: Reduce the number of children in FTPCs; <ul style="list-style-type: none"> ⇒ Reduce maximum capacity of FTPC to 8 children ⇒ Review the basis on which FTPCs are financed to ensure the viability of homes once maximum capacity is reduced, taking into account that children have different needs / costs depending upon individual factors, such as age, disability, gender etc. ⇒ As part of the financial review, develop a strategy for the recruitment and retention of staff, including remuneration and career progression. ⇒ Each child's placement to be subject to regular reviews, no less than every six months. ⇒ The statutory prohibition on placement of a child under 3 in a FTPC to be amended and the age raised each year, reaching 7 years of age over the next 5 years. | MLSP, SACP, ASA, AQSS | Inclusion of the relevant measures and activities in the bi-annual Operational Plans for the implementation of the 2030 ECG NAP' |
| <i>For special pedagogical schools and correctional schools:</i> <ul style="list-style-type: none"> ⇒ Every resident child to be assessed with a view to reintegration with parents or if not possible / in the best interests of the child, placement in kinship care or foster care ⇒ Alternatives to placement to be developed including counselling services, mental health services, adolescent drug and alcohol services and youth services, including services for children leaving care and access to remedial education and life-skills training | MoES, MoI, MoJ | Short-term to medium term Medium term |

1. BACKGROUND

1.1 Introduction

In 2022, the UNICEF Europe and Central Asia Region Office (ECARO) engaged Coram International to conduct a formative and summative multi-country evaluation of the impact of national child care reforms across seven countries in Europe and Central Asia with a strong focus on deinstitutionalisation (DI) including, in particular, for children with disabilities and other ‘hard-to-place’ children.

The evaluation process started on October 2022, and ended in October 2023, in accordance with the agreed timeline.

The purpose of the evaluation is to provide a rigorous assessment of the deinstitutionalisation and childcare reforms undertaken by the government of Bulgaria, and UNICEF’s results to date supporting child care reforms and deinstitutionalisation, particularly for children with disabilities and other highly marginalised and vulnerable children. The evaluation focuses on identifying how multi-faceted interventions and policies contributed to deinstitutionalisation and other relevant reforms. The evaluation is also formative and forward looking; it identifies lessons and good practices that emerge from Bulgaria’s childcare reform experience, and can serve as a learning opportunity to inform UNICEF and government partners’ future work.

1.2 Object of the Evaluation

The object of this evaluation is the national child care reforms undertaken in Bulgaria between 2009 and the end of 2022, with a focus on deinstitutionalisation (DI). For the purposes of the evaluation:

- ‘Childcare reforms’ refer to reforms to support families to care for their children, prevention of family separation and reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection.
- ‘Deinstitutionalisation’ refers to the process of planning transformation, downsizing and/or closure of residential institutions (RIs), while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards.³ DI therefore consists of four elements, namely, (i) the prevention of placing children in RIs, (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.⁴

The evaluation covers child care and DI reforms targeting *all* children (i.e. person under the age of 18 years), who are **rights holders** and **potential beneficiaries** of the interventions. The most **immediate beneficiaries** of the childcare reforms are those at risk of separation and children already separated and in institutional care. The evaluation pays special attention to the following groups of rights holders and beneficiaries:

- Children with disabilities, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others;⁵ and
- ‘Hard to place’ children, namely, children for whom it is often difficult to find a durable family-based placement.

Rights holders for this evaluation do not include children in conflict with the law who are remanded into custodial residential care by a court or given a custodial measure post-conviction.

An overview of the description of the rights holders, their geographical locations and numbers are set out in Table 1.

Table 1: Descriptions of Rights Holders

| Category of rights holder | Relevance in the reforms | Geographical locations and numbers |
|---------------------------|--|---|
| Children in Bulgaria | Potential beneficiary of interventions to prevent family separation and institutionalisation | Nationwide: 2010: 1,417,952 0–19-year-olds (689,651 girls; 728,301 boys) (figure for 2009 unavailable, data on under 18s unavailable) |

³ Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action., Website. Available: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>, accessed 28 September 2022.

⁴ Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

⁵ Convention on the Rights of Persons with Disabilities, Article 1.

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| | | 2022: 1,099,696 children (0-17 years). ⁶ Gender breakdown for 0-17 year olds unavailable but for 0–19-year-olds there were 590,235 girls and 624,805 boys as at 31.12.2022. ⁷ |
| Children in Bulgaria with disabilities | Potential beneficiaries of interventions to prevent family separation and institutionalisation | Data on children with disabilities are incomplete; in 2021 there were 27,500 children with “permanent disabilities”, ⁸ but the number of children with developmental difficulties is unknown. ⁹ |
| Children in Bulgaria in institutional and residential care (disaggregated by specialised institutions and new residential services, kinship care and foster care) | Beneficiaries of DI interventions | Nation-wide: 2009: 7,716 children and young people resident in 137 specialised institutions (age and gender disaggregation unavailable). ¹⁰ 2022: 221 children (124 boys and 97 girls) resident in specialised institutions ¹¹ , 2,992 children in new residential services ¹² (gender breakdown not available for this dataset, but TransMonEE data shows 55% were boys in 2021). 2015: 6402, 2022: 4,244 children in kinship care 2015: 2323, 2022: 1833 children in foster care 2015: 626, 2022: 372 children adopted. ¹³ |
| Child refugees and separated and unaccompanied child refugees | A group of children who are potentially at risk of family separation or at risk of institutionalisation where unaccompanied or separated, in the crisis context. | Nation-wide: In 2022 , State Agency for Refugees registered 20,407 applications for <i>international protection</i> , of which 3,348 were from unaccompanied children. ¹⁴ Since the beginning of the Russia-Ukraine war, 167,478 Ukrainians have been granted temporary protection in Bulgaria, including 55,419 children, but as of 3 September 2023 , only 67,004 Ukrainians in total (child disaggregation unavailable) remain in the country. ¹⁵ |

The **primary duty-bearers** with responsibilities regarding these reforms are, at the national level, Ministry of Labour and Social Protection (MLSP); State Agency for Child Protection (SACP); Agency for Social Assistance (ASA); the Agency for Quality of Social Services (AQSS); Ministry of Health (MOH) and the Ministry of Education and Science (MOES). At the sub-national levels, the primary duty bearers are the regional and local Directorate’s of Social Assistance, Child Protection Departments, and Municipalities. Together these duty bearers implement and monitor laws, policies, programmes and services that promote family-based care, prevent institutionalization, and ensure deinstitutionalisation in accordance with international standards.

Although they are not ‘primary duty bearers’ (as duties fall upon the State), the roles and responsibilities of **non-State actors** (namely, public organisations, non-State academic bodies, international non-governmental organisations (NGOs) and international organisations, particularly UNICEF) in implementing or supporting the implementation of childcare and DI reforms throughout Bulgaria are also presented. Available data on the financial contribution of duty-bearers is provided in “cost of object of the evaluation” below.

Table 2: Duty bearers and implementing bodies

| Bodies | Responsibilities |
|--------|------------------|
|--------|------------------|

⁶ Republic of Bulgaria, National Statistical Institute, Children in Bulgaria in 2022. Retrieved from: <https://www.unicef.org/bulgaria/en/press-releases/national-statistical-institute-and-unicef-bulgaria-present-new-data-about-situation>.

⁷ National Statistical Institute of Bulgaria, Population by region, Age, Place of Residence and Sex, as of 31.12.2022. Available at: <https://www.nsi.bg/en/content/2977/population-statistical-regions-age-place-residence-and-sex>.

⁸ Defined as: “Established through expert medical examination type and degree of disability or a degree of permanently reduced work capacity of 50% or more, Law on Persons with Disabilities, Supplementary Provisions, paragraph 1, item 2.” Shalapatova, I., Un/Equal Childhood: Deep Dive in Child Poverty and Social Exclusion in Bulgaria, UNICEF, 2022, Policy Brief, p. 6, footnote 17.

⁹ Shalapatova, I., Un/Equal Childhood: Deep Dive in Child Poverty and Social Exclusion in Bulgaria, UNICEF, 2022, Policy Brief, p. 6.

¹⁰ Policy Document, National Strategy, Vision For Deinstitutionalisation Of Children In The Republic Of Bulgaria, 2010.

¹¹ National Statistical Institute of Bulgaria, Homes for Medico-Social Care for Children as Of 31.12.2022

<https://www.nsi.bg/en/content/3340/homes-medico-social-care-children>.

¹² Including family-type placement centres, crisis centres and transitional housing. Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation.

¹³ Figures are only available for the period 2015 onwards.

¹⁴ UNICEF, UNICEF Bulgaria Annual Report, 2022, <https://www.unicef.org/bulgaria/media/16826/file/BGR-Annual-Report-2022-ENG.pdf>.

¹⁵ UNICEF Fact Sheet: Ukraine Refugee Response in Bulgaria, September 2023, <https://www.unicef.org/bulgaria/en/media/16326/file/UNICEF%20Bulgaria%20Factsheet%20September%202023.pdf>.

| National duty bearers / key stakeholders | |
|---|---|
| The Ministry of Labour and Social Protection | The primary duty bearer with responsibility for implementation of state policy in the field of child protection and provision of children and families' support. |
| State Agency for Child Protection (SACP) | The <i>specialised body under the Council of Ministers in charge of the governance, co-ordination and control of child protection activities.</i> ¹⁶ Their mandate includes ensuring inter-sectoral and inter-ministerial coordination of children's policy, ¹⁷ providing methodological guidance to the Child Protection Departments within the Social Assistance Directorates, ¹⁸ and controlling the implementation of national and regional programmes for child protection. ¹⁹ They SACP holds responsibility for planning for Project 1 'Childhood for All' in the DI Vision. |
| The National Council for Child Protection | Established by the Child Protection Act 2000 (as amended). An advisory and coordinating body. In consultation with the SACP, it is responsible for the development and implementation of the National Strategy for the Child and the National Programme for Child Protection, the programme policy of the SACP and the synchronization of the normative regulation of child protection; as well as proposing, discussing and coordinating the strategic priorities of State policy for child protection and coordination of financial provision. ²⁰ |
| Agency for Social Assistance (ASA): | An executive agency under MLSP with responsibility for planning, creating, delivering, and developing social services, including coordinating and updating the National Map on Social Services, drafting and updating standards for financing social services, participating in legislative changes related to social services and maintaining data on the provision of social services throughout the country. ²¹ ASA supported MLSP and SACP with implementation of all 5 projects under the DI Vision. |
| Agency for the Quality of Social Services: ²² | An executive agency under MLSP, and a duty bearer, with responsibility to monitor and control the provision of social services, including through licencing social service providers, provision of methodological support for compliance for social services and developing criteria for quality social service provision. ²³ |
| Ministry of Health (MOH): | A primary duty bearer as the lead implementing body for Project 2 'Posoka Semeistvo' under the DI Vision relating to the closure of homes for medical and social care for children falling under their mandate. |
| Ministry of Education and Science (MoES) | A primary duty bearer responsible for centres for special educational support and implementing inclusive education initiatives; responsible for socio-pedagogical boarding schools and correctional boarding schools for children with 'deviant' behaviour. |
| Sub-national duty bearers / key stakeholders | |
| Social Assistance Directorates | Present in every municipality, are subnational branches of ASA, responsible for child protection activities and policy ²⁴ and for oversight of the work of Child Protection Departments. |
| Child Protection Departments (CPDs) | Sit within the Social Assistance Directorates at municipality level. Social workers in the CPDs implement child protection measures based on referrals received. |
| Municipalities | Responsible for implementation of state policy for child protection at the local level. The municipality is the provider of state-delegated services (including social services), but also have the option of contracting out their duties to provide services to private service providers. Municipalities provide oversight and monitor the provision of social services. |
| NGOs | Including Hope and Homes for Children, Lumos, Equilibrium, For Our Children, Child and Space, SOS Children's Villages, Bulgarian mother's movement, Mission Wings. Some of the NGOs have nationwide coverage, others focus interventions in specific subnational locations. NGOs have played a significant role in DI reforms, including through piloting projects, capacity building activities, supporting the closure of institutions, advocacy and |

¹⁶ Child Protection Act 2000, Article 17.

¹⁷ Child Protection Act 2000, Article 17; Rogers, J. 'Deinstitutionalisation in Bulgaria – How Far and Where to?' Independent Review of Progress and Challenges, UNICEF Bulgaria, 2014.

¹⁸ Child Protection Act 2000, Article 17(a)(3).

¹⁹ Child Protection Act 2000, Article 17(a)(2).

²⁰ Child Protection Act 2000, Article 18.

²¹ Social Services Act, 2019, Article 20(1).

²² Social Services Act 2019, Article 20(1).

²³ Social Services Act 2019, Article 22.

²⁴ Child Protection Act 2000, Articles 20 and 21.

| | |
|---|--|
| | evidence generation. NGOs are also contracted out by municipalities to provide services for children and families at risk – including running community support centres and, in some cases, running residential care facilities and activities related to foster care. |
| Family type placement centres/Small group homes | 2022: 2,992 children were resident in 266 family type placement centres / small group homes. |
| Kinship carers and foster carers provide family-based alternative care to children in the community. | 2012: 1106 professional foster carers, 147 voluntary 2022: 1883 professional foster carers and 9 voluntary. ²⁵ |
| Key stakeholder: UNICEF | |
| UNICEF Bulgaria Country Office | Technical assistance to government supporting nationwide reforms, piloting closure of residential institutions, advocacy with government |
| Secondary stakeholders | |
| The European Union (EU) | Provision of significant financial resources to fund DI and childcare reform in Bulgaria, including most recently through the EU Child Guarantee, aimed at countering social exclusion and poverty faced by children. |
| International and national NGOs and other donors | Lumos, Hope and Home for Children, ARK, Know How Centre for Alternative Care at NBU, Coalition Childhood 2025, National Network for Children, Oak/Tanya's dream fund, etc. |
| UNICEF Europe and Central Asia Regional Office and UNICEF HQ | Formulator of UNICEF policy and advisor to UNICEF Country Offices |

In terms of the implementation status of the object of the evaluation, the child care and DI reforms in Bulgaria between 2009-2022 straddle 4 country programme partnerships between the Government of Bulgaria and UNICEF. While the focus of the evaluation will be on reforms implemented between 2009-2022, given the evaluation's formative component, it will also consider the government's planned approach to childcare reform going forward, as well as the ongoing work taking place under the current country programme 2023-2027. In consultations during the evaluability assessment and inception phase, stakeholders confirmed that their planned approach to child care and DI would be a continuation of that taken in the last country programme.

1.2.1 Cost of the object of the evaluation

The object of the evaluation covers all government childcare and DI reforms in Bulgaria, including those which were implemented by Government directly without support from UNICEF. Ascertaining the total cost of, or budget for, the object of the evaluation is a complex task given the reforms were financed by a combination of different European Structural and Investment Funds (ESIF) as well as different government ministry budgets. In addition, UNICEF, private donors, INGOs and NGOs have supported the process with their own funding.²⁶ A further complicating factor is that the reforms form part of broader national policies to support children and families and, as such, budgets are not always disaggregated in relation to child care reform or DI specifically.²⁷ Data available, including budgetary information provided to the evaluation team by MLSP and the ASA, are set out below.

Allocation of ESIF for DI and childcare reforms has been significant. During the 2014–2020 funding period, more than €160 million from ESIF was allocated to support the five major child care reform projects under the seminal *“Vision for Deinstitutionalisation of children in the Republic of Bulgaria”* (hereafter referred to as “DI Vision”).²⁸ Reforms were cross-financed by the European Social Fund, the European Regional Development Fund, and the European Agricultural Fund for Rural Development.²⁹ An audit report by the National Audit Authority on the implementation of the DI Vision between 2009-2015 states the total amount budgeted was 285,624,085 Lev (approximately €146 million) and the total amount spent was 255,744,557 Lev (approximately €130.8 million) which includes national co-financing.³⁰

²⁵ Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation.

²⁶ Opening Doors for Europe's Children, Strengthening Families. Ending Institutional Care. 2018 Country Fact Sheet, 2018.

²⁷ Comment from the Ministry of Labour and Social Policy, provided to evaluation team via UNICEF for the purposes of the evaluation.

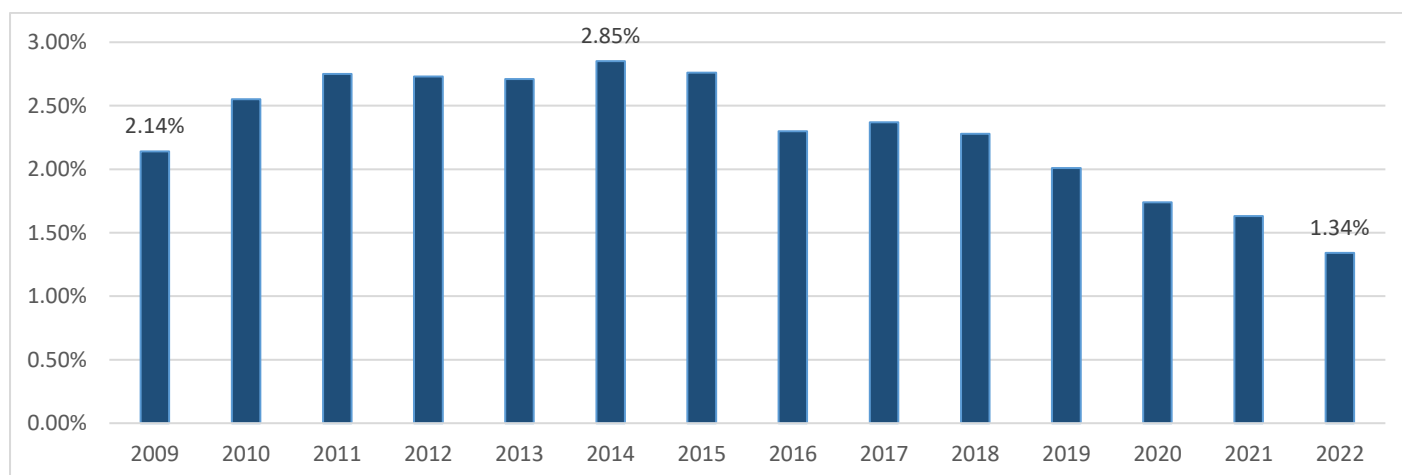
²⁸ Opening Doors for Europe's Children, Strengthening Families, Maintain, Strengthen, Expand – How the EU can support the transition from institutional to family- and community-based care in the next Multiannual Financial Framework, 2018, p. 24.

²⁹ Opening Doors for Europe's children, The use of EU policies and funding for deinstitutionalisation reforms in 2014-2020. Available at: <https://www.openingdoors.eu/evidence-eu-funding-20142020/>.

³⁰ National Audit Authority, Audit for the compliance of the implementation of the Action Plan with the Vision for Deinstitutionalisation for the period 2009-2015. This final audit report was adopted by Decision No. 202/18.07.2019 of the Audit Chamber (Protocol No. 27). Available in Bulgarian at: <https://www.bulnao.government.bg/bg/articles/download/12630/od-deinst-deca-070819.pdf>.

Data provided by MLSP demonstrate that while the total expenditure on child protection³¹ has increased by 28 per cent during the evaluation period, this represents a decline in the proportion of the total budget spent on child protection (from 2.14 per cent in 2009 to 1.34 per cent in 2022).

Figure 1: Proportion of funds reported/paid out under the Child Protection Act and the Law on Family Allowances for Children for the respective year in relation to the state budget, %, Bulgarian Lev



Source: Ministry of Labour and Social Policy, provided to evaluation team via UNICEF for the purposes of the evaluation.

Financial data provided by the ASA demonstrate that after a drop in 2020, the budget allocation for the programme “child protection for transition from institutional care to alternative care in the family environment” increased from 10,345,000 Lev to 41,845,000 Lev in 2021 and to 44,845,000 Lev in 2022. This is likely to reflect the fact that in 2020, a decision was made to combine the programme with the “Support for Families with Children” programme. Together, the programmes cover “12 types of family benefits: “including benefits for prevention and reintegration, for raising a child in a family of relatives or in a foster family, remuneration of professional foster families and benefits for children with disabilities, etc.”³²

The UNICEF budgetary contribution is set out in Table 3 below.

Table 3. UNICEF Country Programmes and Budget

| CPD | Area of Cooperation relevant to DI and childcare reform | Budget (USD) |
|-------------------------|--|--------------|
| 2006-2009 ³³ | Social policy and advocacy: improving efficiency and effectiveness of programmes for children and women through enhancing inter-departmental planning and coordination; reviewing public expenditure on health, education, social protection and welfare, improving data collection including disaggregation of vulnerable groups of children; developing indicators for basic needs in order to identify children and families in greatest need. | 800,000 |
| | Child rights monitoring: strengthening the capacity for local governments in planning for child protection, improving data collection systems and supporting the participation of civil society | 1,450,000 |
| | Children and young people’s development and protection: development of mechanisms for participation of young people, particularly from vulnerable communities, to plan and monitor child rights in their communities [other interventions under this component are not related to childcare reform and DI]. | 1,614,000 |
| | Cross-sectoral costs | 1,100,000 |
| 2010-2012 ³⁴ | Social inclusion and reduction of child poverty: Consolidation of child protection and child welfare reform efforts to promote social inclusion and reduce child poverty; improving quality assurance of existing services and strengthening capacity at local level to implement best practices; identification of best practices and knowledge generation for establishing a protective environment for children at risk of growing up outside their families, with a <i>special focus on supporting the DI process and</i> | 6,900,000 |

³¹ Which includes all funds paid out under Child Protection Act and the Law on Family Allowances for Children for the respective year.

³² UN Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of Bulgaria*, CRC/C/BGR/CO/3-5, 21 November 2016, para 48.

³³ UNICEF-Government of Bulgaria, Revised Country Programme document, E/ICEF/2005/P/L.15/Rev.1 31 October 2005, para 24.

³⁴ UNICEF-Government of Bulgaria – UNICEF Programme of Cooperation, 2010-2012, **Draft Version** (the final version was not shared with the evaluation team).

| | | |
|-------------------------------|--|-----------|
| | prevention of abandonment of young children to institutions; strengthening the capacity of subnational governments to plan delivery of integrated child and family support services; strengthening government monitoring and evaluation systems. | |
| | Social mobilisation and communication for development: strengthening partnerships around children's rights; developing, analysing and sharing good practices and disseminating research in support of programmes affecting children; promotion of good parenting, ECD, prevention of institutionalisation, prevention of violence against children, etc through communication channels. | 900,000 |
| | Cross-sectoral costs | 450,000 |
| 2013-2017³⁵ | Equity and Social Inclusion: design of policies and innovative practices for the most disadvantaged children, ³⁶ aimed at increasing access to family-based services for children in need of protection; modelling of innovative practices including communication for development in order to tackle harmful practices and increase demand for services; improving regulatory support for implementation of existing and new policies and services; and leveraging best practices to develop policies, standards and interventions, including those aimed at making accessible a continuum of preventive and support services for families at risk; and working with local authorities in three regions to develop and test inclusive policies and services to disadvantaged communities, including Roma. | 8,500,000 |
| | Alliances and national capacity for child rights monitoring: strengthen the country's capacity for systematic and comprehensive assessment of the results of its policies and; overcome persistent social barriers to inclusion; help to change attitudes, behaviours and societal beliefs about Roma and other minorities and excluded groups, such as children with disabilities and the children affected by institutional care. | 6,500,000 |
| | Cross-sectoral | 1,250,000 |
| 2018-2022³⁷ | Early childhood development and care: support to childcare reforms and deinstitutionalization, through strengthening the child and social protections systems; development and implementation of intersectoral policies and interventions to strengthen the child protection system's capacity and to provide integrated case management and family support; development of quality standards and assurance mechanisms; improving coordination to enhance the impact of social services and alternative-care settings. | 5,515,000 |
| | Inclusive education and early learning | 3,750,000 |
| | Protection from violence and access to Justice implementation of the National Programme for Prevention of Violence and Abuse of Children, the reform of legislation, the strengthening of mechanisms to report violence and abuse, and data collection; | 3,250,000 |
| | Partnerships for monitoring, communication and promotion of child rights | 1,700,000 |
| | Programme effectiveness | 1,500,000 |
| 2023-2027³⁸ | Early child development & child protection: strengthening ECD within the health, education and social system, including early identification of children's developmental difficulties; prevention of family separation and improve access to preventive and alternative care services; strengthening capacity of child protection professionals and improving access to services related to violence against girls, boys and women. | 7,789,000 |
| | Education & youth empowerment: increase access to better quality and inclusive education services; innovation for improved access to education; work with relevant stakeholders to introduce technology-based solutions for children with disabilities. | 6,626,000 |
| | Social inclusion & child rights monitoring: strengthening policies and programmes addressing child poverty and social exclusion; enhancing budget allocations made for child-related policies and programmes; strengthening promotion of child rights; implementation of the National Action Plan for implementing the Council Recommendation for the establishment of a European Child Guarantee 2030. | 2,121,000 |

³⁵ UNICEF-Government of Bulgaria, Country Programme Document, 2013-2017. Please note, the table summarises elements of each component of the CPD relevant to childcare reform and DI.

³⁶ Which are defined as including "children living in institutions or at risk of being institutionalized; children living in poverty, especially children of ethnic minority groups; children with disabilities; children, especially girls, who leave school before completing compulsory education; children in conflict with law; and adolescents out of school and out of work." UNICEF-Government of Bulgaria, Country Programme Document, 2013-17, approved by Executive Board on 14 September 2012.

³⁷ UNICEF-Government of Bulgaria, Country Programme Document, 2018-2022. Please note, the table summarises elements of each component of the CPD relevant to childcare reform and DI.

³⁸ Ibid.

| | | |
|--|-------------------------|-----------|
| | Programme effectiveness | 2,714,000 |
|--|-------------------------|-----------|

2. CONTEXT

2.1 Political and administrative context

Bulgaria became a candidate for EU membership in December 1995, started substantive negotiations in 2000 and finally joined the EU on 1st January 2007. The State is a unitary parliamentary republic, with local self-government,³⁹ divided into 28 regions and 265 municipalities.⁴⁰ It has been described as a “moderately decentralised state, but that the municipalities are financed predominantly by national budget grants and transfers.”⁴¹

Local municipal expenditure accounts for 8 per cent of GDP and 18 per cent of general government expenditure.⁴² Officially, there are two forms of municipal services: state-delegated services, and municipal functions, the former of which refers to services over which the State retains power to define policies, and are funded by earmarked grants, and the latter are financed by municipalities own budgets.⁴³ Despite this formal separation, it is reported that, in practice, “the actual service responsibilities cannot be strictly divided.”⁴⁴ Social services are a State-delegated service, accounting for 12.8 per cent of municipal expenditure in 2022. Public education accounts for the largest municipal spending (40.2 per cent in 2022).⁴⁵ In 2021, the Congress of Local and Regional Authorities of the Council of Europe reported that:

“important problems persist concerning the discretion of local authorities to adapt the fulfilment of delegated tasks to local conditions, a strong dependency of local authorities on State budget transfers, the lack of revenues coming from local taxes, the lack of commensurate resources available to local authorities and a generally low level of local self-government financial autonomy.”⁴⁶

The political landscape has been unstable at different times over the course of the evaluation period. Between 2021 and 2023 there were five parliamentary elections, and a number of unsuccessful attempts to form a multi-party coalition government, leading to the President appointing multiple caretaker governments. This has “resulted in parliamentary gridlock, with parties unable to advance their policy priorities or implement much-needed reforms to address widespread concerns about corruption.”⁴⁷ In 2023, a coalition government between GERB and “Continue the Change/Democratic Bulgaria” was formed.⁴⁸

2.2 Socio-economic context

The last three decades have seen a marked reduction in Bulgaria’s population, from 8,948,649 in 1985 to 6,519,789 in 2021,⁴⁹ with a continuing downward trajectory. The World Bank estimates the population will have shrunk a further 28 per cent, to 5 million, by 2070.⁵⁰ As such, Bulgaria has the joint-fastest declining population globally, alongside Latvia.⁵¹ The causes of population decline are low birth rates, increasing life expectancy and large-scale emigration of

³⁹ Article 1(1) and 2(1) of the Constitution of the Republic of Bulgaria.

⁴⁰ Veleva, R. ‘Development of Local Government and Decentralization in Bulgaria (1879-2023)’, Department of Public administration, Faculty of Management and Administration, UNWE, Sofia, Bulgaria, 2023.

⁴¹ Council of Europe Portal, Fiscal decentralisation and fiscal autonomy for a more efficient local resource management in Bulgaria: a comprehensive analysis, June 2023. Available at: <https://www.coe.int/en/web/good-governance/-/fiscal-decentralisation-and-fiscal-autonomy-for-a-more-efficient-local-resource-management-in-bulgaria-a-comprehensive-analysis>.

⁴² Council of Europe, Developing fiscal decentralisation and improving local financial management in Bulgaria, Comprehensive analysis of the existing legal, administrative and operational framework for municipalities Technical Report (June 2022-2024). Available at: <https://rm.coe.int/technical-report-on-developing-fiscal-decentralisation-and-improving-l/1680ac3302>

⁴³ Council of Europe, Developing fiscal decentralisation and improving local financial management in Bulgaria, Comprehensive analysis of the existing legal, administrative and operational framework for municipalities Technical Report (June 2022-2024).

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Congress of Local and Regional Authorities of the Council of Europe, Monitoring of the application of the European Charter of Local Self Government in Bulgaria, 40th SESSION Second part Report CG(2021)40-20final 30 April 2021.

⁴⁷ International Foundation for Electoral Systems, Election Snapshot: Elections in Bulgaria 2023 Parliamentary Elections. Available at: <https://www.ifes.org/tools-resources/election-snapshots/elections-bulgaria-2023-parliamentary-elections>.

⁴⁸ RadioFreeEurope, Bulgarian Service: Bulgarian Parliament Approves Coalition Government After Five Elections in Two Years, 6 June 2023. Available at: <https://www.rferl.org/a/bulgaria-parliament-approves-new-government-denkov/32447233.html>

⁴⁹ National Statistical Institute (NSI) of Bulgaria, Eighteenth Population and Housing Census in Bulgaria, Population as at 7 September 2021, Final data. Available at: https://www.nsi.bg/sites/default/files/files/pressreleases/Census2021_population_en.pdf.

⁵⁰ World Bank, Systematic Country Diagnostic, Bulgaria, Report Number 166792-BG, 2021, p. 25. Available at: <https://documents1.worldbank.org/curated/en/727791642521506054/pdf/Bulgaria-Systematic-Country-Diagnostic.pdf>.

⁵¹ Ibid.

the working age population.⁵² Comparably lower rates of immigration fail to offset the rates of departure.⁵³ Bulgaria also has one of the world's oldest populations,⁵⁴ with children (aged 0-17 years old) making up 17 per cent of the total (1,099,696) at the end of 2022.⁵⁵ The child population aged 0-14 decreased by 40 per cent between 1992 and 2023.⁵⁶

The population is made up primarily of three ethnic groups: Bulgarians (84.5 per cent), Turks (8.8 per cent), and Roma (4.9 per cent).⁵⁷ Despite not sharing a border with Ukraine, significant numbers of Ukrainian nationals entered Bulgaria and were granted temporary protection (150,000 in 2022), including 589 unaccompanied Ukrainian children.⁵⁸ International protection applications lodged with the State Agency for Refugees reached the highest on record in 2022, with the majority of claims made by Syrian, Afghan and Moroccan nationals.⁵⁹ 85 per cent of the 3,733 children who applied for international protection in Bulgaria in 2021 were unaccompanied and separated, which is *"placing a strain upon the child protection system."*⁶⁰ Data on children with disabilities are incomplete; in 2021 there were 27,500 children with "permanent disabilities",⁶¹ but the number of children with developmental difficulties is unknown.⁶²

Bulgaria has been a member of the EU since 1 January 2007⁶³ having applied for membership in December 1995.⁶⁴ The economy has seen a marked transformation over the last 30 years from *"a highly centralized, planned economy to an open, market-based, upper-middle-income economy."*⁶⁵ In the early 2000s, Bulgaria experienced a period of sustained economic growth leading to improved living standards, low unemployment and high wages, although these benefits were disproportionately experienced by the richest in society.⁶⁶ Income inequality is high, reflected by the Gini coefficient of 39.7 per cent in 2021.⁶⁷ The Covid-19 pandemic had a negative impact on economic growth (the economy shrunk by 4.2 per cent in 2020) and exacerbated inequality.⁶⁸ Just as the economy started to recover, the war in Ukraine and resultant rise in global commodity prices led to inflation in food and energy costs.⁶⁹ In 2022, inflation soared to a peak above 15 per cent – the highest rate since the year 2000 – before gradually reducing to 7.5 per cent in June 2023.⁷⁰

Bulgaria has the largest proportion of people at risk of poverty or social exclusion (31.7 per cent in 2021) of the EU Member States (21.7 per cent in 2021 – on average).⁷¹ The GDP per capita was \$11,635 in 2021 compared to the EU average of \$38,324 the same year. While the rate of children at risk of poverty or social exclusion has been decreasing in recent years to 33 per cent in 2021, it still exceeds the EU average by 9.1 percentage points.⁷² The World Bank predicts it will take twenty five years, at least, until Bulgarian living standards meet that of other EU countries.⁷³

⁵² World Bank, Systematic Country Diagnostic, Bulgaria, Report Number 166792-BG, p. 25.

⁵³ Krasteva, A. The Bulgarian Migration Paradox, Migration and Development in Bulgaria, Caritas Bulgaria, Sofia, Bulgaria, May 2019.

⁵⁴ World Bank, Systematic Country Diagnostic, Bulgaria, Report Number 166792-BG, 2021, p. 25.

⁵⁵ Republic of Bulgaria, National Statistical Institute, Children in Bulgaria in 2022. Retrieved from: <https://www.unicef.org/bulgaria/en/press-releases/national-statistical-institute-and-unicef-bulgaria-present-new-data-about-situation>.

⁵⁶ National Network for Children, Report Card 2023: What is the Average Government Score for Childcare?, NNC, 2023, p. 19.

⁵⁷ UNICEF, Country Programme Document, 2023-2027, E/ICEF/2022/P/L.23.

⁵⁸ UNICEF, Country Office Annual Report 2022, Bulgaria.

⁵⁹ UNICEF, Country Office Annual Report 2022, Bulgaria.

⁶⁰ UNICEF, Country Programme Document, 2023-2027, E/ICEF/2022/P/L.23, para 6.

⁶¹ Defined as: "Established through expert medical examination type and degree of disability or a degree of permanently reduced work capacity of 50% or more, Law on Persons with Disabilities, Supplementary Provisions, paragraph 1, item 2." Shalapatova, I., Un/Equal Childhood: Deep Dive in Child Poverty and Social Exclusion in Bulgaria, UNICEF, 2022, Policy Brief, p. 6, footnote 17.

⁶² Shalapatova, I., Un/Equal Childhood: Deep Dive in Child Poverty and Social Exclusion in Bulgaria, UNICEF, 2022, Policy Brief, p. 6,

⁶³ European Union, Country Profiles. Available at: https://european-union.europa.eu/principles-countries-history/country-profiles/bulgaria_en. [Accessed 27 September 2022].

⁶⁴ European Parliament, Briefing No. 6. Bulgaria and the Enlargement of the European Union. Available at: https://www.europarl.europa.eu/enlargement/briefings/6a3_en.htm.

⁶⁵ World Bank, Bulgaria, Country overview. Available at: <https://www.worldbank.org/en/country/bulgaria/overview> [Accessed 2 October 2022].

⁶⁶ OECD, Economic Surveys, Economic Assessment, Bulgaria 2021, Overview. Available at: <https://www.oecd.org/economy/surveys/bulgaria-2021-oecd-economic-survey-overview.pdf>.

⁶⁷ UNICEF, Country Programme Document, Bulgaria, 11 July 2022, E/ICEF/2022/P/L.23.

⁶⁸ World Bank, Systematic Country Diagnostic, Bulgaria, Report Number 166792-BG, 2021, p. 28.

⁶⁹ See, for example: Anh Dinh Minh Nguyen et al, 'Inflation Dynamics in Bulgaria: The Role of Policies, IMF Working Paper, 2023.

⁷⁰ Anh Dinh Minh Nguyen et al, 'Inflation Dynamics in Bulgaria: The Role of Policies, IMF Working Paper, 2023.

⁷¹ Eurostat, Country Facts. Available at: <https://ec.europa.eu/eurostat/cache/countryfacts/#>

⁷² UNICEF, Country Programme Document, 2023-2027, E/ICEF/2022/P/L.23.

⁷³ World Bank, Systematic Country Diagnostic, Bulgaria, Report Number 166792-BG, 2021, p. 20.

2.3 Legal context

Bulgaria is a constitutional democracy. The supreme law in Bulgaria is the Constitution,⁷⁴ with the text explicitly stating that children, including abandoned children, “shall enjoy the protection of the State and society”.⁷⁵ Bulgaria has acceded to various international and regional human rights treaties, the most relevant of which for this evaluation is the UN Convention on the Rights on the Child (CRC), ratified in 1991 and the Convention on the Rights of Persons with Disabilities (CRPD) ratified in 2012. The contents of these instruments are treated as an integral part of domestic law and have supremacy over national legislation where there is a conflict.⁷⁶

The **Child Protection Act 2000**⁷⁷ (as amended) (CPA 2000) is the major legal instrument on child protection. It “governs the rights of the child; the principles and the measures for child protection; the state and municipal bodies and their interaction in the process of performing child protection activities, as well as the participation of legal entities and natural persons”.⁷⁸ It also provides in Article 1(3) that “[T]he state policy for child protection shall be carried out on the basis of the National Strategy for the Child developed according to the principles of this Act, adopted by the National Assembly upon the proposal of the Council of Ministers. For implementation of the National Strategy the Council of Ministers shall adopt the National Child Protection Programme, proposed by the Minister of Labour and Social Policy and the Chairman of the State Agency for Child Protection.”

The Act sets out the principles on which child protection are to be based, which reiterate the provisions of Articles 3 and 20 of the CRC, and a long list of protection measures available for children, including support to families to prevent separation, special care for children with disabilities and provision of alternative care where necessary.⁷⁹ It also contains several provisions aimed at prevention of abandonment of children, including placing an immediate mandatory reporting obligation on ‘Anyone who becomes aware of an immediate risk that a child will be abandoned or that a child is neglected’ (Article 36(a)) as well as “[T]he manager of a medical treatment facility with a maternity ward and the general practitioner of a pregnant woman who have become aware that there is an immediate risk of abandoning a child immediately after birth’ (Article 36(b)). Specific to children with disabilities, Article 36(c) requires the head of a maternity ward in which a child with [a] disabilit[ies] is born to ‘inform the child’s parents immediately and in an appropriate manner after the disability is established’ and the medical staff to ‘endeavour to motivate parents not to abandon their child as well as to provide them with complete information on the condition of the child, the possible treatments, the consequences for the child’s development and the necessary care.’

Fuller details on child protection measures (both in terms of prevention and response, including placement outside the family (which must be confirmed by the Court) are contained in Chapter Four of the Act. Further chapters of the Act provide further detail about the bodies responsible for policy: the State Agency for Child Protection (SACP), a specialised body under the Council of Ministers in charge of the governance, co-ordination and control of child protection activities;⁸⁰ the National Council on Child Protection,⁸¹ an inter-ministerial body with consultative and coordination functions; the Social Assistance Directorates (a specialised body in charge of conducting child protection policies within the municipality delivered through the Child Protection Department established with the Directorate)⁸² and the Commission for the Child with consultative and coordinating functions to be established in every municipality.⁸³

The CPA 2000 is accompanied by a number of secondary legislation instruments to assist in the implementation of the Act.

Other important Acts include the **Family Code**, the **Law on Pre-School and School Education 2015**, the **Persons with Disabilities Act 2018** and the **Social Services Act 2019**. The Family Code concerns relationships between parents and children both during marriage and after divorce. It also covers adoption of children. The Social Services Act 2019 governs the “provision, planning, financing, quality, control and monitoring of social services in the Republic of Bulgaria,”⁸⁴ including multiple provisions on the use of residential care. Article 10 stipulates that “the use of social

⁷⁴ Constitution of Bulgaria, Article 5.

⁷⁵ Constitution of Bulgaria, Articles 14 and 47(4),

⁷⁶ Constitution of Bulgaria, Article 5(4).

⁷⁷ Most recently amended in 2019 by way of State Gazette No. 101/27.12.2019.

⁷⁸ Child Protection Act 2000, Article 1.

⁷⁹ Child Protection Act 2000, Article 4.

⁸⁰ Child Protection Act 2000, Article 17.

⁸¹ Child Protection Act 2000, Article 18.

⁸² Child Protection Act 2000, Article 20.

⁸³ Child Protection Act 2000, Article 20a.

⁸⁴ Article 1(1), Social Services Act 2019. The Act came into force on the 1st July 2020.

*services for residential care shall be allowed only if the possibilities for supporting the persons through social services in the home environment and in the community have been exhausted.*⁸⁵ Further, it requires residential care services to be organised in a way that prevents isolation from the rest of the community.⁸⁶

The Act prohibits the provision of residential care to children under the age of 3, with the exception of children falling into this age group *“with permanent disabilities who require constant medical supervision and medical care where such supervision and care cannot be otherwise provided.”*⁸⁷ The use of residential care for children is subject to judicial control, other than in case of children *with permanent disabilities who require constant medical supervision and medical care when there are no grounds for placing outside the family in accordance with Article 25(1) of the Child Protection Act*⁸⁸ for a period of up to 30 days, presumably for respite care. Importantly, the Act requires that for children under the age of 18, the use of residential care as a child protection measure must not exceed two years and must be reviewed every 6 months.⁸⁹ A child’s stay in residential care may, however, be extended if *“it is not possible for the children to be reintegrated in their biological family, to be adopted or to be placed in the family of relatives and/or close relatives or in a foster family.”*⁹⁰

Provisions in the Social Services Act 2019 (SSA) also cover the provision, use, planning financing, quality, control and monitoring of social services and is accompanied by Regulations providing greater details in relation to implementation of the Act and practice.⁹¹

Article 7 of the Law on Pre-School and School Education 2015 provides that inclusive education is an inalienable part of the right to education. The Law also provides for additional support for children with special educational needs, including psycho-social rehabilitation; hearing rehabilitation and speech; visual rehabilitation as well as the provision of specialised equipment and materials. The Law is accompanied by an Ordinance on Inclusive Education adopted in 2017.⁹² The Law on People with Disabilities adopted some three years later in 2018 and replacing an earlier law, aims to promote, protect and guarantee the full and equal rights and freedoms of people and disabilities and to provide support to children with disabilities and their families.

Over the period of the reform the Government produced a number of key strategic documents, including the National Strategy, Vision For Deinstitutionalisation Of Children In The Republic Of Bulgaria’ (The DI Vision) to *“to guarantee the right of children to family environment and access to quality care and services according to their individual needs”*⁹³ and its accompanying Action Plan 2010 and 2016. Other key policies include: National Strategy for the Child, now expired, which covered the period 2008-2018; the National Strategy for the Integration of Roma (2012-2020); the Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020); National Programme for Prevention of VAC 2017-2020 and the Action Plan (2017-2018); National Strategy for Improving Maternal and Child Health 2021-2030; National Strategy for Reducing Poverty and Promotion Social Inclusion 2020 and Action Plan for its implementation, the National Action Plan for the European Child Guarantee, which was approved by the Council of Ministers in November 2022; and the National Strategy of the Republic of Bulgaria for Equality, Inclusion and Participation of the Roma (2021 - 2030).

2.4 Child care reform prior to 2009

Like many other countries of Eastern Europe, Bulgaria relied heavily on institutional care for children who, for whatever reason, could not be cared for by their parents. In 1989 with the end of the socialist regime there were 285 ‘orphanages’ accommodating 35,000 children.⁹⁴ At the end of 1999 a total of 34,122 children remained in institutional care, amounting to 1.78 per cent of the child population.⁹⁴ There was pressure from a number of sources to address the institutionalisation of children, most pressingly from the EU, which made DI of children part of the political criteria which Bulgaria needed to address for access to membership.⁹⁵ In 2000 the Government passed the Child Protection

⁸⁵ Article 10(1), Social Services Act 2019.

⁸⁶ Article 10(2), Social Services Act 2019.

⁸⁷ Article 90(2), Social Services Act 2019.

⁸⁸ Article 90(1), Social Services Act 2019.

⁸⁹ Article 90(3), Social Services Act 2019.

⁹⁰ Article 90(4), Social Services Act 2019.

⁹¹ Decree No 135 of June 2022 for admission to the Order for the Quality of Social Services.

⁹² Ordinance on Inclusive Education, No 232, 20th October 2017.

⁹³ Markova, G., Manolova, H., and Hristova, M., Child Welfare Reform in Bulgaria – from Institutional to Family-Based Community Care: Engaging with Families, Children and Colleagues, Journal of Intellectual Disability – Diagnosis and Treatment, December 2017.

⁹⁴ Banova, V., Harizanova, M., Bogdanov, G., Petrova-Dimitrova, N., Kaukova, Z., Mihailov, D. and Todorova, V. (2000), *Social Assessment of Child Care in Bulgaria*, New York, NY: UNDP and Washington, DC: World Bank.

⁹⁵ Ivanova V., and Bogdanov, G., The Deinstitutionalisation of Children in Bulgaria – the Role of the EU.

Act 2000 (CPA 2000), which established the bodies responsible for child protection,⁹⁶ most importantly, the Child Protection Departments (CPDs), which are structures of the Agency for Social Assistance at the municipality level and which remain, to date, responsible for child protection case management and gatekeeping at the local level. The CPA 2000 has been amended a number of times including major amendments in 2003 to introduce stricter rules for the placement of children in specialised institutions. Decisions on placement since that date must be decided by the courts and only when all other possibilities for keeping the child in a family environment has been exhausted.⁹⁷ The establishment of the State Agency for Child Protection in 2001 was another key milestone in paving the way for reforms, given its important mandate in ensuring inter-sectoral and inter-ministerial coordination of children's policy.⁹⁸ In 2003, the Government adopted a Plan for reduction of the number of children in specialised institutions in Bulgaria (2003-2005).⁹⁹

2.5 Status and needs of beneficiaries

2.6 Linkages with Sustainable Development Goals (SDGs) and other strategies

Table 4. SDGs and targets relevant to the evaluation

⁹⁶ Chapter 3, Child Protection Act 2000.

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| Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (note: substance abuse can be a key driver of child protection risks and family separation). |
| Goal 4: Quality Education |
| Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes. |
| Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations (note: lack of inclusive education services or support is a key driver of institutionalisation of CWD). |
| Goal 5: Achieve gender equality and empower all women and girls |
| Target 5.1 End all forms of discrimination against all women and girls everywhere. |
| Goal 10: Reduce inequality within and among countries |
| Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. |
| Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard. |
| Goal 16: Promote just, peaceful and inclusive societies |
| Target 16.2 Protect children from abuse, exploitation, trafficking and violence. |
| Target: 16.6 Develop effective, accountable and transparent institutions at all levels. |

3. PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

3.1 Purpose of the evaluation

The **purpose** of the evaluation is to provide a rigorous assessment of Bulgaria and UNICEF's results to date (outcome and impact level) in DI and childcare reforms supporting, with a focus on CWD and other 'hard to place' children. The evaluation is intended to provide an objective assessment of the strengths and weaknesses in the approach taken by Bulgaria as well as insights on how to address possible system level bottlenecks. The evaluative focus is on the contribution of multi-faceted interventions and policies to the observed outcomes and impacts. The evaluation is both summative, evaluating interventions which have been completed, but also formative, providing an important learning opportunity both for UNICEF and its partners, especially the government of Bulgaria, in planning and implementing childcare and DI reforms in coming years. The evaluation aims to:

- Explore the extent to which national child care and DI reforms succeeded or not in addressing bottlenecks and why;
- Better understand the added value and comparative advantage of UNICEF within the country context in order to sharpen UNICEF's approach in supporting national governments' DI reforms;
- Generate findings for learning and advocacy purposes;
- Strengthen the accountability of UNICEF by evaluating UNICEF's contribution to the results (outcome and impact), if any; and
- Learn about how UNICEF's change strategies are operating in Bulgaria, while considering current circumstances.

3.2 Use and primary users

The primary users of the evaluation are the government of Bulgaria (most notably, MLSP, SACP, ASA, MOH, and MoES), UNICEF Bulgaria, as well as other international and national organisations and donors constitute the primary users. The evaluation will allow the Government and UNICEF Bulgaria to identify the progress, gaps, and windows of opportunity for further reform and ensure that human rights recommendations are fulfilled in accordance with international standards. The findings and lessons of the evaluation are expected to be relevant across all UNICEF CO teams that work on child care reform and social service reforms, as well as government and non-governmental stakeholders from education, health and social protection responsible for inclusive reforms in their respective sectors. The EU will be an important high-level secondary audience as the EU agenda and related agreements are the key national priorities. UNICEF HQ CP section and Evaluation Office will be a secondary audience.

3.3 Objectives and scope of the evaluation

The objectives of the evaluation were first developed by UNICEF ECARO. They were the subject of an evaluability assessment in each country taking part in the regional evaluation, other than Tajikistan and Moldova, in 2021. The objectives set out in the TOR apply to all countries and are set out below.

Objective 1: To assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children and, in particular in the case of children with disabilities and other 'difficult to place' children, how and why;

- To determine the extent to which actual results for children were achieved, to what extent, if any, how? And why?
- Are there children who were not reached by DI, who are they and what are the factors that contributed for that?
- To verify original assumptions and investigate what factors (or combination of factors) are necessary and / or sufficient for the DI reforms to produce results in certain contexts
- To generate synthesis of lessons to learn from successful and unsuccessful cases
- To identify and explain unintended changes and consequences, both positive and negative, for different groups (parents/ caregivers, children, professionals, other sectors and systems)
- To obtain insights about how DI changed the behaviour, attitudes and perceptions of stakeholders.

Objective 2. To determine the effectiveness, impact, coherence, relevance and efficiency of national child care reforms.

Objective 3. To assess the actual and potential contribution of UNICEF's work to the national progress (outcome and impact) in deinstitutionalisation childcare reforms for children in residential care, including for children with disabilities and other 'difficult to place children;'

- To determine the extent to which UNICEF has met its objectives;
- To determine the impact and effectiveness of UNICEF contribution as well as the extent to which it has incorporated gender, human rights-based and equity-focused approaches;
- To assess UNICEF's added value and comparative advantage in Bulgaria (in comparison to other stakeholders); and
- To explore the trigger effect, if any, of UN guidelines on alternative care for children, EU guidelines and policies, Council of Europe strategies and recommendations, the CRC and CPRD on the national DI reforms.

Objective 4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

3.4 Scope of the evaluation

3.4.1 Thematic Scope

In line with the ToR, the evaluation covered national childcare reform initiatives with a strong focus on deinstitutionalisation including prevention and gatekeeping, provision for children with disabilities and other 'difficult to place' children, planning for change, executing transformation, including redirecting resources from institutional care to expanded family and community-based services, overall implementation frameworks and monitoring. As stated in the ToR, given the resources available for this evaluation, the object of the evaluation does not include programming in the following sectors:

- Education sector: development of inclusive education as a key, linked component to a national or sub-national deinstitutionalisation agenda;
- Health sector: early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialized services and additional family support services, rather than a rehabilitative, institutional approach to family support.
- Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion.

Instead, the evaluation aimed to identify any barriers or bottlenecks in the child protection system to children accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on CWD.

3.4.2 Geographic and chronological scope

The geographic scope of the evaluation is the entire country of Bulgaria, and covers both national and subnational level reforms. The evaluation covers the intervention implemented from 2009 until the end of 2022. It addresses the perspectives of a range of programme beneficiaries, including children, adolescents, and their families as well as key actors in the child protection sector. However, to inform the historical foundations of the childcare and DI reforms and to understand planned future approaches, the evaluation may refer to reforms that were/will be implemented outside of the delineated period. These will be referred to briefly, in so far as they relate to interventions implemented within the given period of 2009-2022.

3.5 Theory of Change (ToC)

Neither the DI Vision 2010-2025 nor the accompanying Action Plans for Implementation of the National Strategy “Vision for the Deinstitutionalisation of Children in Bulgaria” 2010 (Action Plan 2010) and 2016 (Action Plan 2016), contain diagrammatic TOCs that guide the reform. However, the Vision sets out specific objectives, which are fleshed out in the Action Plans., providing a narrative from which a TOC can be constructed.

The overriding objective of the DI vision is: *“to guarantee the right of children to a family environment and access to quality care and services according to their individual needs”*, while the specific objectives are:

- 1) Development of legal regulation and provision of financial and human resources for a wide range of community-based child and family services;
- 2) Raising the capacity of the child protection system by clarifying the rights and responsibilities of the child protection bodies, service providers and ensuring an adequate professional capacity for the effective functioning of the system;
- 3) Closure of 137 institutions over a period of 15 years;
- 4) Not allowing the placement and raising of children from 0 to 3 years in residential care of any type after the end of the reform.

In the Action Plan 2010, developed to implement the DI Vision, the worded objectives are expressed differently, but are essentially the same, but with the omission of the specific prohibition on placing under 3s in residential care by 2025. The objectives were:

- ⇒ To develop a system of family-based and community-based services across the country, which shall exclude the necessity of the existence of specialised child-care institutions;
- ⇒ To close down in a systematic way all classical-type boarding child-care institutions in Bulgaria thus ensuring the provision of long-term or short-term placement in a family-type care for every child;
- ⇒ To develop the legal and regulatory framework necessary for the support of the transition towards the community-based and family-based care;
- ⇒ To improve the effectiveness of the care system for vulnerable children and their families.¹⁰⁷

It is possible to reconstruct a simple diagrammatic TOC from the narrative in both the DI Vision and Action Plan, but there is no evidence as to assumptions and risks relating to the reforms contained in either document.

The Action plan 2016 noted that the 2010 plan remained valid, but was concerned at the lack of progress in achieving the outcomes. It maintained the overriding objective set out in the Vision: *“Guaranteeing the right of children to a family environment and access to high quality care and services based on individual need”*. As with the Action Plan 2010, the Action Plan 2016 does not have a diagrammatic TOC and neither have clearly expressed causal links between the activities, the outputs, outcomes and overriding objective. The goals for the 2016 Plan are derived from the DI Vision, and take into account the Monitoring Reports from 2011 – 2015, and once again are expressed differently but retain the same focus on the provision of community-based services and DI (with no mention of children under 3 years of age):

1. Create an effective and efficient system of programmes and services for early intervention in the family environment and prevention of separation with parents and the biological family
2. Provide quality alternative care for children, who cannot be raised by their biological parents and deinstitutionalization of the children, placed in Homes for children deprived of parental care and the Homes for medical and social care for children, as well as the gradual closure of all of these institutions

¹⁰⁷ Action Plan for the National Strategy, Vision for Deinstitutionalisation of Children in the Republic of Bulgaria, 2010.

3. Increase the effectiveness and quality of the work of the system, in order to guarantee the rights of children not only in regards to the role of government and local authorities, but also in regards to the services for children and families

In order to achieve these outcomes, the Action Plan 2016 set out a number of ‘measures’ to be taken together with the activities to achieve the measures, the responsible bodies and the financial resources to be allocated. The measures included

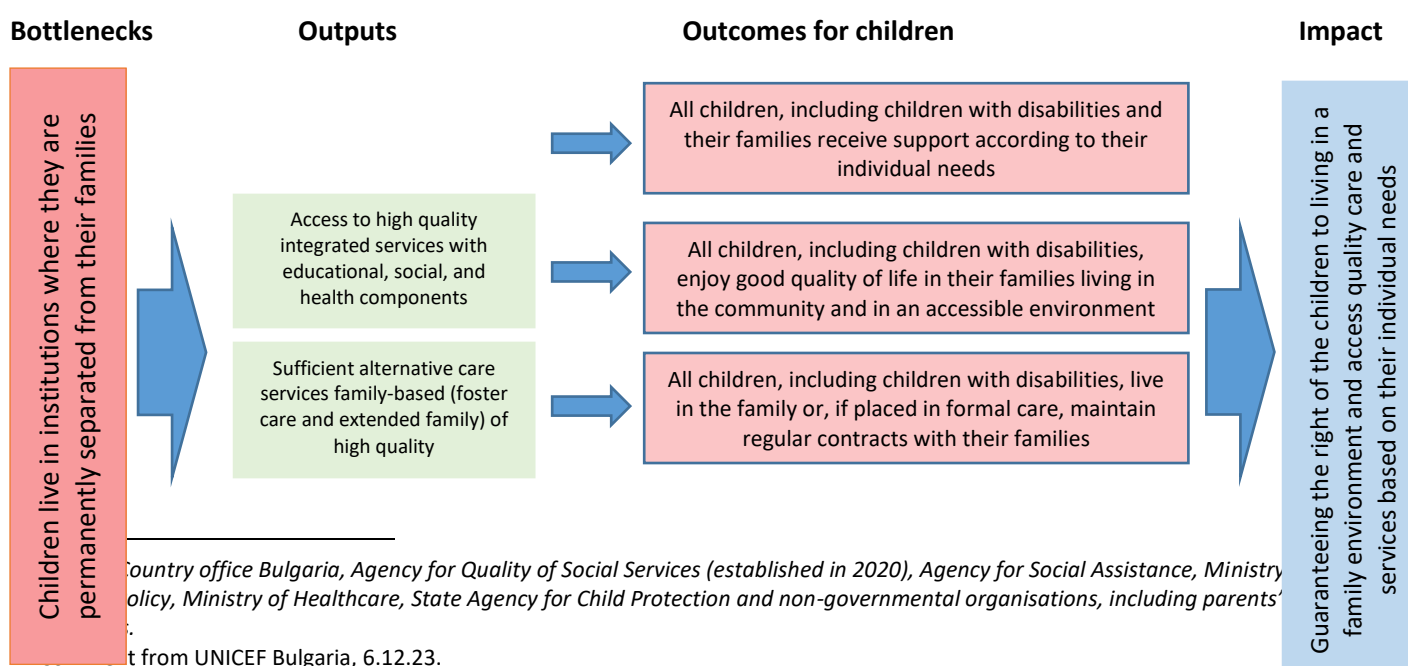
A network of publicly accessible services

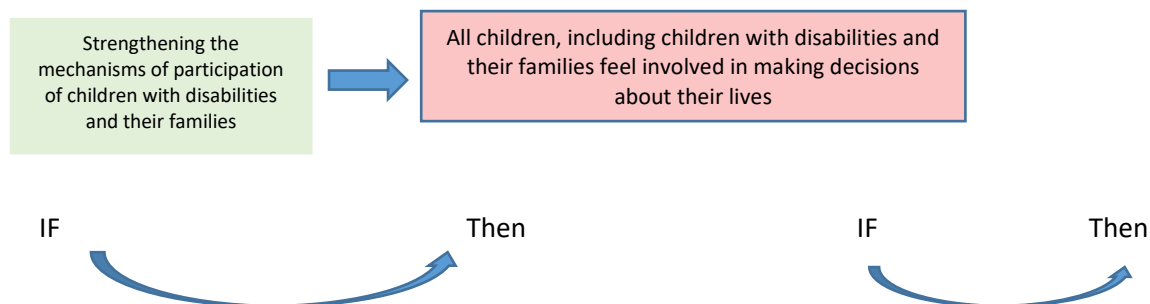
- Measures guaranteeing social and integrated services for early intervention and prevention in the family environment
- Measures guaranteeing family-based care for children at risk, who aren’t being raised by their biological parents and the gradual closure of the Homes for medical and social care for children
- Measures guaranteeing social services and community support for children, placed in Homes for children deprived of parental care and the children from these institutions, who are leaving the care system
- Measure providing social, medical and integrated medical and social services for children with disabilities
- Measures for increasing the effectiveness of the system in order to guarantee children’s rights
- Development of the necessary infrastructure for services for children

Again, there is no expressed causal link between the activities, outputs, outcomes and the vision, but it is clear from the text that the measures and activities are intended to bring about the goals /outcomes.

In 2021 an evaluability assessment¹⁰⁸ was undertaken during which key stakeholders reconstructed a ToC articulating the logic behind nationwide reforms “relevant as of 2016.” A decision was taken to focus on the period 2016-2022 rather than the time period of the evaluation (2009 -2022) to reflect the updated Action Plan.¹⁰⁹ The effect of that decision is that the outcomes set out in the 2021 reconstructed TOC do not reflect the entirety of childcare reforms that took place throughout the evaluation period, and omit key objectives in the DI Vision. Most significantly, the reconstructed TOC does not include any reference to the closure of specialised institutions or the reduction of placement in residential care, which was one of the key activities that took place during the evaluation period, in accordance with the DI Vision. Outcomes 1-3 of the reconstructed TOC, with a strong focus on the development of community-based services, does reflect many of the activities under the Vision and action plans, but Outcome 4: regarding mechanisms for improving participation of children and particularly children with disabilities, was not a key focus in either of the action plans.

Figure 2: Visualisation of the reconstructed TOC





During the evaluability workshop, stakeholders agreed that the **bottleneck** is that “children live in institutions where they are permanently separated from their families.” The **long-term impact** of the ToC (the last sentence of which is not contained in the DI Vision) is that “successful deinstitutionalisation of children in institutions, specifically of children with disabilities, is to ensure the right of the children to live in a family environment is possible if all children and their family receive tailor-made support in the community. Furthermore, when children are placed in formal care, they need to have regular contacts with their family. There needs to be a larger capacity of family-based alternative care services for those children.”¹¹⁰ The underlying logic of the TOC is that if the **outputs** are achieved (a network of publicly accessible services; access to high quality integrated services; sufficient alternative care services of high quality and strengthening mechanisms of participation of children with disabilities and their families), then the **outcomes** (all children with disabilities and their families receive support; all children enjoy good quality of life in their families living in the community and an accessible environment; all children, live with their family or if placed in formal care, retain regular contact with the family and all children and families feel involved in decision making about their lives) would be achieved. In turn, if the outcomes are achieved, the **impact** will result.

There is a causal link between the outputs and outcomes, except for the link between sufficient high-quality family-based alternative care services and maintenance of regular contact with the family, which may not, in practice be possible or achievable, or in the child’s best interests. The evaluability assessment does not address the challenges facing the reform process, but does identify the **core assumption** underlying the ToC: “closure of large-scale institutions is not enough to ensure the right of any child to live in a family, much less so for children with disabilities. Families of children need to be supported in the community and this is particularly relevant for families of children with disabilities since they need a variety of services. The needs of the children with disabilities and their families cannot be addressed by one sector only but may be addressed if these services are of high quality and simultaneously target education, social and health risks for the children. Furthermore, addressing those needs may only happen in an inclusive environment.”¹¹¹

The evaluability assessment also sets out a number of potential **risks**: “the resources to ensure that process may not be efficiently used. Furthermore, the DI process needs to involve all communities and there is a risk that all efforts will fall on the State without involving the non-governmental sector and the business community. Another risk is that all outcomes for children may be jeopardised unless change in the social attitudes to children with disabilities occurs.”¹¹² There is no mention in the risks section, however, relating to political will to further the reforms or the risk of economic downturn, both of which might be expected to impact on the reforms.

While the reconstructed TOC is used to assess the progress made in this evaluation, as UNICEF contributions to the reform process are also being evaluated, it is also necessary to consider the theory of change behind UNICEF programming on childcare reform and DI. It was not possible to find diagrammatic or narrative TOCs for the UNICEF CPs from 2009 until 2018. However, the CPD 2018-2022 Strategy Note sets out a TOC in narrative form (reproduced in diagrammatic form in figure 3 below) and also contains a description of risks (but no assumptions). There are clearly set out causal links between the outputs and outcomes for both Outcomes 1 and 2 (prevention of separation and inclusive education).

The logic chain for Outcome 1 provides: *If* policies and programmes for family support and inclusion are child-focused, adequately budgeted and directed at the most vulnerable groups, *if* the national policy and institutional framework on ECD ensure that the most disadvantaged children benefit from comprehensive support for ECD in the family and the community, *if* the coordination and technical capacity of the health, social and child protection system is

¹¹⁰ Evaluability Assessment of National childcare reform initiatives with a strong focus on de-institutionalization (DI), including in particular for children with disabilities, Country Brief, Bulgaria.

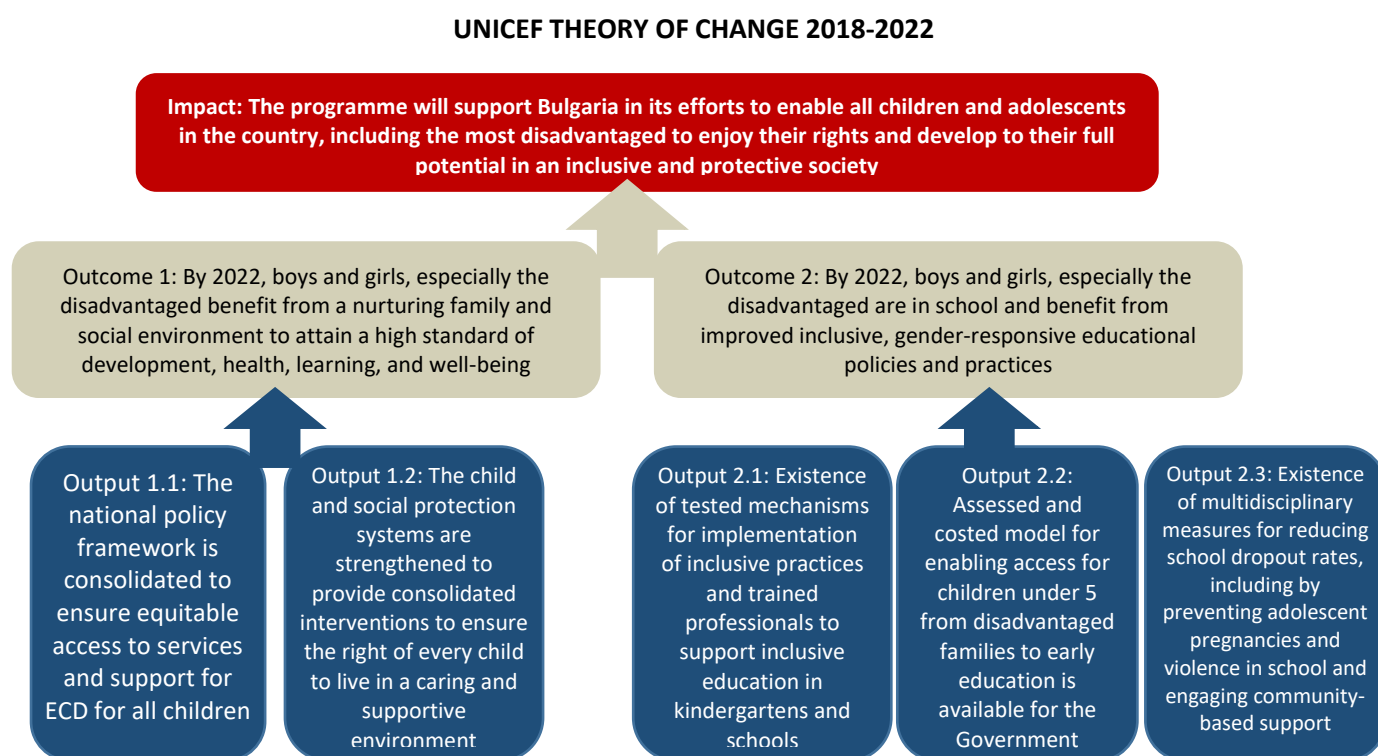
¹¹¹ Ibid.

¹¹² Ibid.

strengthened, **if** the most disadvantaged families can access quality and holistic services to support them in nurturing care and full protection to their children; and **if** there is sustained demand for flexible, outreach, culturally sensitive, integrated child and family support services by rights-holders, **then** children will grow up in a nurturing and protective family and social environment and won't be separated from their families because of poverty and neglect.

The Strategy Note clearly sees support to families in the early years as key to preventing separation. While this is undoubtedly valid, the CPD programme does not contain a specific output or outcome focusing on DI or the building up of community-based services or family-based alternative care. The Strategy Note does, however, state that UNICEF will “continue to support modelling interventions for prevention of family separation.”

Figure 3: Reconstructed Theory of Change 2018-2022



The latest CPD, 2023-2027 contains a diagrammatic TOC, which can be found in full in Annex K. It contains a Vision, medium term results (outcomes), outputs, key stakeholder and UNICEF interventions / contributions, risks, monitoring and prioritised bottlenecks. The Vision of the TOC is to: ensure that every girl, boy, young children and adolescents enjoy the full realisation of their rights, thrive in a safe and nurturing environment and is supported in accessing inclusive, quality education and skills-building opportunities. It focuses on improvement of prevention of family separation rather than response. There are two outcomes which are relevant to this evaluation.

- ⇒ Boys and girls, children and adolescents, including the most vulnerable, enjoy their rights to thrive and develop to their full potential and be protected from violence, exploitation and abuse, benefit from equitable access to cross-sectoral services and are supported to live in a safe and nurturing environment;
- ⇒ Girls and boys, children and adolescents, particularly the most disadvantaged, realise their rights to inclusive education, participation and engagement so that they have the competence and are empowered to contribute towards their own well-being and that of their communities and society.

The outputs for Outcome 1 cover the provision of early child development services to address developmental difficulties and disabilities at an early stage of the child's life and the provision of parenting support; the provision of early child education and care services; prevention of family separation and the prevention of violence against girls, boys and adolescents. The outcome is similar to that contained in the reconstructed TOC. Outcome 2, however, focuses on inclusive education systems and skills building and access to improved mental health, which was not included in the reconstructed TOC. The TOCs contain a great deal of detail on systemic changes, and the logic chain and causal links are clear. However, neither the outcomes or the outputs refer specifically to the issue of DI of the remaining four institutions, the challenges faced by the proliferation of FTPCs or the recruitment of foster carers,

though the need to ensure quality alternative care is mentioned. In order to sustain the reforms and DI, it is important to keep addressing the basic reforms, including DI, while at the same time shifting further towards prevention of family separation.

4. EVALUATION DESIGN AND METHODOLOGY

4.1 Overall methodological approach

The methodology for the evaluation is framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely relevance, effectiveness, efficiency, sustainability, and coherence. The evaluation methodology has been developed according to the UNEG Norms and Standards for Evaluation (2016) and also incorporates UNICEF's guiding principles on gender equality, equity, and human rights. The **approach taken is equity and rights-based**, rooted in the UN Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Convention on the Rights of People with Disabilities (CRPD), the UN Disability Strategy¹¹³ and other key international standards. In order to ensure no child is left behind, the evaluation paid special attention to vulnerable or 'at risk' groups of children (many of whom are likely to be regarded as 'hard to place'), particularly children with disabilities, girls and children from ethnic minorities, to ensure their particular needs were identified, represented and addressed through our data collection and sampling techniques, analysis and recommendations.

A **theory-based evaluation approach** was applied to determine whether and how childcare reform initiatives have led to the changes set out in the country's theory of change (ToC), and why this may (or may not be) the case. This approach allowed the team to analyse the mechanisms, assumptions, risks, and contextual changes that either facilitated or impeded progress. Recognizing the intricate and multifaceted nature of the reforms, which involved various stakeholders and sectors such as education, healthcare, and social protection, the decision to employ a theory-based approach was deemed appropriate.

The evaluation applied a **mixed-methods approach** to data collection and analysis, incorporating both quantitative and qualitative methods and drawing on the strengths of both to gather data that is rich and explanatory, as well as accurate and measurable. It took a **consultative and participatory approach** with UNICEF, stakeholders and beneficiaries in order to ensure that the findings were context-appropriate and high-quality and that stakeholders had overall ownership of the process and outputs. In undertaking the evaluation, a **gender-responsiveness methodology** was employed throughout the methods and tools and data analysis techniques.

4.2 Changes to the Terms of Reference

Changes to the ToR were agreed between the evaluators, UNICEF and evaluation reference groups (ERGs) for each of the seven countries during the inception phase, though these were mainly methodological and did not affect the thematic scope. The changes to the ToR were as follows:

- The rounds of feedback from the ERGs were reduced from three to two given the resource and timing constraints for the completion of the project. There is no evidence that this has affected the quality of feedback received.
- Given resource constraints, a combined initial online stakeholder consultation for all focus countries was held rather than separate consultations for each focus country. However, breakout rooms were arranged providing time for country-specific consultations: this approach did not diminish the effectiveness of the session.
- To ensure that the voices of children were heard during the evaluation, it was agreed that the methodology would include primary data collection with children, which was not included in the original ToR.

4.3 Evaluation questions

Prior to the start of the evaluation, an evaluation design workshop was held for key national stakeholders who were provided with a list of questions relating to the research questions set out in the TOR and, following the OECD-DAC criteria, were asked to rate their level of interest in the answers to these questions. The purpose of this process was to engage stakeholders from the beginning of the evaluation, to have a better understanding of their perspectives and increase the ownership of the evaluation outcomes.

¹¹³ UN Disability Inclusion Strategy, accessed from https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf on 18 October 2023.

Following the workshop and consultation with UNICEF country offices, UNICEF ECARO and the Evaluation Reference Group (ERG), some amendments were made to the questions chosen by stakeholders, some questions were deleted and some added. The amendments were made and, in particular, extra questions added and applied to all countries to enable a cross-country comparison to be made and in order to fulfil the overall objectives of the evaluation, and to allow for better comparison with the earlier evaluation conducted in 2013. The original questions chosen by stakeholders at the evaluability workshop and the amendments made to the questions post the evaluability workshop can be found in [Annex H](#).

Table 5 Bulgaria-specific evaluation questions and sub-questions

| Key Evaluation Questions | Sub-questions |
|---|---|
| Relevance | |
| 1. To what extent have the childcare reforms in Bulgaria been relevant to the deinstitutionalisation of children in residential care? | 1.1 To what extent have reforms to childcare policy and the legal framework been relevant to the deinstitutionalisation of children in residential care? 1.2 To what extent have services introduced under the childcare reforms been relevant to the deinstitutionalisation of children in residential care? |
| 2. To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities? | 2.1 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child? 2.2 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Guidelines for the Alternative Care of Children? 2.3 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the relevant EU Guidelines? 2.4 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of Persons with Disabilities? |
| 3. To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CPRD on the national DI reforms acted as a trigger for national reform? | 3.1 To what extent have the UN guidelines on alternative care for children acted as a trigger for reform? 3.2 To what extent have , EU guidelines and policies acted as a trigger for reform? 3.3 To what extent has the UNCRC acted as a trigger for reform? 3.4 To what extent has the CRPD acted as a trigger for reform? |
| 4. How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children? | 4.1 How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities? 4.2 How relevant have the childcare and deinstitutionalisation reforms been to the needs of hard to place children? |
| 5. How relevant are the primary objectives and outcomes of the childcare and deinstitutionalisation reforms from the perspective of different stakeholders? | 5.1 How relevant are the objectives/outcomes of the DI intervention(s) to the situations of children and families? 5.2 How relevant are the objectives/outcomes of the DI intervention(s) for child protection professionals? 5.3 How relevant are the objectives/outcomes of the DI intervention(s) for decision makers? 5.4 Which outcomes of the DI intervention(s) being evaluated do children and families consider to be the most important? 5.5 Which outcomes of the DI intervention(s) being evaluated do professionals consider to be the most important? 5.6 Which outcomes of the DI intervention(s) being evaluated do decision makers consider to be the most important? |
| 6. How relevant has UNICEF's input been to national childcare and deinstitutionalisation reforms? | |

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| Effectiveness / impact | |
| 7.How did the DI reforms (and other external factors) contribute to the desired outcomes? | <p>7.1 Which elements of the DI reform generated the desired outcome(s)?</p> <p>7.2 How much of the observed outcome(s) can be attributed to the DI reforms?</p> <p>7.3 What was the impact of other external factors on childcare and deinstitutionalisation reforms?</p> |
| 8.Under what circumstances, and why did the DI reforms generate the desired outcome(s)? | <p>8.1 Under what circumstances did these deinstitutionalisation reforms generate the desired outcomes?</p> <p>8.2 Why did the childcare and deinstitutionalisation reforms generate the desired outcomes?</p> <p>8.3 What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders?</p> |
| 9.Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms? | <p>9.1 Has sufficient attention been given to measuring, monitoring and reporting results?</p> <p>9.2 Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality?</p> <p>9.3 How effectively has evidence been used to inform changes and adjustments to the DI reforms?</p> |
| 10.Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms? | |
| 11.Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)? | <p>11.1 To what extent have disabled children targeted by the DI reforms actually been reached?</p> <p>11.2 To what extent have hard to place children targeted by the DI reforms actually been reached?</p> <p>11.3 Have any groups of children not benefited from the childcare and deinstitutionalisation programme?</p> |
| 12.What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain? | <p>12.1 What has been the impact of DI reforms on the number and profile of children in alternative care?</p> <p>12.2 What has been the impact of the new services on the use of institutionalisation?</p> <p>12.3 What challenges remain?</p> |
| 13.How and why did the DI reforms make a difference in terms of strengthening/establishing prevention services and family-based alternative care services, if any? What challenges remain? | <p>13.1 To what extent did the child care and deinstitutionalisation reforms result in the strengthening of prevention services?</p> <p>13.2 To what extent did the child care and deinstitutionalisation reforms impact on family-based alternative care services?</p> <p>13.3 What challenges remain to providing prevention and family-based alternative care to all children in need of a placement?</p> |
| 14.What impact has the Covid-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms? | |
| Efficiency | |
| 15.How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts? | <p>15.1 How has the Government used its human resources to support DI reforms?</p> <p>15.2 How has the Government used its technical resources to support DI reforms?</p> <p>15.3 How has the Government used its financial resources to support DI reforms?</p> <p>15.4 To what extent has this allocation of resources been effective in supporting DI reform efforts?</p> |

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| 16.Does the efficiency of the DI reforms vary across contexts or subgroups of children? If so, by how much and for which groups of children? | |
| 17.Retrospectively: What resources (national, EU, other donors) were available to carry out DI? | 17.1 What have been the transition costs, covered by whom and for how long? 17.2 How, what and how much of the resources have been ringfenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors? |
| Coherence | |
| 18.Who were the key influencers / who needed to be influenced to achieve the needed changes which led to DI reform? | 18.1 Who were the key influencers needed to achieve the needed changes which led to DI reform? 18.2 Who needed to be influenced to achieve the needed changes which led to DI reform? |
| 19.To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors? | 19.1 What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions? |
| Sustainability | |
| 20.Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability? | |
| 21.What is UNICEF's role in the sustainability of the DI reforms? | |

4.4 Evaluation matrix

Based on the evaluation questions, an evaluation matrix was developed by the evaluators ([Annex H](#)). It contains the evaluation questions and sub-questions (set out above), and sets out corresponding key indicators, data collection methods, and means of verification. The evaluation matrix informed the development of the methodology for the evaluation and guided the analysis.

Specifically, the evaluation matrix contains:

- The research questions and sub-questions the evaluation will attempt to answer (across the evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability)
- Qualitative and quantitative indicators which emerge from / relate to the evaluation questions;
- Data sources for answering research questions and measuring indicators; and
- Any limitations in data or the ability of researchers to analyse it.

4.5 Data sources and data collection methods

A range of qualitative and quantitative data collection methods were used to address the evaluation questions, as follows.

Desk review. The evaluation team reviewed a large number of documents provided by UNICEF and obtained from desk-based research. These documents included situation analysis reports; evaluations; country programme documents; programme strategy notes; annual management plans; programmatic reviews; progress reports; mid-year and end-year reviews and annual reports; third party monitoring reports from Government, the UN and NGOs; and research studies. The desk review also included a review of key government documents (laws and policies, strategies and action plans) and key sectoral and thematic action plans relating to child care and DI reforms and key articles. The list of consulted documents is contained in Annex L.

Secondary quantitative data/administrative data. Existing raw and collated administrative data held by UNICEF and the Government, and through extraction from literature, formed another key data source. Formal administrative data requests were drafted by the evaluation team and shared by UNICEF Bulgaria with ASA and MLSP to input and return.

Key informant interviews. Key informant interviews were conducted to obtain detailed and specific information related to childcare reforms and deinstitutionalisation. Interviews were guided by a standardised set of questions, but allowing for a response-directed interaction. Interviews were conducted at the national level and at sub-national level. The evaluation also involved focus group interviews where it was felt that this would increase the comfort of respondents and enrich the interaction. The list of participants and their organisation is contained in Annex I.

Individual interviews or focus group discussions (FGDs) with children and young people: Although the ToR did not envisage the engagement of children, it was agreed that children and young people should participate directly in the evaluation. The purpose of these interviews was to learn about children's lived experiences of the childcare and DI system and the outcomes of their cases from multiple perspectives. As with KIIs, these interviews and FGDs were guided by a standardised set of questions to capture information about the different stages of the child protection response, while also allowing for the researcher to probe for more detail on aspects of particular interest. In addition, one individual interview was also carried out with the father of a child who had been in care and subsequently reintegrated back into the family as a result of a request from stakeholders at the ERG to include the voice of a parent.

Individual interviews or FGDs with professionals and practitioners. FGDs were held with civil society organizations, service providers and staff workers in residential institutions to gather their perspectives on different aspects of the care reform process, to understand how reforms have translated into changes in the provision of services on the ground, and to identify the enabling factors and barriers which have shaped these changes. This enabled the evaluation to assess the nature of services provided, their quality and appropriateness and the capacity of service providers to address child protection issues in line with best practice. The FGD tool incorporated an interactive element involving participatory systems mapping. During this exercise, workers were prompted to identify individuals or entities that, based on their understanding, played a role in generating the distinct inputs, outputs, outcomes, and impacts, as articulated in the ToC. Data collection tools are contained in Annex D.

4.6 Sampling

4.6.1 Selection of research locations

The research locations were selected in consultation with the UNICEF CO and the ERG. National interviews were carried out in Sofia and in three sub-national locations: Sofia, Montana and Stara Zagora. The sites were selected based on the presence in each of diverse residential institutions and a high number of care service providers, especially in Sofia. Stara Zagora was chosen as the location of one of the four remaining infant homes and a location in which multiple childcare interventions have been piloted. Montana was selected for being a smaller region with a well-developed network of services, as well as residential services for children with and without disabilities. The evaluation team also conducted interviews with staff at one of the Educational Boarding School for boys (VUI) in Rakitovo, as there were no boarding schools within the chosen research areas).

Given the qualitative nature of the data collection methods, the sampling strategy for the selection of participants was primarily purposive and non-random. Purposive sampling prioritised diversity to ensure respondents of diverse backgrounds and with diverse perspectives are included in the evaluation.

The sampling strategy, which was primarily purposive and non-random, was to ensure that the views and opinions of a wide range of duty bearers, rights holders and stakeholders with particular knowledge, expertise and accurate information in relation to the childcare and deinstitutionalisation reforms (and the indicators in the evaluation framework) were heard and fed into the evaluation. Purposive sampling prioritises diversity so that respondents of diverse backgrounds and with diverse perspectives are included.

The criteria for inclusion was that the person was a key stakeholder at either national or sub-national level including relevant government agencies, UN agencies and national NGO partners.

The sampling for focus group discussions with local service providers and staff in residential institutions was purposive as well, to include the perspectives of NGOs, local service providers and residential institutions. Efforts were made to ensure that perspectives of staff from each of the main forms of residential service (infant home, FTPCs for children with and without disabilities, transitional housing etc.) were reflected in the sample.

The sampling strategy for interviewing care-users (children, adolescents, and adults) aimed to ensure representation and diversity across different disabilities, age, gender, ethnicity and categories of 'hard to place' children. The

identification of the sample relied on organizations that were involved in key informant interviews (KIIs) and focus group discussions (FGDs), utilizing a snowball sampling method (i.e., those who took part in KIIs and FGDs were asked to identify children / parents of children receiving their services, who in turn were interviewed). The use of multiple stakeholders through which to identify care-users ensured representation of different types of services accessed. The list of research participants is contained in Annex I, noting that this table is anonymised and identifying information is redacted to protect identity of participants. In summary, a total of 84 research participants were included in the sample. 42 KIIs were carried out with 46 participants (including government and non-government at national/subnational levels), 8 FGDs were conducted with 23 professionals and practitioners, 2 FGDs with 8 children and young people in residential care, 6 individual interviews with children and young people, and 1 individual interview with parent of a reintegrated child.

Given participants for KIIs and FGDs were selected based on their position, professional experience and/or knowledge related to the reforms and childcare more broadly, it was not possible to insist on a gender balanced sample for these interviews. However, efforts were made to ensure gender diversity to the extent possible. Out of the **46 key informants, 15 were male, 29 were female, and in two instances, the gender of the participant was not recorded. Out of the 23 participants in FGDs (adults), two were male, 16 were female, and the gender of 5 participants was not recorded.** For interviews/FGDs with children and young people, efforts were taken to achieve a gender diversity in the sample, but this was constrained by the availability of children and their consent to participate, factors which had the combined effect of leading to a greater number of girls (10) than boys (4) being interviewed.

Three young people in the sample had known disabilities – two with mental disabilities and one with both physical disabilities and mental disabilities. While it was originally anticipated that the sample would include a greater number of children/young people with disabilities, the timing of data collection meant that some planned interviews did not go ahead due to the fact the children/young people in one FTFC were away on a summer rehabilitation excursion.

4.7 Analysis Methods

Qualitative data analysis

All qualitative interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilization of innovative tools such as MAXQDA enhances the efficiency and accuracy of data collection and management, contributing to more robust and insightful results.

A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to "what had worked, for whom, under which circumstances, how, and why?" This analytical approach played a pivotal role in addressing research inquiries about the underlying mechanisms connecting childcare and deinstitutionalisation reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between deinstitutionalisation reforms and their effects. Expanding on this methodology, the exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilized to gain insights into the key stakeholders within deinstitutionalisation reforms and to discern the varying contributions of different actors, including entities like UNICEF. Additionally, these tools helped shed light on the intricate interactions among different agents involved in the process.

Quantitative data analysis

Administrative data was analysed using Excel software. Preliminary quantitative data analysis involved cleaning and checking the data to understand the extent and randomness of missing data, which was found to be minimal. Initial analysis produced descriptive statistics on the composition of the sample and the overall results, disaggregated by factors of interest including intervention or comparison area. The sample and the overall results, disaggregated by factors of interest including intervention or comparison area.

Data triangulation

Different types of data and different data sources were triangulated with one another in order to identify any inconsistencies in information. Furthermore, considering the varying array of stakeholders situated at different 'levels' within the system: comprising children, parents, frontline workers, NGOs, government stakeholders, and decision-makers, data triangulation was employed across all participants. This approach facilitated a comprehensive portrayal of deinstitutionalisation reform aspects, spanning inputs, outputs, outcomes, and impact across the entire system. This methodology effectively encompassed the viewpoints of a diverse assortment of stakeholders, thereby capturing insights from all key players. Triangulation helped to ensure the accuracy of findings, analysis and interpretation:

drawing on different methods helped evaluators overcome any biases or weaknesses associated with a particular method.

Please note that ToR of the evaluation did not include a requirement to undertake a cost analysis, nor an analysis of the validity of the ToC. As a result, neither are incorporated into the methodological approach.

4.8 Risks, Limitations and mitigation measures

A series of risks and limitations were identified during the inception phase and corresponding mitigation strategies adopted to address these (see Table 6).

Table 6: Limitations and mitigation strategies

| Limitations and Constraints of the Evaluation | Mitigation strategies |
|--|--|
| Sampling bias - The complex nature of childcare and deinstitutionalisation (DI) reforms presented a challenge in conducting a nationwide evaluation that represents the entire target population. | The sampling plan was crafted through a series of consultations during the inception phase and a dedicated workshop involving the Evaluation Reference Group (ERG). The ERG workshop played a pivotal role in determining the participants and research locations, benefiting from the valuable insights and suggestions of the participants who possess expert knowledge in the field. Their involvement ensured that the chosen locations align with a well-rounded representation, enhancing the credibility and comprehensiveness of the research outcomes. |
| Reporting bias - Given the sensitive nature of the evaluation subject matter (which deals with child protection reforms and de-institutionalization of children), it is likely that the evidence gathered is affected by reporting bias. Respondents may be reluctant or unwilling to share sensitive and personal information about traumatic and deeply personal events in their lives (children and adults). Further, respondents may be resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF, or other partners/stakeholders. | To mitigate against reporting bias, evaluators took care to carefully explain to all respondents that the evaluation was learning oriented. Evaluators also emphasized that anonymity would be protected, and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively, and interactions will be flexible and participatory, to allow for the most authentic, spontaneous and participant-led exchange. |
| Limited data - The limitations of existing data and the diffusive nature of the Child Protection Programme have presented a challenge in measuring the contribution of the childcare reforms to changes in outcomes. | The evaluators' triangulated data from several sources when analysing differences between intervention and comparison districts, in order to better link any differences identified to elements of UNICEF's programme. |
| Availability of disaggregated data - quantitative data disaggregated by gender and vulnerable groups was not always available. This lack of disaggregated data hindered the research team's ability to fully assess the impact of reforms and UNICEF's programming. | The reliance on qualitative data collected from stakeholders assumed greater significance. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions. |
| Availability of research participants. As data collection was carried out during the summer, some key informants were out of office during the data collection period. In addition, the data collection period fell at a very uncertain political time in Bulgaria, which meant participants had very busy schedules and there was some uncertainty surrounding selection of participants due to reshuffling of government positions. In relation to interviews with children and young | Online interviews with adult key informants were opted for as a mitigation strategy to ensure voices of those stakeholders who were busy during the data collection period were incorporated. Efforts were made to ensure gender diversity to the extent that was possible during data collection, and to ensure the voices of both boys and girls are reflected in the evaluation findings. While the sample of children and young people with disabilities was lower than anticipated, care has been taken to ensure that the voices of those spoken to are highlighted in the report, as well as that of NGOs and organisations advocating for their interests. |

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| people, there were challenges regarding availability as some had left for summer holidays and trips – in particular, this led to cancellation of a selection of interviews with children with disabilities. Finally, while gender diversity was aimed at for the sample of children and young people, this was constrained by the availability of participants and their consent to participate. | |
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4.9 Validation and oversight

An ERG was established to provide oversight of and input into the evaluation, strengthening accountability, ownership and accuracy of the evaluation. An evaluability assessment was carried out with the ERG, including an online workshop to develop the reconstructed ToC and agree upon the evaluation questions and scope. Coram International consulted upon the inception report with stakeholders from Bulgaria as part of the regional online consultation on 31 January 2023 as well as sharing the report with the ERG for written comments. An internal online workshop with Bulgaria Country Office was held on 30 October 2023 to consult on the first draft of the evaluation report, followed by a consultation and validation with the ERG on 29th May 2024 the comments from which have been taken into account in finalising the evaluation.

4.10 Ethical Considerations

All research was carried out in full accordance with the UNEG Ethical Guidelines and Coram International’s own Ethical Guidelines ([Annex C](#)) as well as UNICEF’s Ethical Standards in Research, Evaluation Data Collection and Analysis and UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2015) involving children. In addition, Coram International employed the following ethical safeguards for this evaluation:

Independence, impartiality, and integrity: The absence of conflict of interest was duly checked prior to the start of the evaluation. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

Credibility, completeness and accountability: The evaluation ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions are explicitly justified and substantiated, and the recommendations are based on findings and not bias.

Consent, confidentiality, and respect of rights: Rights-holders and Stakeholders consulted were duly informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluation was conducted in full respect of the participants’ right to provide information in confidence through an information and consent form, where possible and where this was appropriate and not intimidating for young people. Researchers explained to participants in clear, age-appropriate language that participants were not required to participate and that they were able to stop participating at any time without negative consequences. All information was used and represented only to the extent agreed to by its contributor.

Data collection with children: Individual interviews were conducted with children (12–17 years) and young people (18-26) year olds who were in residential or alternative care. UNICEF procedures for ethical research involving children were adopted, most notably, through the application of UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021) and application of a tailored ethical protocol for the evaluation in line with these standards. In particular, the principle of “do no harm” was applied, children were asked to participate on a voluntary basis, interviews and FGD were only carried out with children providing their prior informed written consent (as per the ethical protocol and research practice in Bulgaria) and their participation was strictly confidential. The prior written informed consent of the child’s parent / caregiver was also obtained. Special care was also taken to ensure that especially vulnerable children were able to participate and give informed consent. Inquiries were made in advance of the data collection to ensure that communication aids needed to facilitate child participation were in place (e.g. a signer for children with hearing impairments), and ensure availability of accessible spaces for interviews. The decision was made for interviews with children and young people with disabilities to be undertaken exclusively by the Bulgarian researcher rather than the international researcher, so that communication did not have to go through an interpreter. A procedure was put in place for researchers to report any potential child protection disclosures to UNICEF.

The evaluation underwent an ethical review process conducted by the HML Institutional Review Board (IRB) which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools. The Code of Conduct for researchers is attached in Annex B, the Ethical Guidelines for Field Research in Annex C, data collection tools and consent forms attached in Annex D, the Ethical Protocol and Criteria for Ethical Review Checklist in Annex E, Data Collection Policy in Annex F, Protocol for Referring cases of significant harm identified during data collection in Annex G, and the Ethical Review Approval in Annex J.

FINDINGS

5. RELEVANCE

The relevance of the reform programme was assessed using available data, facts and statistics for the years 2009 - 2022 as well as relevant laws, ratified international instruments, strategies, policies, and action plans. Interviews with key stakeholders were also used to triangulate findings.

As noted in the previous section deinstitutionalisation consists of four elements: (i) the prevention of placing children in residential institutions (RIs), (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.¹¹⁴ The Evaluation addressed the first three elements, but not (iv).¹¹⁵ In addition, cost analysis was not part of the TOR.

Summary of findings on relevance

- ⇒ The reforms were relevant and in-line with the TOC, though not all outputs and outcomes were achieved.
- ⇒ The National Strategy, Vision For Deinstitutionalisation Of Children in The Republic Of Bulgaria and accompanying Action Plans (2010 and 2016), the Child Protection Act 2000, the Social Services Act 2019 and other policies introduced during the evaluation period have been highly relevant to the child care and DI reforms.
- ⇒ Bulgaria's accession to the EU, the availability of structural funding, and the influence of international instruments have been major drivers of reforms,
- ⇒ The reforms are largely aligned with international instruments though disability advocates consider that the FTPCs do not comply with standards set out in the CRPD.
- ⇒ A rise in disinformation campaigns surrounding the childcare reform agenda has led to negative policy decisions, including the decision to withdraw the draft National Strategy on the Child 2019 - 2030;
- ⇒ UNICEF has been a trusted partner to the government throughout the reform process and participants across a broad range of organisations and agencies considered their contributions to be both highly relevant and of great value.

Relevance of childcare reforms to deinstitutionalisation

To what extent have reforms to childcare policy and the legal framework been relevant to the deinstitutionalisation of children in residential care (qu. 1)?

Bulgaria, like many other countries in Eastern Europe in the twentieth century, relied heavily on the use of institutional care to provide for children who, for a variety of reasons, were not, or could not, be cared for by their parents. There were multiple government efforts to reform institutional care starting around 2000, including the passing of the CPA 2000, but the reforms were regarded as “piecemeal and ad hoc”.¹¹⁶ The National Strategy on the Child 2008- 2018¹¹⁷ recognised the negative impact on children of being raised in an institution. It also noted that despite the policy of deinstitutionalisation that had been in place since 2000, the number of children in institutions remained high. The aim of the Strategy was to reform the child care system to ensure that children were raised in a family environment; reduce the number of children at specialized institutions and to create mechanisms and systems to guarantee the provision of high-quality care and services to children, separated from their biological families temporarily or permanently.

In order to achieve the objectives of the reform, the National Strategy set a number of priorities. These included measures to support good and responsible parenting, prevention of abandonment; improving the skills of social workers to identify risk of abandonment; the provision of social services within the community to support children and families; provision of social assistance and the development of a range of day care facilities, including nurseries and

¹¹⁴ Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, November 2012.

¹¹⁵ It should be noted that (iv) is not a core component of the ToC. In addition, the ToR did not include a cost analysis of the reforms.

¹¹⁶ ARK, Transforming Children's Lives: De-institutionalisation in Stara Zagora, Bulgaria, 2006-2009, ARK Bulgaria, p. 31.

¹¹⁷ Government of Bulgaria, National Strategy on the Right of the Child, 2008-2018.

<https://www.mlsp.government.bg/uploads/35/sv/national-strategy-child-2008-2010-en-tra.doc>

kindergartens. The Strategy prioritised the development of high-quality alternative family care through support of kinship care, voluntary and professional foster care and adoption. In addition, the Strategy sought to reduce the number of children in institutions to a minimum by a range of measures including:

- ⇒ Continuing the process of decentralization of the management and funding of specialized institutions
- ⇒ Establishing a funding mechanism to encourage municipalities to develop services within the community-based on the principle “money follows the child”.
- ⇒ The introduction of new standards for care at specialized institutions which approximated as closely as possible the raising of children in a family environment.
- ⇒ Encouragement to improve and maintain the quality of institutional care, by providing an environment close to a family environment, by optimizing the number of staff, creating conditions for maintaining contact between the child and his/her family, the provision of specialized services, etc.

Developing the skills of children to live an independent life after leaving the specialized institution.¹¹⁸ While the non-institutional priorities were relevant to prevention of separation of children from families and the growth of alternative care provision for children who could not be cared for by their parents, the National Strategy did not prioritise the closure of residential institutions but rather their transformation, with the introduction of smaller, ‘family – like’ units and a focus on upgrading the conditions.

Not long after the National Strategy was adopted, the Government adopted a further strategy: the National Strategy, Vision For Deinstitutionalisation Of Children in The Republic Of Bulgaria’ (the DI Vision). There appear to have been a number of reasons for the Government issuing a further strategy so soon after the National Strategy on the Child 2008-2018, including the recommendation in the CRC Committee Concluding Observations to Bulgaria’s second periodic report in 2008,¹¹⁹ in which it expressed its concern at the high proportion of children placed in institutions and the limited progress that had been made in reducing the number, particularly in the case of Roma children. In addition, the exposure of conditions at the Mogilino home, which resulted in international and national pressure for the transformation of care for children with disabilities and the decision of the EU to invest in the development of community services rather than improvement of homes all acted as a catalyst for DI Vision.

The DI Vision and its subsequent Action Plans (2010 and 2016) are the focal documents for national childcare. The vision includes the development of a system of family and community-based services across the country and, unlike the National Strategy on the Child 2008-2018, one of its objectives is the closure of the old-style childcare institutions by 2025, and placement of children in family-type care when alternative care is needed. The DI Vision also prioritises strengthening the legal and policy framework for the provision of community-based and family-based care; and improving the care system for children and families at risk.¹²⁰

Both the DI Vision and the accompanying Action Plans have been highly relevant to DI. The Action Plan 2010 set out a very ambitious agenda with a number of projects and costings, focussing primarily on the development of community-based services, and the closure of large boarding institutions for children. The later Action Plan 2016 took account both of the achievements of the 2010 Plan and the challenges. It refined the objectives and set out a range of measures to offer integrated child care services, with a particular focus on children with disabilities and those at risk, all relevant to child care reform and DI. The main expected results of the 2016 Plan were:

- Eradication of the institutional care of children.
- Eradication of the residential care of children under the age of 3 without disabilities.
- Total decrease of 30 % of the number of children in formal care compared to 2010.
- A ratio of 80:20 for children in formal care in a family environment as against formal residential care.
- Improved [life] quality for the children using or leaving formal care
- A broad geographical cover of social services across the country to support children and families.
- A broad geographical cover of social services to support children with disabilities and their families.
- A reformed system to secure children’s rights – new legislation, an established mandatory education system, qualification and supervision for the child protection departments and all social services for children and families.”¹²¹

¹¹⁸ National Strategy on the Child 2008-2018, at pp 13-17.

¹¹⁹ CRC/C/BGR/CO/2 23 June 2008.

¹²⁰ Action Plan for the implementation of the National Strategy “Vision for the Deinstitutionalisation of the Children in Bulgaria”

¹²¹ Action Plan for the National Strategy, Vision for Deinstitutionalisation of Children in the Republic of Bulgaria, 2016.

As noted above, although the **Child Protection Act** was originally introduced outside of the evaluation period, in 2000,¹²² with the latest amendment to the Act in 2020. It remains a highly relevant law in relation for child care reform and DI.¹²³ It establishes the bodies responsible for child protection,¹²⁴ as well as a system for responding to children in need of care and protection, including the provision of protection measures to keep children in a family environment.¹²⁵ In particular, the Act established the CPDs, which are separate from other social service functions within the Directorates for Social Assistance, and which are responsible for child protection case management and gatekeeping of children into alternative care. Stakeholders considered that the CPA 2000 set the tone and paved the way for later reforms.¹²⁶

The **Social Services Act 2019** (SSA, enforced July 1st, 2020) is another highly relevant piece of legislation to DI. It prohibits the placement of children under 3 in residential care,¹²⁷ with the exception for children with disabilities in need of constant supervision,¹²⁸ and sets limits and controls on the use of residential care. Importantly, the SSA 2019 set a deadline for the closure of all medical and social care for children under the Ministry of Health by 1 January 2021, with the exception of those in Varna, Kardzhali, Pleven and Stara Zagora, for which the deadline for closure was 31 December 2022.¹²⁹ The SSA 2019 is also highly relevant in that unlike the CPA 2000 it focuses on the prevention of family separation through the provision of integrated support for children and families at risk.¹³⁰ The legislative requirement to establish and maintain the National Map of Social Services¹³¹ is another highly relevant aspect of the SSA 2019. The aim is to facilitate long-term planning of the State budget for social services and to ensure resources are distributed according to needs at municipality level.¹³² At the time of writing, municipalities had completed the local needs assessments and ASA was in the process of developing the national map.¹³³

In addition, the SSA 2019 establishes the Agency for the Quality of Social Services, which holds responsibility for oversight and control of social service provision (including services for children), as well as licensing of private service providers,¹³⁴ in accordance with the recently introduced Ordinance on the Quality of Social Services.¹³⁵ Although both Acts are considered highly relevant, some interviewees considered the provisions of the CPA 2000 and the SSA 2019 confusing to implement in practice and not unified in their approach.

As the National Strategy on the Child 2008-2018 came to an end, a new National Strategy was drafted to enhance and advance children's rights, and continue the child care reforms. While the Draft Strategy was relevant to child care reforms, a decision was taken not to adopt the **National Strategy on the Rights of the Child 2019-2030**, due to a public backlash and protests. The narratives that fuelled the protest were described by the National Network for Children as *"false and provocative claims that [the draft Strategy] is diminishing the rights of the parents and that the state and the social services will be able to take away children from their families."*¹³⁶ This same narrative and its negative impact was also mentioned by service providers and civil society organisations, who view Government concession to the demands of the protestors as signalling a lack of commitment to children's rights.

The CPA 2000¹³⁷ requires a National Strategy for the Child to be adopted. In implementation of the national strategy the Council of Ministers is under a duty to adopt a National Programme for Child Protection proposed by the MLSP

¹²² The Child Protection Act has been amended multiple times since its introduction in 2000, including "major revision" in 2003 and later amendments up until 2019. UNICEF, Analysis of the Child Protection System in Bulgaria, Final Report, 2019.

¹²³ Further, it has been amended multiple times since first being passed, including within the evaluation period (most recently in 2019).

¹²⁴ Which are Chairperson of the State Agency for Child Protection, the Minister of Labour and Social Policy, the Minister of Interior, the Minister of Education and Science, the Minister of Justice, the Minister of Foreign Affairs, the Minister of Culture, Minister of Health and Mayors of Municipalities. See: Chapter 3, Child Protection Act 2000.

¹²⁵ Article 24, Child Protection Act 2000.

¹²⁶ KII, national stakeholders,

¹²⁷ Article 90(2), Social Services Act 2019.

¹²⁸ Article 90(2), Social Services Act 2019.

¹²⁹ The fact this deadline was not met, and reasons for the cause of the delay, will be addressed in effectiveness, below.

¹³⁰ UNICEF, Country Programme Document, Bulgaria, 11 July 2022, E/ICEF/2022/P/L.23; Experts from ASA; Article 36(D) gives legal status to the Coordination Mechanism for Cooperation in Cases of Children Victims of or at Risk of Violence and for Cooperation in Cases of Crisis Intervention, the intention is to "guarantee quick reaction and multidisciplinary approach in the work on cases of violence against children and to assign and regulate the concrete responsibilities of the different actors." UNICEF, Analysis of the Child Protection System in Bulgaria, 2019.

¹³¹ Article 44(1),(2), Social Services Act 2019.

¹³² KII with national stakeholder.

¹³³ KII with national stakeholder.

¹³⁴ KII with national stakeholder.

¹³⁵ KII with sub-national stakeholder.

¹³⁶ EuroChild. Bulgaria's National Strategy for the Child 2019-2030 withdrawn following disinformation campaigns, 6 June 2019. Available at: <https://eurochild.org/news/bulgarias-national-strategy-for-the-child-2019-2030-withdrawn-following-disinformation-campaigns/>

¹³⁷ Article 1(3) Child Protection Act 2000.

and the SACP. There has not been a national strategy since 2018. According to the most recent report submitted by the government of Bulgaria to the CRC Committee: *“On 24 March 2022 the National Council for Child Protection decided to resume the work of the interagency working group to prepare a draft of a National Strategy on the Child.”*¹³⁸ However, no further information was provided to the authors and interviewees were not aware of these plans. The previous National Strategy for the Child, now expired, covered the period 2008-2018.

The **National Action Plan for the European Child Guarantee**,¹³⁹ which was approved by the Council of Ministers in November 2022¹⁴⁰ aims to reduce the number of children living at risk of poverty or social exclusion by 197,000 by 2030 (from 400,000 in 2021). The plan highlights both children with disabilities and children in alternative care, as among the main target groups and of the plan and specifically mentions the need to *“improve risk prevention measures, including the risk of child separation from the family and placement out of the family, by providing targeted, effective and timely support for children and families at the earliest possible stage.”*¹⁴¹ In addition, the plan sets the target of 2000 children in residential care services by 2030 (compared to the 2,992 in 2022).

The **National Strategy of the Republic of Bulgaria for Equality, Inclusion and Participation of the Roma (2021 - 2030)**, which was preceded by the National Strategy for Roma Integration 2012-2020, is relevant in that it establishes priorities and strategies for improving access of Roma communities to healthcare, housing, and education, as well as countering discrimination, all areas that contribute to poverty and social exclusion (which in turn is linked to institutionalisation of Roma children). However, there are no specific references to the overrepresentation of Roma children in state care or family separation.¹⁴²

5.2 To what extent have services introduced under the child care reforms been relevant to the deinstitutionalisation of children in residential care? (Question 1.2)

Alongside closing large institutions, a major area of reform has been the development and strengthening of community-based services, including small-scale residential services. These include centres for public support and community support centres for children and families; day care centres for children with disabilities; centres for social rehabilitation and integration for children and youth; transitional housing; and FTPCs for children with and without disabilities, including some specifically for children with disabilities in need of permanent medical care.

While the establishment of this broad array of services has undoubtedly enabled the removal of children from the old-style institutions, there is contention regarding the new residential services and their relevance to DI. Specialised residential services were foreseen by the DI Vision and related action plans for *“a small number of children for whom family care is impossible.”*¹⁴³ Included within this category were *“children with extremely complex disabilities or older teenagers with deviant (antisocial) behaviour who do not want to live in a family.”*¹⁴⁴ While some view FTPCs as a necessary feature in such an ambitious and rapid child care reform agenda, others contest that FTPCs are truly able to provide “family-type” care for children (regardless of the quality of care provided), as up to 14 children and young people can live in a single home.¹⁴⁵ Further, critics consider that FTPCs deprive children of their right to develop a relationship of trust with an adult who acts as a constant support system in their lives.¹⁴⁶ In 2020, EuroChild released a statement noting that *‘Bulgaria is often held up as the ‘poster child’ of how the EU can support deinstitutionalisation’ yet the organisation members ‘are critical of the disproportionate investment in building new small group homes across Bulgaria. [...] some of these new small-scale residential care settings perpetuate an institutional culture due to lack of inclusion in the community combined with low staff morale, training and support.’*¹⁴⁷ As a result, some consider that Bulgaria has merely swapped one form of institutional care another, albeit smaller in scale. When it comes to children

¹³⁸ UN Committee on the Rights of the Child, Combined sixth and seventh periodic reports submitted by Bulgaria under article 44 of the Convention, due in 2022, CRC/C/BGR/6-7, 6 December 2022.

¹³⁹ National Action Plan for Implementation of the Council Recommendation (EU) 2021/1004 establishing a European Child Guarantee (2030) Adopted by Council of Ministers Decision No. 879/09.11.2022 .

¹⁴⁰ UNICEF, Country Office Annual Report 2022, Bulgaria.

¹⁴¹ National Action Plan for Implementation of the Council Recommendation (EU) 2021/1004 establishing a European Child Guarantee (2030) Adopted by Council of Ministers, Decision No. 879/09.11.2022 .

¹⁴² National Strategy of the Republic of Bulgaria for Equality, Inclusion and Participation of the Roma (2021 - 2030).

¹⁴³ Action Plan for the implementation of the National Strategy “Vision for the Deinstitutionalisation of the Children in Bulgaria”

¹⁴⁴ Action Plan for the implementation of the National Strategy “Vision for the Deinstitutionalisation of the Children in Bulgaria”

¹⁴⁵ UNICEF, Analysis of the Child Protection System in Bulgaria, Final Report, 2019, p. 72.

¹⁴⁶ Terziev, V. (2019) The System of Social Services In Bulgaria And The Process of Deinstitutionalisation Of Children, IJASOS- International E- Journal of Advances in Social Sciences, Vol. V, Issue 13.

¹⁴⁷ Eurochild, Care reform in Bulgaria is far from over, Statement in reaction to Disability Rights International Report, National Network for Children, 20 March 2020.

with disabilities, the diversity of opinion with respect to FTPCs is at its most acute. Some disability rights groups argue that FTPCs are at odds with the Convention on the Rights of Persons with Disabilities (CRPD).

5.1.1 Alignment with international and regional instruments

- ⇒ To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities? (Question 2)
- ⇒ To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CPRD on the national DI reforms acted as a trigger for national reform? (Question 3)

The process of accession to the EU had a clear influence on childcare reform and DI. The criteria for membership required Bulgaria to *"Ensure the childcare system is reformed so as to systematically reduce the number of children in institutional care in particular through developing alternative social services aimed at children and families"*.¹⁴⁸ The continuing influence of the EU can be demonstrated by the fact that, first, the DI Vision was introduced shortly after Bulgaria's accession (2007) in response to a requirement stipulated by the EU that the government must have a clear vision and strategy for DI in order to access structural funding. A further milestone was a seminar on DI in 2009 in the Bulgarian town of Bansko, attended by key stakeholders, including representatives of the EU commission¹⁴⁹ where it was emphasised that investment must be directed away from refurbishing institutions and towards community-based services and strengthening the capacity of professionals in the system. The significant contribution of EU structural funding made the reforms possible, and EU money for wider programmes, including, most recently, Bulgaria's work on the EU Child Guarantee, has enabled the Government to strengthen the support for children and families.¹⁵⁰

International conventions have also had a strong influence on childcare and DI agenda in Bulgaria. The DI Vision declares that *"placement of children in institutions violates their rights guaranteed with international conventions to which Bulgaria is a state-party (United Nations Convention on the Rights of the Child, UN Convention on the Rights of Persons with Disabilities) and leads to establishment of discrimination models in education and access to quality care and services."*¹⁵¹ Further, the guiding principles and approaches set out at the beginning of the Vision reflect important principles enshrined in these international instruments (sometimes referencing them specifically). This includes the requirement for all actions to be made in the best interests of the child; the recognition of the family as the best environment for child development; the requirement for a needs assessment of the child and family and a care plan prior to placement of child; the need to avoid separating sibling groups; and the importance of involving children in decision-making processes.¹⁵²

The Government has also been actively engaged in reporting procedures under the UN Conventions relating to children. In its most recent Concluding Observations, in 2016, the CRC Committee welcomed the progress Bulgaria had made in DI through the reduction in numbers of children in institutional care and increase in family-based alternatives, but raised concerns relating to continued institutionalisation of specific groups; gatekeeping; impediments to foster care development; capacity of the staff working in the child protection system and FTPCs; and the support available for care-leavers,¹⁵³ which were not in full alignment with the CRC.¹⁵⁴

In the List of Issues prior to reporting, published in 2021, the CRC Committee requested that the Government explain the measures taken since the last reporting cycle, taking account of their 2016 recommendations, as well as specific issues relating to: strengthening the capacity of the child protection system and family support services by ensuring adequate financial and human resources; prevention of child abandonment and separation of families; ensuring clear criteria and adequate safeguards are followed in deciding whether a child should be placed in alternative care; ensuring family-type accommodation centres *"fully integrate children in the community and do not perpetuate social*

¹⁴⁸ See Council Decision 2003 on the principles, priorities, intermediate objectives and conditions contained in the Accession Partnership with Bulgaria, 2003/396/EC.

¹⁴⁹ Ivanova, V and Bogdanov, G. 'The Deinstitutionalisation of Children in Bulgaria – the role of the EU', National Network for Children, Sofia, Bulgaria, *Social Policy and Administration*, Vol. 47, No. 2, p. 199-217.

¹⁵⁰ EUROPEAN COMMISSION DIRECTORATE-GENERAL JUSTICE and CONSUMERS Directorate C: Fundamental rights and rule of law Unit C.2: Fundamental rights policy Brussels, 31 March 2022 MINUTES First Meeting of the EU Network for Children's Rights 31 March 2022.

¹⁵¹ National Strategy: Vision for Deinstitutionalisation of Children in the Republic of Bulgaria, 2010.

¹⁵² National Strategy: Vision for Deinstitutionalisation of Children in the Republic of Bulgaria, 2010.

¹⁵³ UN Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of Bulgaria*, CRC/C/BGR/CO/3-5, 21 November 2016

¹⁵⁴ UN Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of Bulgaria*, CRC/C/BGR/CO/3-5, 21 November 2016

isolation and segregation"; strengthening monitoring of residential institutions; and ensuring child-friendly complaints procedures in residential care facilities.¹⁵⁵

In its 6th and 7th periodic report to the CRC Committee, in 2022, the government highlighted multiple areas in which changes had been made as a direct response to the Committee's recommendations. These include the closure of all but four of the institutions; increasing family-based alternatives; the development of the Social Services Act and relevant provisions, including the establishment of the Agency for the Quality of Social Services; and introduction and amendment of legislation related to the abandonment of children.¹⁵⁶ While challenges and gaps remain, the Government has demonstrated responsiveness to the concerns of the CRC Committee, and participants considered the influence of the CRC on the reform process and the attempts of the Government to align Bulgaria's child care system with the CRC to be significant.

As has been noted, there is disagreement as to the extent to which FTPCs for children with disabilities adhere to the requirements set out in the UN CRPD. While the CRC and CRPD both protect the right to a family life, there is a divergence in approaches when it comes to the use of residential care. The CRPD Committee's General Comment no. 5, in 2017, states that *"Large or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. 'Family-like' institutions are still institutions and are no substitute for care by a family."*¹⁵⁷ Contrary to this, the CRC Committee allows for institutional placement *"as a matter of last resort."*¹⁵⁸ The European Disability Forum published a joint statement against the newly introduced Ordinance on the Quality of Social Services in Bulgaria, arguing it perpetuates an institutional model and does not support independent living and inclusion for people with disabilities as enshrined in the CRPD.¹⁵⁹

The most recent Concluding Observations of the CRPD Committee raised concerns that *"girls and boys with disabilities still live in homes for children with 'mental retardation' and in homes for medical and social care for children"* and the lack of involvement of children with disabilities in matters affecting them.¹⁶⁰ The CRPD Committee made recommendations aimed at full deinstitutionalization of girls and boys with disabilities and their right to live in a safe family environment, including in foster families; increasing availability and accessibility of financial support for inclusion of children with disabilities in the community; and ensuring children with disabilities, particularly those who are institutionalized, can express their views and opinions on all matters affecting them in family, schools and society.¹⁶¹ Touching specifically on the issue of small scale residential care, the Committee recommends that Bulgaria, in accordance with General Comment No.5:

*"Accelerate the transition process to ensure that all persons with disabilities living in any form of institution, such as psychiatric hospital units or in small community-based group homes, have the right to live independently within the community with choices equal to those of other persons; in the deinstitutionalization process, the State party should focus on the situation of persons with intellectual or psychosocial disabilities, and children and elderly persons with disabilities;"*¹⁶²

The government's replies are due on 23 April 2026.¹⁶³

The UNICEF regional office has addressed the issue of small-scale residential care in a White Paper published in 2020.¹⁶⁴ The Paper recommends establishing a minimum age for placement in residential care (suggesting between 6-8 years old) as well as aiming for a ratio of 1:3 staff to children ratio. It also recommends that governments direct resources away from constructing small scale residential facilities, towards training a workforce to deliver family-based care (including foster care) and transforming existing homes to *"hubs of innovative services to meet emerging family and community needs for support."* While small scale residential care exist, UNICEF recommends, among other factors, that they ensure a loving, secure, safe and supportive environment, where children are able to participate in decisions

¹⁵⁵ UN Committee on the Rights of the Child, List of Issues Prior to Reporting, Bulgaria, 2021.

¹⁵⁶ UN Committee on the Rights of the Child, Combined sixth and seventh period reports submitted by Bulgaria CRC/C/BGR/6-7, 6 December 2022.

¹⁵⁷ CRPD Committee (2017, para. 16(c)) in Rosenthal 2021.

¹⁵⁸ General Comment 9 (2007, para. 47).

¹⁵⁹ European Disability Forum, 'Joint statement: Stop funding institutions in Bulgaria!', EDF, 17 January 2023. Available at: <https://www.edf-feph.org/joint-statement-stop-funding-institutions-in-bulgaria/>.

¹⁶⁰ UN Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Bulgaria, 22 October 2018, CRPD/C/BGR/CO/1, para 77.

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ UNICEF (2020), 'White Paper The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region', UNICEF Europe and Central Asia Regional Office.

about their lives; that the setting is small in scale: no more than 4-6 children, and that sibling groups are kept together; that high-quality care is provided, including for children with complex needs; that the placement is as short-term as possible, and never exceeding 6-12 months and that children are integrated into the community. The “most crucial” of these “is the short-term nature of the SSRC placement, aiming to ensure that the plan for ALL children is to be reintegrated into families, or, for older children, to facilitate their transition to independent living.”¹⁶⁵

5.3 How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children? (Question 4)

Beyond the disagreement about the FTPCs, key informants had mixed views in relation to the relevance of reforms to children with disabilities. Some considered that the increase in financial support and the personal assistant opportunities available for families with children with disabilities were relevant to support their needs, but many considered that the level of financial support was inadequate and needed to be increased further to prevent separation of families and equity with children without disabilities. In some locations, a network of relevant services for children with disabilities had been established in the community. For instance, “For Our Children” Foundation in Sofia has a centre comprised of five sub-centres which provide “a one-stop shop” to support children and their families, including needs assessment, speech therapy, day-care, and other therapeutic services. The centres are staffed by carers, special pedagogues, speech therapists and other specialists and state-of-the art facilities, include a special room for children who are autistic.¹⁶⁶ Yet many stressed that despite improvements, and positive examples such as these, there are still inadequate numbers of community-based services nationwide, and that quality and availability varies between locations, and financial support for existing services is not sufficient.¹⁶⁷ One participant considered there had been no change in the support offered for children with disabilities and their families throughout the course of the evaluation period.¹⁶⁸ Further issues frequently mentioned as being in need of strengthening were improved specialised medical support; improvements in assessment and diagnosis; and mobile medical / therapeutic services.

Are the facilities appropriate to meet the needs of children with disabilities? First of all the number of the Day Care Centres for children with disabilities is not enough. They have financial resource only for survival and to keep a minimum staff, but they do not have the resources to attract highly qualified staff. And obtaining access to highly specialized services falls on the parents.¹⁶⁹

While it is not part of the DI Vision, the MoES has been working on developing inclusive education, which is highly relevant for children with disabilities. During the course of the DI process, the number of special schools for children with intellectual disabilities reduced from 220 to 42, with the remaining schools transformed into centres for special educational support. There are also three special schools for children with impaired hearing and two for children with impaired vision. While MoES explained that these schools do not isolate children from their communities, and most of the children go back home to their families or to FTPCs after school, some have boarding facilities to cater to the children who live too far to commute.¹⁷⁰ Despite the efforts to increase inclusive education, only about half of children with disabilities are integrated into mainstream education and estimates place the number of children with disabilities out of school at 14,000.¹⁷¹

There is a group of hard to place children who were excluded from the DI Vision: these are children placed in Correctional Boarding Schools and Special Pedagogical Schools for “anti-social behaviour.” Children are placed in these facilities based on recommendations of Local Commissions for Combatting Anti-social Behaviour, which is broadly defined in law to include running away from home, playing truant, drinking alcohol, and for activities such as vagrancy and begging.¹⁷² There are two correctional schools (one for boys and one for girls) and one special pedagogical school housing a total number of 85 children.¹⁷³ The facilities are situated in remote areas of the country. Research for the evaluation strongly suggest that many children who end up placed in these facilities come from FTPCs because the staff are not equipped to deal with challenging behaviour (estimated to be 80 per cent).¹⁷⁴ Multiple interviewees commented on the lack of vision and focus by the State in relation to working with children with antisocial or

¹⁶⁵ UNICEF (2020), ‘White Paper The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region’, UNICEF Europe and Central Asia Regional Office.

¹⁶⁶ KII, NGO.

¹⁶⁷ KII NGO.

¹⁶⁸ KII with national stakeholder.

¹⁶⁹ KII, NGO. It should be noted that as of June 2024, the Council of Ministers was about to adopt a National Map of Social Services.

¹⁷⁰ KII with national stakeholder.

¹⁷¹ UNICEF, Inclusive Education. Available at: <https://www.unicef.org/bulgaria/en/inclusive-education-and-early-learning>.

¹⁷² Juvenile Delinquency Act (1958), art. 49a.

¹⁷³ KII with national stakeholder.

¹⁷⁴ KII with national stakeholder.

challenging behaviour, including a lack of the necessary specialists.¹⁷⁵ Proposals for legislative reform were developed and approved by the MoJ but were not submitted to Parliament.¹⁷⁶

5.4 Relevance according to stakeholders

- ⇒ How relevant are the primary objectives and outcomes of the childcare and deinstitutionalisation reforms from the perspective of different stakeholders (child protection professionals; decision-makers; children and families)? (Questions 5.1 - 5.3):
- ⇒ Which outcomes of the DI intervention(s) being evaluated do decision makers consider to be the most important? (Questions 5.4 - 5.6):

Aside from the differences of opinion in relation to FTPCs, stakeholders interviewed for the evaluation (even those who criticise elements of the reform process) were generally united in agreeing with the primary objectives and goals in the DI Vision. Stakeholders were emphatic in their opinion that closure of the old-style institutions was imperative, and the DI vision and action plans were right to prioritise this. However, stakeholders also repeatedly emphasised closures would not have been made possible without the other constituent parts of the reform, namely the development of community-based services and alternative family care. Some criticised the sequencing of activities, expressing the view that, in a number of areas, institutions were closed before a strong and stable network of alternative services had been established.¹⁷⁷ Further, though many stakeholders acknowledged the need to reform the FTPCs most considered that they provide an unparalleled quality of care in comparison to institutions of the old type:

*Having had experience working in an old-style institution and a FTFC, what are the differences? You cannot even start describing it, it's nothing to compare. In the big institutions, children knew only their own beds, otherwise they had nothing that was individually owned. Their clothes were not individually owned, neither were their toothbrushes. Their toothbrushes were the same colour, there is no way they would know which one in the jar is theirs. Here, every child has their own space, their own clothes, they have privacy. [Before], they didn't know what vegetables look like in their whole state, they had only seen them cut up, they would turn 18 and go out [having not seen a loaf of] bread.*¹⁷⁸

*"For sure it was very important that the government took the responsibility to close down the big institutions for over 100 children. And although I don't think that the FTFC that were set up are the best thing possible, this was something in the right direction, no matter that they were not ideal and the best possible option."*¹⁷⁹

The DI reform and childcare reforms were not always supported by primary stakeholders, however. In fact, interviews revealed that proponents of DI encountered *significant* resistance at the beginning of reforms.

5.5 How relevant has UNICEF's input been to national childcare and deinstitutionalisation reforms? (Question 6)

UNICEF has been a major player in the child care and DI reforms, since even before the DI Vision was introduced. Indeed, UNICEF Bulgaria was established in 2006, *"with the major argument being the high number of children living in institutional care."*¹⁸⁰ Up until 2023 UNICEF has undertaken both an advocacy/convenor role, as well as supporting direct implementation on specific projects. Crucially, UNICEF provided technical assistance and policy advice to the government to support with implementation of the DI Vision,¹⁸¹ as well as modelling innovative services to support reform efforts. UNICEF Bulgaria supported the Government with the closure of the notorious home for children with disabilities "Mogilino" and again in partnership with the Bulgarian government implemented the 'Family for Every Child' project in the region of Shumen between 2010-2016, which aimed to strengthen support services to children, introduce an infant foster care system, reduce the number of children placed in institutional care and close Shumen's Home for Medical and Social Care for Children (Shumen's Home). The successful project resulted in closure of Shumen's Home, with the majority of children placed in a family environment.¹⁸² UNICEF also supported the establishment of regional foster care teams, who are responsible for receiving applications from foster carers at the

¹⁷⁵ KII with sub-national stakeholder.

¹⁷⁶ KII with national stakeholder.

¹⁷⁷ KII NGO, 29 June 2023

¹⁷⁸ KII with sub-national stakeholder

¹⁷⁹ KII with NGO.

¹⁸⁰ Ivanova, V and Bogdanov, G. 'The Deinstitutionalisation of Children in Bulgaria – the role of the EU', National Network for Children, Sofia, Bulgaria, *Social Policy and Administration*, Vol. 47, No. 2, p. 199-217.

¹⁸¹ UNICEF-Government of Bulgaria, CPD 2013-2017.

¹⁸² Rogers, J. Evaluation of the Family for Every Child Project in the Region of Shumen, Bulgaria, Has deinstitutionalization improved the situation of children in Bulgaria?, <https://www.unicef-irc.org/publications/pdf/7.Bulgaria.pdf>.

regional panel, and working with the CPD case manager on matching foster carers with children and ongoing monitoring of the placement.¹⁸³ They have also strengthened the National Network for Children, and have been actively engaged in evidence generation, promoting good practices, and sharing results, including the 2014 mid-term review of progress in relation to DI, which went on to inform the Action Plan 2016. Further, they have provided ongoing technical assistance to the Government throughout the reform process, including through seconding a UNICEF consultant to work in the Ministry of Health in the earlier years.¹⁸⁴

As of 2023, in accordance with their most recent CPD, UNICEF is shifting its programmatic focus away from direct implementation, “towards a stronger convening and advocacy role.”¹⁸⁵ This will involve working in partnership with the Government to strengthen the capacity of the child protection system, helping to prevent the root causes of family separation, strengthening early child development within the health, education and social system, improving access to quality alternative care services for children, as well as availability of inclusive education services. Further, UNICEF will support the Government through the provision of policy advice and technical assistance to implement the National Action Plan for the EU Child Guarantee, to address child poverty and social inclusion in accordance with their EU obligations.¹⁸⁶

Interviewees were emphatic in expressing the importance of UNICEF’s role in the reform process, including State representatives, who made clear that UNICEF is a trusted partner to the Government, whose input has been highly relevant and appreciated. Many pointed out that while UNICEF role was instrumental, it was the combined efforts of implementing partners and a wide range of active and committed civil society organisations who contributed to the successes of the reforms. The quotes below, as well as other documents reviewed, reveal UNICEF’s unique added value in Bulgaria through the provision of an integrated approach which combines both technical assistance, advocacy on children’s rights, policy advice, modelling services for children, building an alliances of NGOs working on childcare reforms and generating and sharing evidence and best practices to support the reforms.¹⁸⁷

*UNICEF’s role is huge. They are a partner to ministry [...] from the very beginning been supporting the process [...] not only the project initiatives, their expert and methodological support is also extremely important and valuable. A lot of international meetings had been organised with their assistance, in order to share Bulgarian experience in DI, which can be considered a good one. Our cooperation with UNICEF is very strong.*¹⁸⁸

*Without UNICEF, there wouldn’t have been any reform*¹⁸⁹

*UNICEF is very, very, very, very important. I could talk for hours about it. They made a fantastic advocacy and communication campaign, and because of this, mindset and public opinion changed. They are very active in supporting the government, in supporting additional projects, very active in demonstrating models for development of new services in communities to support families.*¹⁹⁰

*When we talk about the child protection system in Bulgaria, we talk about UNICEF too, because they are always there.*¹⁹¹

6. EFFECTIVENESS

Summary of key findings

- ⇒ The DI reforms have been highly effective in reducing the number old-style institutions by 97 per cent: there are now 4 residential homes remaining;
- ⇒ The establishment of foster care and highly effective over the first half of the evaluation period, but the number of foster carers decreased from 2016 onwards and renewed efforts are required to pick up momentum and ensure continued effectiveness;
- ⇒ Simultaneously with the closure of the old-style institutions, 266 new, family-type placement centres (FTPC) were constructed, including FTPCs for children with and without disabilities, housing 2,992 children in 2022;

¹⁸³ KII, UNICEF.

¹⁸⁴ KII, UNICEF.

¹⁸⁵ UNICEF-Government of Bulgaria, Country Programme Document, 2023-2027.

¹⁸⁶ UNICEF-Government of Bulgaria, Country Programme Document, 2023-2027.

¹⁸⁷ UNICEF-Government of Bulgaria, Country Programme Document, 2018-2022.

¹⁸⁸ KII National Stakeholder

¹⁸⁹ KII with residential home.

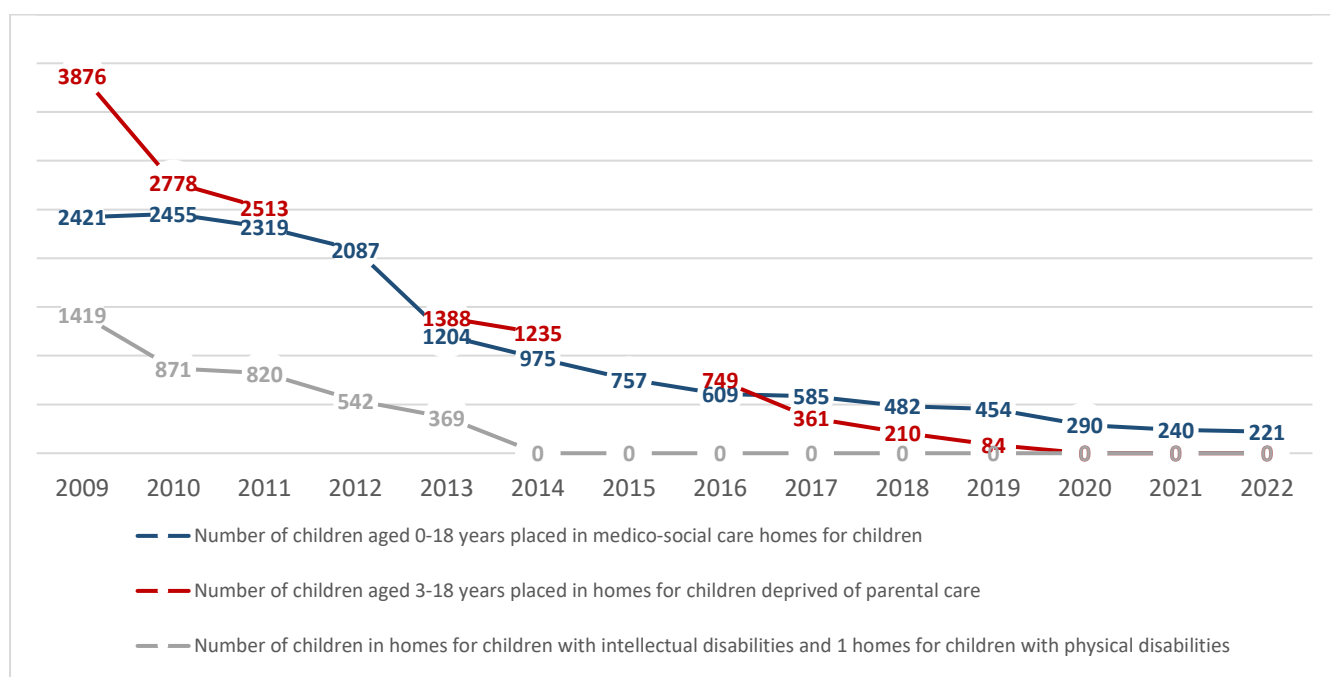
¹⁹⁰ KII NGO stakeholder.

¹⁹¹ KII national stakeholder.

- ⇒ While the construction of FTPCs was foreseen by the DI reforms, and have been highly effective in that they enabled children to be moved from the old-style institutions, reports of extended placements and, in some cases, inadequate quality of care, suggest there is a need for further reform;
- ⇒ Reforms aimed at increasing the capacity of social workers in the child protection system do not appear to have been as effective as anticipated, and remains an area in which significant attention and investment is required;
- ⇒ The proportion of children with disabilities in any form of institutional or residential care has remained relatively stable over the evaluation period and has not reduced to any significant extent: there are still very few foster / adoptive families willing to take children with disabilities;
- ⇒ There has been a significant increase in the number of community-based services for children and families, but there is a need for better monitoring and oversight in place to establish the effectiveness of these services;
- ⇒ There is a distinct lack of ethnicity-disaggregated quantitative data on children in residential and institutional care, but evidence indicates that Roma children remain significantly overrepresented.
- ⇒ Progress has been made towards fulfilling the outcomes in the reconstructed TOC but outcomes are yet to be fully achieved.

Objective 3 of the DI Vision was to close all 137 residential institutions for children by 2025. By the end of September 2022, only four remained operational, all of which are Homes for Medico-Social Care of children (under the Ministry of Health), housing 221 children in total.¹⁹² The reform programme has been effective in achieving DI, with the number of children in the old-style institutions reduced by 97 per cent during the evaluation period. This has been a direct result of programmes and interventions introduced by the DI reforms.

Figure 3: Children in residential care institutions (old-style), in Bulgaria, 2009-2022



Source: Multiple data sources¹⁹³

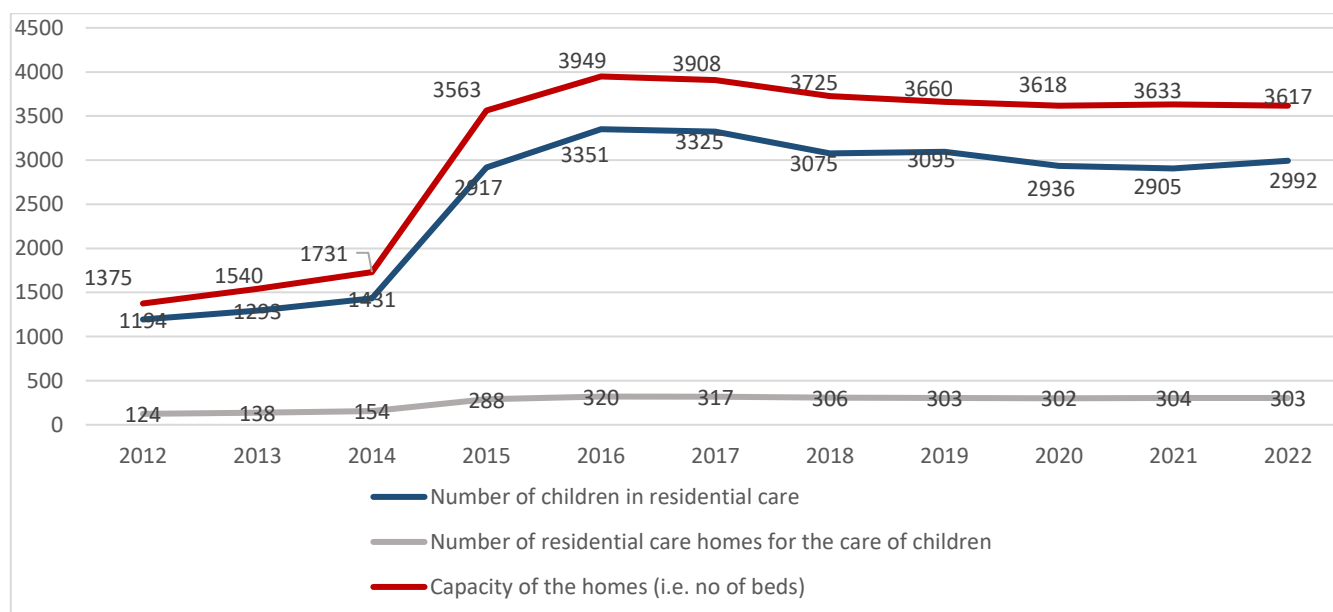
¹⁹²Data from NSI: <https://www.nsi.bg/en/content/3340/homes-medico-social-care-children>. Note that other sources place the figure slightly lower, at 200 children, see: National Network for Children, 'Report Card 2023: What is the average Government Score for Childcare?', NNC, 2023, p. 28.

¹⁹³ As the evaluation team was not able to locate a single data source containing information on children placed in institutions for the entire period of the evaluation reference period, data were collected from a variety of sources: 2009 data for all homes comes from DI Vision; 2010-2022 data for homes for medico-social care for children comes from: NSI: <https://www.nsi.bg/en/content/3340/homes-medico-social-care-children>; 2015-2021 data on children placed in homes for children deprived of parental care from government childcare data provided by UNICEF for the evaluation; remaining data from DI monitoring reports. Please note, despite efforts by the evaluation team to ensure comparability of data, it was not always clear in the original data source at what point in the respective year the data were collected (while most were as of 31.12 of each respective year). The graph is intended to provide an overall visual representation of the reduction in numbers in institutional care during the evaluation period.

Despite these successes, four homes remained open at the time of research for this evaluation, despite the deadline for closure of December 2022 set out in the Social Services Act 2019.¹⁹⁴ The reasons for delay are due to a number of factors, including the complex needs of the target group of remaining children, as well as delays with constructing the new services. The Ministry of Health is currently in the process of scheduling the activities required for the closure, but was not able to provide a deadline at the time of writing, but noted that the homes in Stara Zagora and Kardzhali will be the first to close, and that Pleven and Varna will come next.¹⁹⁵ The resident children have been assessed, and 150 have been identified as requiring constant medical care owing to multiple, severe disabilities. The plan is for these children to be transferred to new family-type residential services staffed by medical workers as well as carers.¹⁹⁶ Other children currently accommodated in the homes will be placed back with birth families, foster families or placed for adoption.¹⁹⁷

With the closure of the old-style institutions, new, smaller scale residential care facilities opened, including FTPCs for children with and without disabilities; FTPCs for children and young people with disabilities who need permanent medical care; 16 transitional houses, and 19 crisis centres. In total, at the end of 2022, 2,992 children (1,902) and young people (1,090) were resident in 303 residential care services.¹⁹⁸ Figure 4 displays time series data on the number, capacity and children resident in the new services since 2012. Figure 5, below that shows the steady reduction in new placements to the old-style institutions year-on-year since 2014, alongside the marked increase in placements in residential services between 2014-2015, when a large number of FTPCs were constructed.

Figure 4: Number, capacity, and residents of new residential care services, 2012-2022



Source: Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation.

Figure 5: New placements to old-style institutions and new residential care services (family-type placement centres, crisis centres and transitional housing), 2014-2022

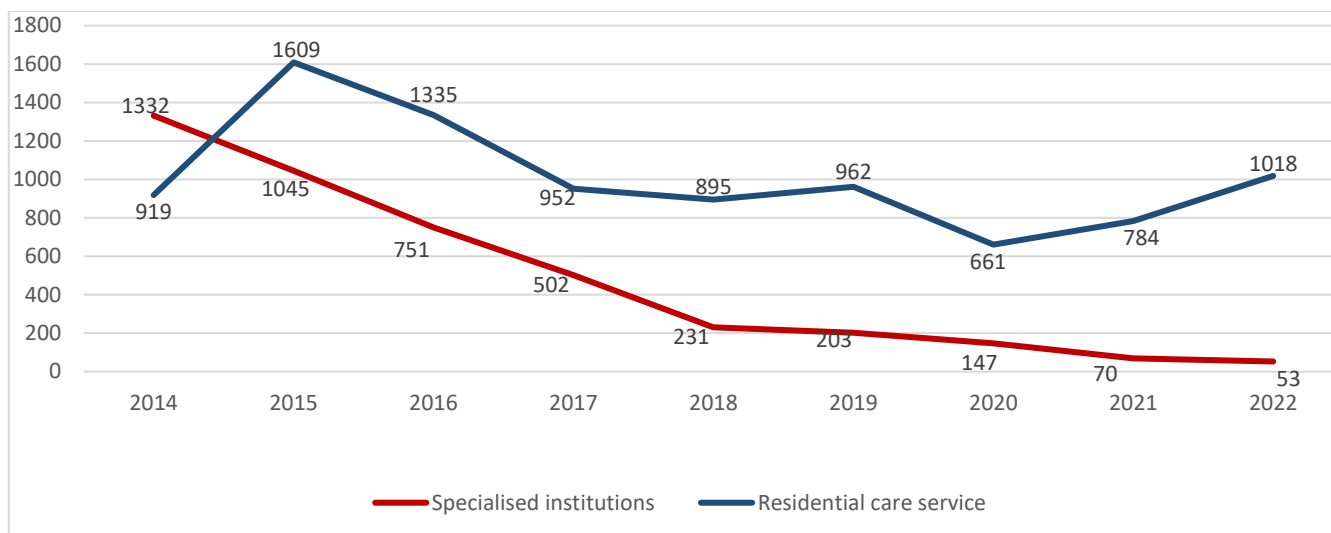
¹⁹⁴ Multiple participants interviewed for the evaluation.

¹⁹⁵ KII national stakeholder.

¹⁹⁶ KII national stakeholder.

¹⁹⁷ KII national stakeholder.

¹⁹⁸ The number of FTPCs was reduced from 283 to 266 in 2017. The Ordinance on Quality Standards for Social Services, adopted in 2022, provides that a FTPC should accommodate a maximum of 12 children down from the previous maximum of 15.



Source: Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation.

The total number of children in any form of residential or institutional care reduced from 4,227 in 2009 to 2,992 in 2022, representing a 29 per cent decrease during the evaluation period. This figure should be considered alongside data related to child protection referrals and child protection cases set out in section 6.6. This figure does not include the 97 children in Correctional Boarding Schools in 2023 (Social-Pedagogic Internats and Educational School Internats) who were not included in the evaluation.

Foster care

DI reforms related to foster care¹⁹⁹ were initiated by way of Project 4 under the DI Action Plan: 'I Have a Family too', and later under the 'Accept me' 2015 project; both of which were financed by the EU. 'Accept me' is due to end at the end of 2023 but the MLSP is working on amendments to secondary legislation in order to make it a State delegated activity.²⁰⁰

The foster care project started with enthusiasm and led to initial highly positive results. The number of approved professional foster families on the register increased incrementally year-on-year to a peak of 2,511 in 2016. The number of children placed with foster families also increasing rapidly between 2010 and 2015.²⁰¹ However, data indicate that foster care reforms lost pace in the second half of the evaluation period, with the number of registered foster carers falling from 2016 until 2022 (see figure 6). The number of voluntary foster carers on the register, which was always low, dropped to 9 in 2021 and 2022. There has also been a gradual reduction in the number of children placed in foster families since 2016 (see figure 7),²⁰² with a decline in new placements to foster care from 1,441 in 2013 to 593 in 2022 (see figure 17 in section 6.6, below).

Children with disabilities make up only 13 per cent of the total number of children placed in foster families and remain over-represented in residential care, owing to the lack of targeted support and development of specialised foster care for children with disabilities. Age-disaggregated data on foster care shows a greater share of younger children in foster care, with children aged 2 years and under making up 29 per cent of the total.²⁰³ Despite this, there is still a need for foster carers who can take care of newborn babies, particularly in Montana.²⁰⁴ The over-representation of children under 2 years of age aligns with the view shared by stakeholders that there are few foster carers willing to take older children, children with disabilities, or children with 'deviant' behaviour.²⁰⁵

Figure 6: Data on the Register of approved foster families (voluntary - VFF and professionals - PFF) as of 31.12 of the respective year

¹⁹⁹ It should be noted that outside of the evaluation reference period, foster care was established and developed with the assistance of ARK NGO.

²⁰⁰ KII national stakeholder.

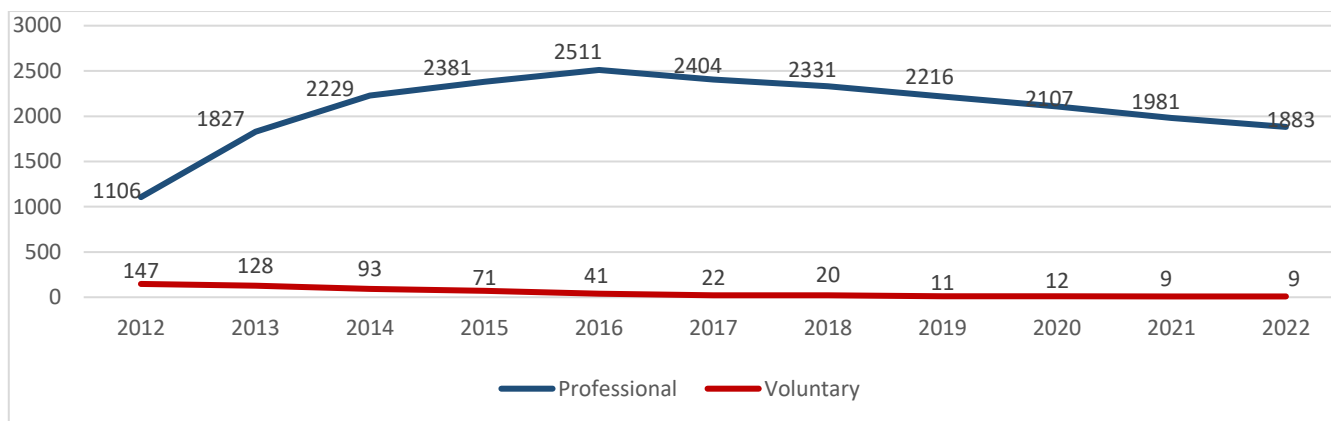
²⁰¹ Monitoring report for DI National Strategy, 2014-2015.

²⁰² Though it should be noted that the biggest drop between 2020-2021 is because this is the first year that excludes 18+ year olds from the data.

²⁰³ TransMonEE, Bulgaria, 2021

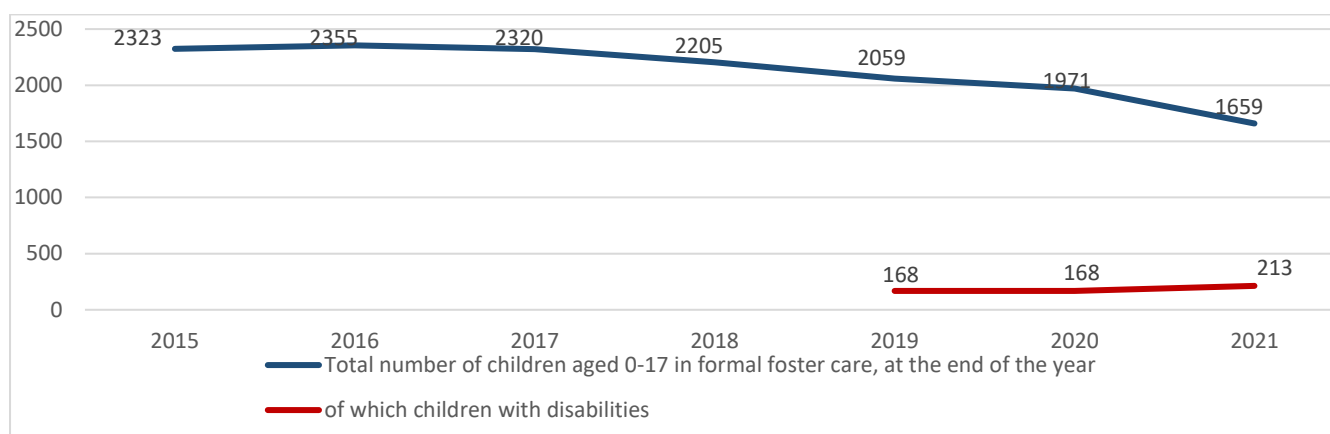
²⁰⁴ KII with subnational stakeholder and KII with NGO

²⁰⁵ Multiple participants interviewed for the evaluation.



Source: Agency for Social Assistance²⁰⁶

Figure 7: Total number of children placed in foster families and, of those, children with disabilities in foster families, 2015-2021



Source: TransMonee²⁰⁷

There have been a number of challenges related to foster care. There was a concern that the project-basis of foster care was unsustainable and this reportedly led to feelings of instability and apprehension on behalf of foster families in terms of what was to happen when the project ended in late 2023.²⁰⁸ However, following the passing of the SSA 2019, which stipulates that foster care shall be recognised and officially established as a State delegated activity, costs of children in foster care and remuneration of professional foster carers have been provided by the State budget under the 'Support for Families' programme since 2021.²⁰⁹ A further concern relates to the decision to change the contracts of professional foster carers from "employment" contracts with the Director for Social Assistance to "civil" contracts,²¹⁰ which has ramifications for social security payments, pension and health insurance, and also means foster carers will not get paid unless a child is actually placed with them.²¹¹ The impact of this challenge may be one of the causes of the reduction of foster carers on the register. COVID-19 may also have been a contributing factor with fewer children being placed in care.

Last, but by no means least, negative views and perceptions in relation to the foster care profession have, unfortunately, permeated public opinion and this is considered to have contributed to challenges in recruiting and

²⁰⁶ Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation; authors calculations.

²⁰⁷ TransMonEE, Bulgaria, 2021. Notes on the data from TransMonEE "Data source up to 2012: SACP. Data source for 2013 and afterwards: Agency for Social Assistance. Total number of children in foster care covers all type of foster care and excludes children in other type of formal family-based care. Total number of children in foster care reported in previous questionnaires also covers all type of foster care and excludes children in other type of formal family-based care. The total number of children in formal foster care at the end of the year includes persons aged 18+. The persons aged 18 remain in foster care to complete education but not more than age of 20. From 2021 data children aged 18 and more are excluded from the total number.

²⁰⁸ Multiple participants interviewed for the evaluation.

²⁰⁹ Information provided by the MSLP.

²¹⁰ KII with NGO service provider

²¹¹ KII with NGO service provider.

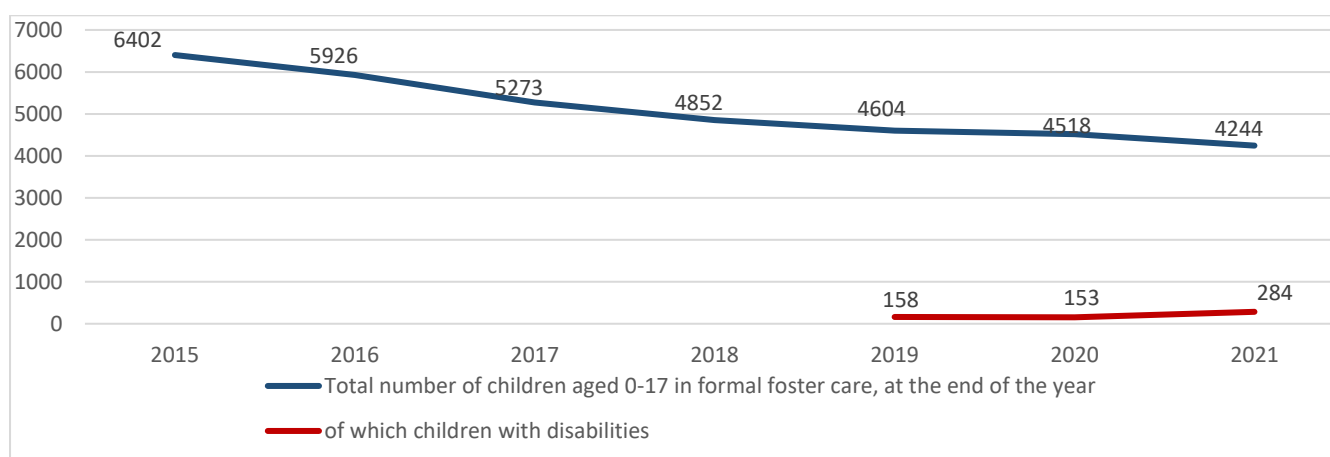
retaining foster carers. Foster carers are viewed as greedy or money-hungry individuals who are in the job only to exploit children for money.²¹² Some consider this to extend also to some social workers in the CPD.²¹³

Interviewees consider the demand for foster care outweighs the availability of foster carers at present, which contributes to the high numbers of children being placed in FTPCs despite the legal requirement that they be the choice of last resort.

Kinship care

The number of children in kinship care has also fallen since 2015, but a significant number of children continue to be placed in kinship care (4,244 in the end of 2022) in comparison to other forms of alternative care, and, positively, the number of children with disabilities in formal kinship care increased from 158 in 2019 to 284 in 2021.

Figure 8: Number of children in kinship care



Source: TransMonEE²¹⁴

Adoption

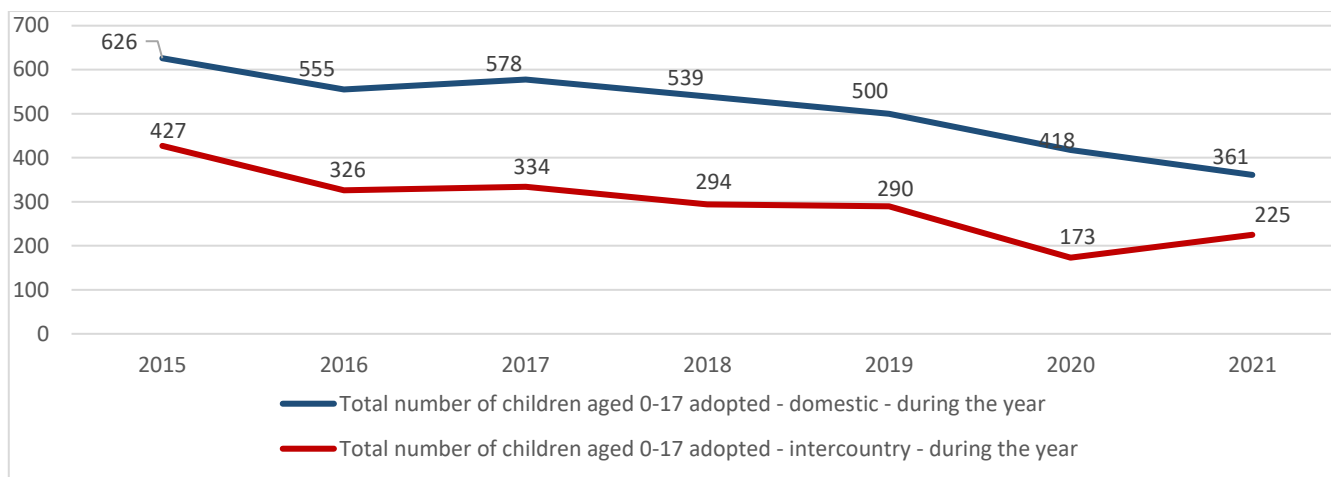
Though adoption placements have fallen overall since 2015, inter-country adoption has seen an uptick since 2020. Adoption rates for children with disabilities are higher for inter-country adoption (81 in 2021) than for domestic (25 in 2021), but remain low overall. This is likely to be a result of fewer domestic adopters available for children with disabilities.

Figure 9: Number of adoptions (domestic and inter-country)

²¹² KII with NGO service provider.

²¹³ KII with NGO service provider.

²¹⁴ TransMonEE, Bulgaria, 2021. Note: Children without disabilities: Data source up to 2012: SACP. Data source for 2013 and afterwards: Agency for Social Assistance. The total number of children at the end of the year includes persons aged 18+. The persons aged 18 remain in kinship care to complete education but not more than age of 20. From 2021 data young people aged 18 and more are excluded from the total number. Children with disabilities: For 2019-2020 data refer to the number of paid monthly allowances in December for a child with a disability placed in a family of relatives and friends. Data includes payment for persons with disabilities aged 18 years and over.



Source: TransMonEE²¹⁵

Strengthening the capacity of the child protection system

Project 5 of the DI Action Plan 2009 was to strengthen the capacity of the Child Protection Departments and the Social Assistance Directorates. A number of activities were implemented under the Plan, including a large number of trainings for a range of frontline workers including social workers at the CPD, as well as individual and group supervision sessions.²¹⁶ Social workers at the CPDs play a fundamental role in gate-keeping; they are responsible for carrying out the initial assessment on a child at risk and for making recommendations to the Judge if the care plan is to remove the child from the care of the parents. It is critical, therefore, that they are qualified to practice social work, and trained to a high standard. By September 2014, 789 frontline workers were trained on methods of working with children, process and specific features of foster care, methods of case management for children at risk, methods of early diagnosis of the risk of child abandonment, working with child victims of trafficking and violence and their families.²¹⁷

Despite the DI Action Plan delivering on the activities, the impact of this component of the reform does not appear to have been as effective as was anticipated. There was a strong perception among interviewees that social workers in the CPDs are underpaid, overworked, receive little career development opportunities and supervision, and are burdened with administrative responsibilities.²¹⁸ As a result of these factors, social work is not an attractive profession. CPDs find it difficult to recruit and retain staff, and the turnover is high. Further, there are no national minimum requirements to become a social worker beyond secondary education and, while social workers do receive some pre- and in-service training, data suggest there is a lack of focus on social work case management. This is exacerbated by the lack of any practical guidelines and targeted support for social workers to implement case management procedures in practice.²¹⁹

“There was a national project, for that goal, to improve the capacity of the human resources involved in the care provision in social work, and I believe this is the main failure of the government.”²²⁰

“The overload is huge and the responsibilities are huge as well. And this results in quite a significant turnover in the CPDs. In the CPDs that I constantly communicate with and work with, all the time they have vacancies.”²²¹

According to a mapping of the social services workforce carried out by UNICEF in 2019, there are 47,868 professionals in the social and allied sectors in Bulgaria and 5,196 social workers, of which 52 per cent work in ASA and 48 per cent are employed in social services for adults and children. Just 554 work in the CPDs.²²² Of the social workers working in ASA, 21 per cent are educated to secondary education, and 79 per cent have a university degree.²²³ There is a national average of 103 social workers in the services for children per 100,000 children, but there is an uneven distribution of

²¹⁵ TransMonEE, Bulgaria, 2021. Note: Domestic adoption: Source: ASA. Total number of adopted children including step-adoptions. Data for 2021 is obtained by the ASA information system using a new methodology of output data. Inter-country adoption: Source: Ministry of Justice.

²¹⁶ Monitoring report for the DI National Strategy, 2010-2011.

²¹⁷ Monitoring Report for DI National Strategy, 2014-2015.

²¹⁸ KII with NGO service provider.

²¹⁹ KII with NGO service provider

²²⁰ KII with NGO service provider

²²¹ KII, sub-national stakeholder.

²²² UNICEF, Mapping of the Social Service and Allied workforces in Bulgaria, Final Report, 2020. Available at: <https://www.unicef.org/bulgaria/en/media/10331/file/BGR-Mapping-report-social-workforce-ENG.pdf>.

²²³ UNICEF, Mapping of the Social Service and Allied workforces in Bulgaria, Final Report, 2020, p 17-18.

²²⁴ UNICEF, Mapping of the Social Service and Allied workforces in Bulgaria, Final Report, 2020, p 18.

these throughout the country which does not correspond with child population or GDP.²²⁴ There are 10 universities offering Bachelor degrees in social activities, 8 offering social pedagogy education Bachelor degrees, and 39 master's degrees for working with specific target client groups.²²⁵ As there are no national requirements or regulations to become a professional social worker, curricula vary between universities. The mapping report found that case management is only taught as a separate subject in two of the universities offering social work curricula, and students report feeling least prepared on the topic of "working with families."²²⁶ Echoing interviewees for this evaluation, a survey among professionals in social services revealed that only 79 per cent of social workers receive induction training, and, of these, 49 per cent said the training lasted 1-5 days. Further, 49 per cent of social workers reported receiving no individual supervision.²²⁷ Based on the results of the mapping, the MLSP established a working group to develop a strategy and investment in the social service workforce, but these plans were halted by both Covid-19 and a change in government. Currently there are plans to revisit these issues, and UNICEF reports that the Government's Operational Programme for the period June 2023-December 2024 includes a measure to develop a new human resources strategy for the social sphere.²²⁸

Introduction of community-based services

The impact of DI and childcare reforms on the introduction of community-based services to support children and families has been significant. By the end of the evaluation period, there were 144 centres for public support, with a capacity of 5,895, 1 community centre for children and families, with a capacity of 30; 22 centres for working with street children, with a total capacity of 429; 12 mother and baby units, with a capacity of 75; 90 day-care centres for children with disabilities, with a capacity for 2,526; 6 day centres for children with disabilities/severe multiple disabilities, with a total of 142; 6 day centres for children with disabilities requiring weekly care, with a capacity of 133; 1 day centre supporting children with disabilities with their families, with a capacity of 30; 1 day centre for supporting children with severe disabilities, with a total of 30; 1 day centre for children and adults with disabilities, with a capacity of 50; 55 centres for rehabilitation and integration for children, with a capacity of 1,933, 1 centre for social rehabilitation and youth, with a capacity of 25; and 3 centres for social rehabilitation and integration, with a capacity of 100.²²⁹ As addressed in other sections, despite the considerable efforts to increase the provision of services at the community level, participants considered there to be a need for more services, with better trained staff and improved quality.

6.1 What was the impact of other external factors on childcare and deinstitutionalisation reforms? (Question 7.3); Under what circumstances did these deinstitutionalisation reforms generate the desired outcomes? Why did the childcare and deinstitutionalisation reforms generate the desired outcomes? (Questions 8.1 and 8.2)

As previously noted, Bulgaria's accession to the EU, the availability of structural funding, and advocacy from UNICEF and other civil society actors, were significant drivers of reform, catalysed further by the negative coverage as a result of the BBC documentary on "Bulgaria's Abandoned Children" which investigated one of the specialist institutions for children with disabilities in Moglino, causing international outcry at the treatment of the children.²³⁰ Yet there were other, crucial, enabling factors that contributed to the outcomes.

It is difficult to overstate the importance of political will in the Bulgarian context. Many interviewees commented on the role played by specific individuals in government at the time the DI vision was introduced, who pushed the reform agenda. In particular, the Chair of the SACP, the Deputy Minister of the MLSP, the Deputy Director of the ASA, and the Deputy Minister of the MoH at the time were described by participants as being the agents, or even "champions" of DI.²³¹ On the other hand, the lack of political will in the later years of the evaluation has also been proven to be true: changes in government throughout the evaluation period have led to periods in which DI has been de-prioritised. Participants expressed frustration with how, particularly in the context of political turmoil in recent years, enthusiasm and momentum for the reforms, but also children's rights more broadly, has waxed and waned.

²²⁴ UNICEF, Mapping of the Social Service and Allied workforces in Bulgaria, Final Report, 2020, p 26.

²²⁵ UNICEF, Mapping of the Social Service and Allied workforces in Bulgaria, Final Report, 2020, p.47.

²²⁶ UNICEF, Mapping of the Social Service and Allied workforces in Bulgaria, Final Report, 2020.

²²⁷ UNICEF, Mapping of the Social Service and Allied workforces in Bulgaria, Final Report, 2020, p. 62.

²²⁸ Communication with UNICEF Bulgaria Country Office.

²²⁹ Social Assistance Agency, taken from: National Network for Children, Report Card 2023: What is the average government score for childcare?, 2023, p. 27.

²³⁰ The Validity Centre, Deinstitutionalisation and Life in the Community in Bulgaria: A three-dimensional illusion, September 2021, p. 8.

²³¹ Key informant interview with UNICEF.

*A crucial, crucial requirement is stable political support throughout the entire period, but there is no way to guarantee that. One group of people might want to refurbish the buildings, the others may just demolish them.*²³²

*The government and the NGOs set up different groups on developing activities for supporting families and children, but just as one group started working and creating something meaningful, the government would collapse, and the in-coming government wouldn't think it was important.*²³³

Public opinion and the influence of political groups is closely linked to political will. On the one hand, Bulgaria has a remarkably active civil society sector working on childcare issues, who are tirelessly vocal in advocating for children's rights, and holding the government to account. Many are heavily engaged in advocacy and evidence generation, others have provided technical assistance to the government in closing institutions, or piloting projects, and some are contracted by municipalities to be service providers: for instance, running community support centres or supporting the municipality with foster care. Together with UNICEF (see Section 5.5 above), they have been vital to the reforms. On the other hand, there is a growing political faction who hold views in direct opposition to that of the civil society sector, and consider childcare reforms to threaten Bulgarian tradition and the family unit.

6.2 What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders? (Question 8.3)

Data suggest DI reforms have had an impact on the behaviour, attitudes, thinking and reasoning of many key stakeholders, though there was a divergence of opinion between participants on this question. In relation to children with disabilities, the majority of participants commented on a positive shift in societal attitudes, with the reforms playing a major role in this change. In particular, participants commented on a reduction in stigma associated with having a child with a disability, such that parents do not feel they need to hide or be ashamed of this fact, and that disabilities are becoming more understood, accepted, and visible in the community.

*"The most effective change is the fact that we started to publicly speak about disabilities. Because NGOs, media and to some extent politicians have already joined [the discussion]. Before it was something very secret. The biggest change is that families have overcome this shame of having a child with a disability."*²³⁴

While positive societal changes are acknowledged, multiple participants stressed that changes have not gone far enough, and that stigma and discrimination against children (and adults) with disabilities remain entrenched. This aligns with results of a national study carried out by UNICEF that showed that, despite some positive results, discriminatory attitudes towards children with disabilities persist.²³⁵ There was a complete divergence of opinion regarding the extent to which the attitudes, views and understanding of professionals and practitioners towards children with disabilities had changed, with some feeling that overmedicalisation of disability persists and others acknowledging positive changes in this regard, as highlighted below:

*"I think there is a lot to be desired in the medical field - doctors continue to advise parents to accommodate children with disabilities outside their family and abandon them."*²³⁶

*Another change is that doctors stopped advising parents of disabled children to place them in residential care.*²³⁷

With regard to attitudes and perspectives on childcare and DI, again, there are competing views. While support for DI across the national and subnational levels is evident, some participants articulated problems with the way that the key goals and objectives of DI have been communicated to the public.

Neither the aims of the process nor the results of it were communicated right. So each and every time I encounter someone talking about "homes" or about "institutions," when they are clearly referring to the small residential care services for example, I know that these people don't have any idea what the change has been, if they even assume that there is any. [t]hey are not aware of the problems that we had before. They are also not clear what problems

²³² KII with national stakeholder.

²³³ KII with NGO service provider.

²³⁴ KII with NGO service provider.

²³⁵ National Survey of Attitudes and Social Norms toward Children with Disabilities and Developmental Difficulties in Bulgaria, 2021. <https://www.unicef.org/bulgaria/en/media/15211/file>

²³⁶ KII sub-national stakeholder.

²³⁷ KII with national stakeholder.

*we have now, and because of this lack of clarity, in communicating the process, there is a general problems with the attitudes, regarding the separation of children and families, what is the effect of living in residential care on the child, the implications for the community, for society, things like that. And with respects to all of these issues, and many others, we have the old attitudes. So basically the set of attitudes related to DI has not changed. This is very important, especially when you have such a huge turnover in social services and in the child protection system itself. When new people start working at a service or in a small group home, they have the old set of attitudes, and their work reflects it, and this is a problem. And, of course new people are coming all the time, because of the turnover: it's problematic.*²³⁸

Further, children in care can still face stigma and discrimination.

6.3 Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms? Q9.1: Has sufficient attention been given to measuring, monitoring and reporting results? (question 9)

Monitoring bodies were established at multiple levels of government to oversee and support the implementation of the DI Vision. At the national level, an Interdepartmental Management and Coordination Working Group was set up,²³⁹ supported by a Permanent Expert Working group (the 'expert group')²⁴⁰ and a Technical Unit for Management of each of the projects was assembled. At the regional and/or municipal level, Regional Management Team(s)²⁴¹ ('RED'), were established in order to monitor the implementation of the Strategy and Action Plan at regional level and to report progress to the Technical Unit for Management for each project.²⁴²

The annual monitoring reports on the Action Plan 2010, from 2011 until 2015, set out the achievements in each year, with clear details of the extent to which the objectives were met, projects and the results achieved, and the challenges and recommendations for further action.¹ Further, the 2014-2015 Monitoring Report reflected the overall achievements of the first five years of the Action Plan and challenges to implementation of the vision. The Monitoring Report reached the conclusion that a new Action Plan was required. Under the Action Plan 2016, monitoring reports continued to be produced annually until 2019, after which point their production appears to have ceased. UNICEF also contributed to evidence generation by commissioning the mid-term review of the DI process, as well as evaluations and progress reports in relation to their specific interventions. In addition, civil society organisations have contributed through publishing a plethora of research reports and advocacy documents regarding childcare reform, and the situation of children's rights more broadly.²⁴³

Participants raised concerns regarding a lack of oversight and analysis of the work of community-based services, including community support centres. It is hoped that recent reforms to the Social Services Act will fill this important gap.

*the quality of the CSCs has never been evaluated [...] I believe the interventions should be assessed comparatively – we have no idea what is working, what is not working, why some social workers achieve better results than at some other places. This kind of evaluation would be very useful.*²⁴⁴

There are significant gaps in disaggregated data on children in the care system, providing a significant limitation with regards to measuring, reporting and monitoring results for different groups of children. None of the administrative data provided to the evaluation team by ASA in September 2023 were disaggregated by gender, age or ethnicity. Further, while data on children (0-17 years) were requested, it appears that the data provided relates to all children and young people housed in the residential services without differentiation between those over and under 18. Other sources do disaggregate by age, and gender, though their gaps, challenges and inconsistencies remain in the data. For instance, data on the children placed in the four remaining homes for medico-social care, as reported on the National

²³⁸ KII with NGO service provider.

²³⁹ Working Group members: Minister for the Management of the EU Funds, two Deputy Ministers of Labour and Social Policy, Deputy Minister of Regional Development and Public Works, Deputy Minister of Health, Deputy Minister of Finance, Deputy Minister of Education, Youth and Science, Chairperson of the State Agency for Child Protection, Executive Director of the Agriculture State Fund, two advisors from the Political Office of the Prime Minister, Head of Office of the sectoral Deputy Prime Minister.

²⁴⁰ Ministry of Labour and Social Policy (MLSP), Ministry of Health (MH), Ministry of Finance (MF), Ministry for Regional Development and Public Works (MRDPW), Ministry of Agriculture and Food (MAF), State Agency for Child Protection (SACP), Agency for Social Assistance (ASA), National Association of Municipalities in Bulgaria (NAMB), UNICEF, NGOs, the managers of all projects under the Action Plan.

²⁴¹ representatives of Regional Governor's Administration, Regional DSA (RDSA), municipal administrations, etc.).

²⁴² Action Plan for the implementation of the National Strategy "Vision for the Deinstitutionalisation of the Children in Bulgaria"

²⁴³ See for example the annual report cards on children's rights published by National Network for Children:

<https://nmd.bg/en/campaigns/notebook/>.

²⁴⁴ KII with NGO service provider

Statistical Institute webpage, only report numbers of children in age categories 0-2 years and 3 years old and older (see figure 11), meaning it is not possible to ascertain the proportion of older children in specialised institutions, or whether there are any aged 18 and over. Further, gender-disaggregated data is reported across different several different sources (set out in figure 13), but there are significant gaps and limitations, and there is insufficient data to produce a comprehensive gender analysis over the entire period of the evaluation. For instance, data reported in the TransMonee database clarifies that the data are estimates based on the total number of children and young people (i.e. there is no gender-disaggregation for under 18s) and, crucially, there is no gender-disaggregated data available on children and young people in FTPCs for children with disabilities. Ethnicity-disaggregated quantitative data is equally unavailable,²⁴⁵ though it has been suggested that the ASA does collect this information but has not up until now analysed / published it.²⁴⁶ Given the overrepresentation of Roma children in alternative care, as well as high rates of social exclusion, this is an important gap. Further, data on the total number of children with any form of disability is unavailable.²⁴⁷

6.4 Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms? (Question 10)

While the development of FTPCs was foreseen by reforms, data suggest their prevalence and permanence were not intended. Despite the intention that FTPC's would offer short-term care for children as a matter of last resort, data suggests that most children who enter them remain until they age-out of the system.

Some participants raised a concern that social workers in the CPDs have become apprehensive / hesitant to remove a child from an abusive environment at home, on account of a fear of backlash for intervening in family matters.²⁴⁸ The rise in protests may have fuelled this fear, but it may also be linked to the emphasis given in DI reforms to keeping families together. Many commented on the huge level of responsibility that is placed on social workers, which is not reflected in the support they are provided with, their salaries or their status. While it is not possible to conclude definitively whether this is a widespread trend or reflects isolated incidents, there is evidence demonstrating a significant drop in the number of cases opened by CPDs, which cannot be accounted for solely by the drop in referrals made in relation to children at risk (set out in [section 6.6](#) below).

6.5 Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)? (Question 11)

Children with disabilities

The proportion of children in any form of institutional or residential care with disabilities has remained relatively stable over the evaluation period. At the time the DI Vision was introduced, 50 per cent of the children in institutional care were children with disabilities.²⁴⁹ In 2022, 48 per cent of children across the total number of FTPCs are children with disabilities.²⁵⁰ As figure 10, below, demonstrates, the proportion of children in FTPCs with disabilities ranged between 38 and 50 per cent between 2015 and 2022. Further, the remaining residents of the four old-style institutions – Infant Homes, are children with disabilities. This demonstrates a continuing disproportionate representation of children with disabilities placed in residential care, leading to the conclusion that this target group of children have not been effectively reached. While the reforms have seen a large number of services to support children with disabilities, data suggest more services are needed to support families and to prevent children being placed in residential care.

Figure 10: Children placed in residential care services disaggregated by disability

²⁴⁵ European Roma Rights Centre, *Blighted Lives: Romani Children in State Care*, Available at: <http://www.errc.org/reports--submissions/blighted-lives-romani-children-in-state-care> p.28.

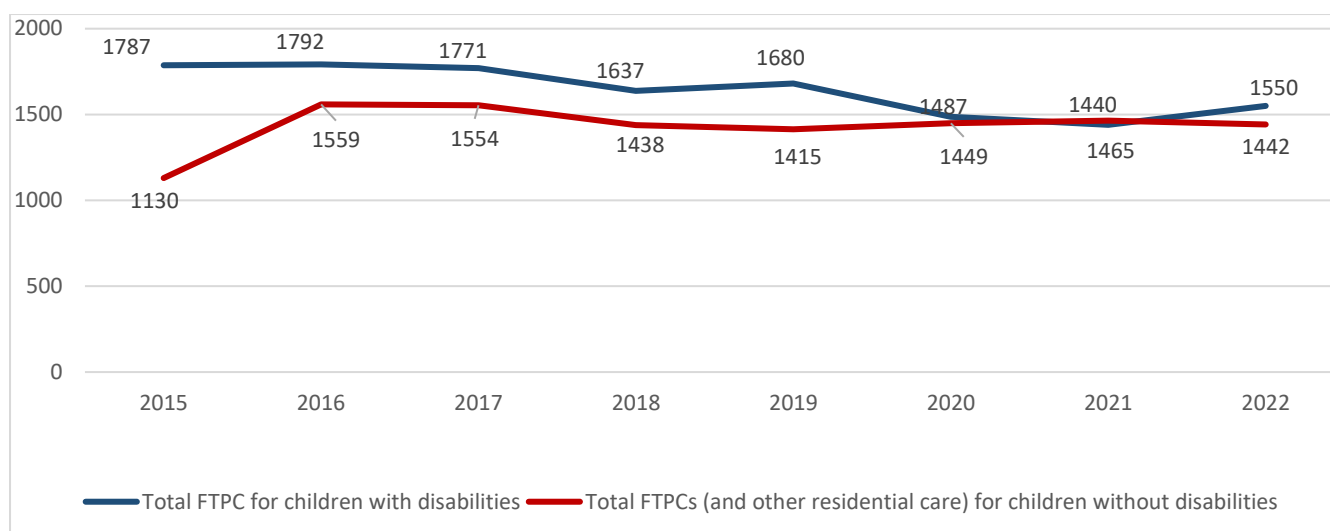
²⁴⁶ Ibid, p.30.

²⁴⁷ Shalapatova, I., *Un/Equal Childhood: Deep Dive in Child Poverty and Social Exclusion in Bulgaria*, UNICEF, 2022, Policy Brief, p. 6.

²⁴⁸ KII with NGO service provider.

²⁴⁹ Policy Document, *National Strategy, Vision For Deinstitutionalisation Of Children In The Republic Of Bulgaria*, 2010, p2.

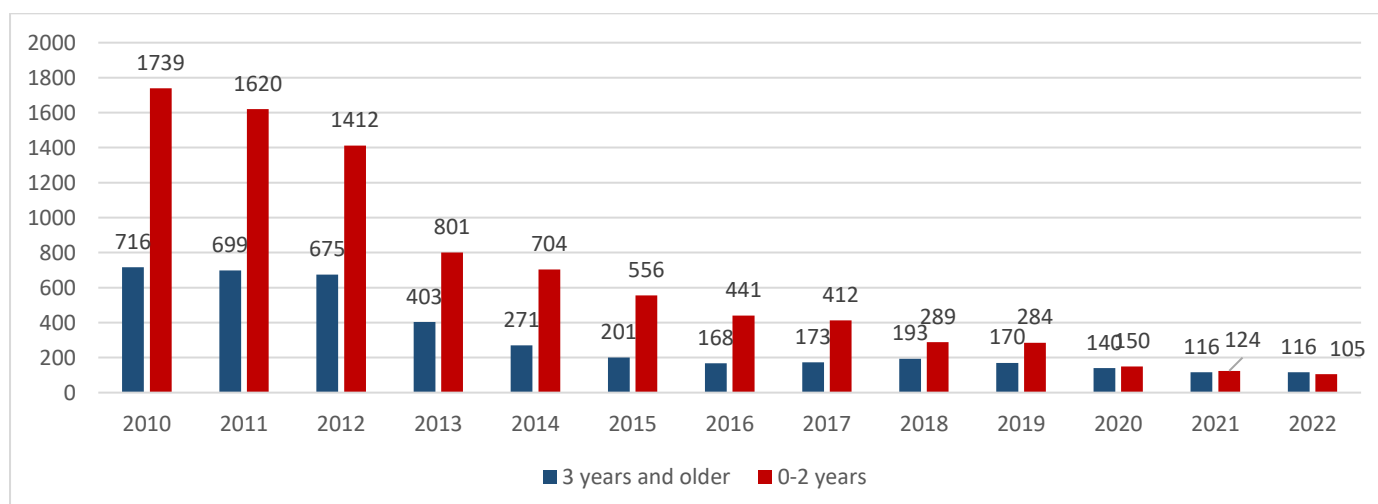
²⁵⁰ Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation: evaluation team calculations.



Source: Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation

Despite gaps in age disaggregated data, it is evident that the DI reforms have made significant progress in getting the youngest children out of any form of residential or institutional care, but challenges remain. While the number of children aged 0-2 years old placed in homes for medico-social care for children reduced by 94 per cent between 2010 and 2022,²⁵¹ 105 children under the age of 3 remained in residential care in 2022.

Figure 11: Children placed in homes for medico-social care for children as of 31.12 of the year, disaggregated by age bracket



Source: Bulgarian National Statistics Institute²⁵²

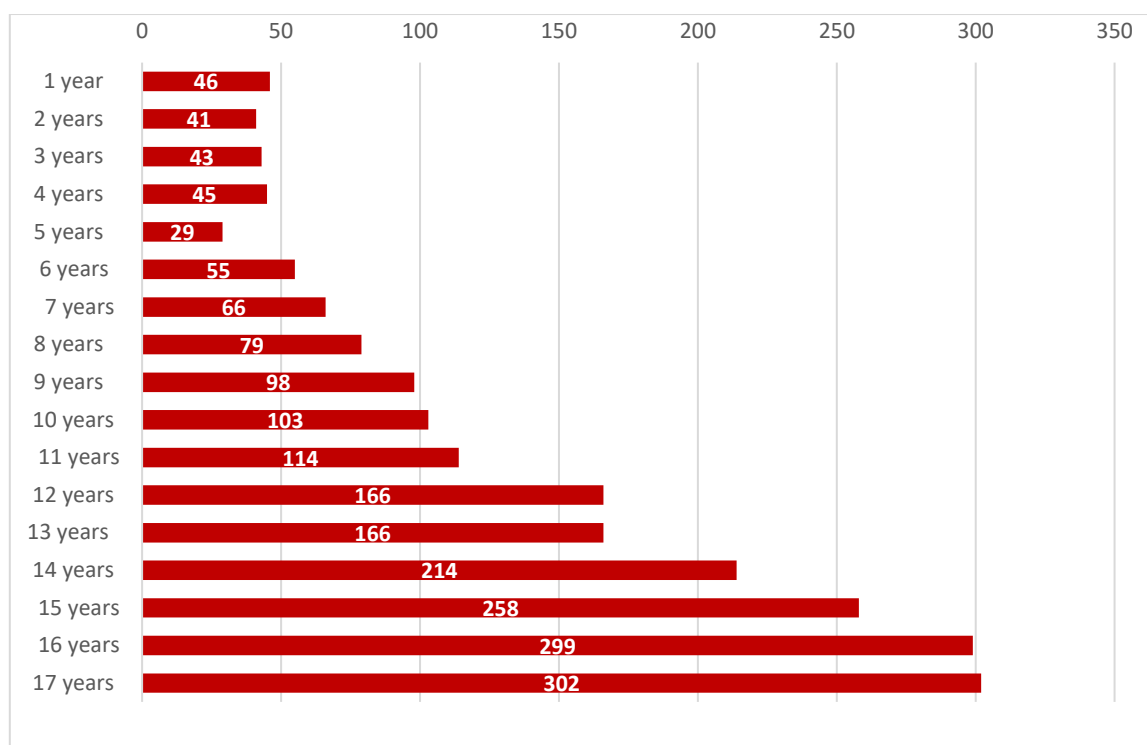
As demonstrated in the funnel chart in figure 12, while the prevalence of children in residential care generally increases with age, a sizeable number (366 children, 17 per cent of the total), are 7 years old and under. A separate data source shows that, in 2021, there were 86 children aged 0-6 across FTPCs for children without disabilities (76), crisis centres (9), and transitional housing (1).²⁵³ The latter is particularly surprising given the intended demographic of transitional housing is ages [14-18 years] and the purpose is to prepare residents for independent living. Comparing data in figure 11 and 12 it can be deduced that children without disabilities under 3 years old are placed in residential care, in violation of Article 90(2) of the Social Services Act which forbids such placements.

Figure 12: Total number of children aged 0-17 in formal residential care, at the end of the year, by age

²⁵¹ National Statistical Institute: <https://www.nsi.bg/en/content/3340/homes-medico-social-care-children>; evaluation team calculations.

²⁵² National Statistical Institute: <https://www.nsi.bg/en/content/3340/homes-medico-social-care-children>; evaluation team calculations.

²⁵³ Government of Bulgaria childcare data provided by UNICEF to evaluation team.



Source: TransMonee 2021

Ethnicity

Despite the lack of ethnicity-disaggregated quantitative data on children in residential and institutional care, evidence indicates that Roma children remain significantly overrepresented. Frontline respondents in the European Roma Rights Centre study indicated Roma children make up a significant, and disproportionate, portion of the residents.²⁵⁴ Similarly, multiple key informants for the present evaluation confirmed the overrepresentation of Roma, with one individual who works across five FTPCs for children without disabilities estimating that approximately 70 per cent of the in these FTPCs are of Roma ethnicity.²⁵⁵

Gender

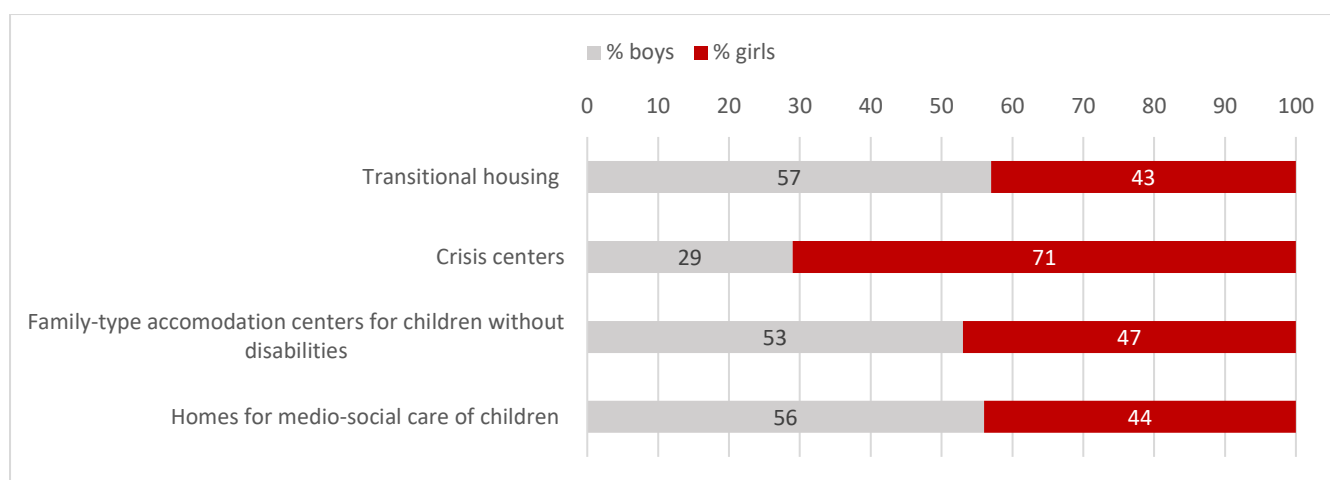
While boys outnumber girls in residential and institutional care overall, the proportion of girls is higher in some residential care facilities. Government estimates²⁵⁶ on the TransMonee database place the proportion of boys in formal residential care at 55 per cent in 2021. Figure 13 compares data for 2021 across multiple sources where gender-disaggregation is available: it shows that there are variations in gender trends across residential services. While boys outnumbered girls in transitional housing, FTPCs for children without disabilities and homes for medico-social care of children, the share of girls was far higher in crisis centres. There was insufficient evidence to ascertain the reason for such a disproportionate number of girls in crisis centres, and this should be investigated further. The evaluation team did not have access to gender-disaggregated data on FTPCs for children with disabilities.

Figure 13: Children and young people in residential care, 2021, by gender (per cent)

²⁵⁴ "To the question "How many of the children that you work with are Roma?" 445% of the respondents said "50/50" or "more than half "; 35% of respondents said that Romani children in institutions were "overrepresented" and estimated the number to be about 80-85%; 10% of respondents put the number of Romani children at 60%; while another 10% said that 30% of the children they work with are of Romani origin." Blighted Lives, p.29-30.

²⁵⁵ KII with NGO service provider

²⁵⁶ ASA provides data on the distribution by sex of children and young people in general. Data for children aged 0-17 by sex are provided as an estimate based on total (children and young people). 2018-2020 data for children in Homes for medico-social care for children by gender are provided as an estimate based on NSI survey data.



Source: Multiple sources²⁵⁷

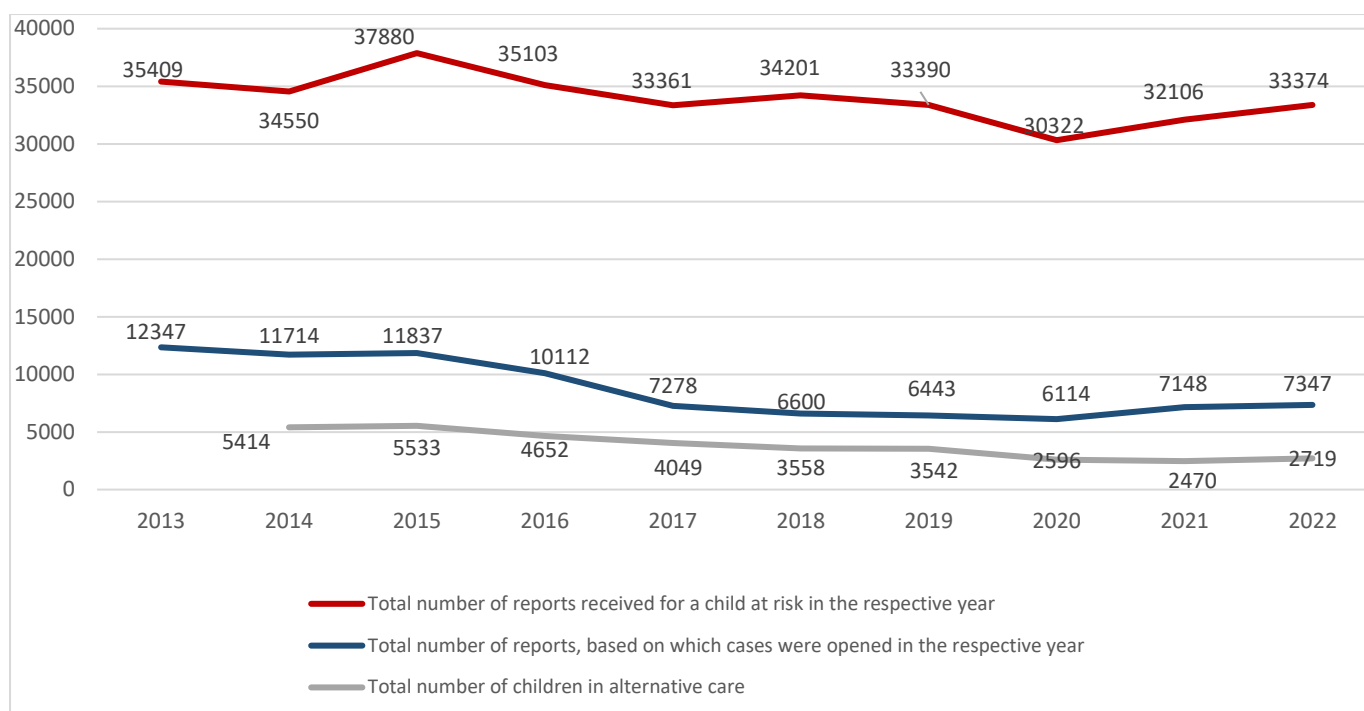
As noted in [section 5.30](#), children in correctional boarding schools were not included in the evaluation as a specific target group, which is a significant gap.

6.6 What has been the impact of DI reforms on the number and profile of children in alternative care? What has been the impact of the new services on the use of institutionalisation? (Question 12)

Over the period of the evaluation the number of children entering alternative care has reduced, but has been on an upward trajectory since 2020. As can be seen in Figure 14, after a peak in 2015, the number of children being placed in any form of alternative care each year was on a gradual downward trajectory until 2021, when there were 2,470 new placements. This trend reversed in 2022 with an uptick to 2,719 new placements that year, but the numbers are still fewer than in 2019. There are a number of possible explanations for the overall decrease. It may be that as social workers become more experienced over time, they are able to work with and support the child and the family, reducing the risk of separation. It may also be partly due to the drop in the number of referrals of children at risk and the number of cases opened. It is noticeable that since 2015 the number of child protection referrals reduced by around 6 per cent, but the number of cases opened in has dropped by 41 per cent. Again, it may be that the CPDs are able to resolve the problems that led to the instigation of the referral, without resorting to opening a case. A second possibility is that, although the *number* of referrals has remained relatively stable, the severity of referrals has lessened to the extent that social workers do not consider it necessary to open as many case files. The final option is that social workers have become reluctant to open cases and intervene in child protection matters, due to lack of human and financial resources and the expression of public opposition to intervention in the family by State authorities (see section 6.4)

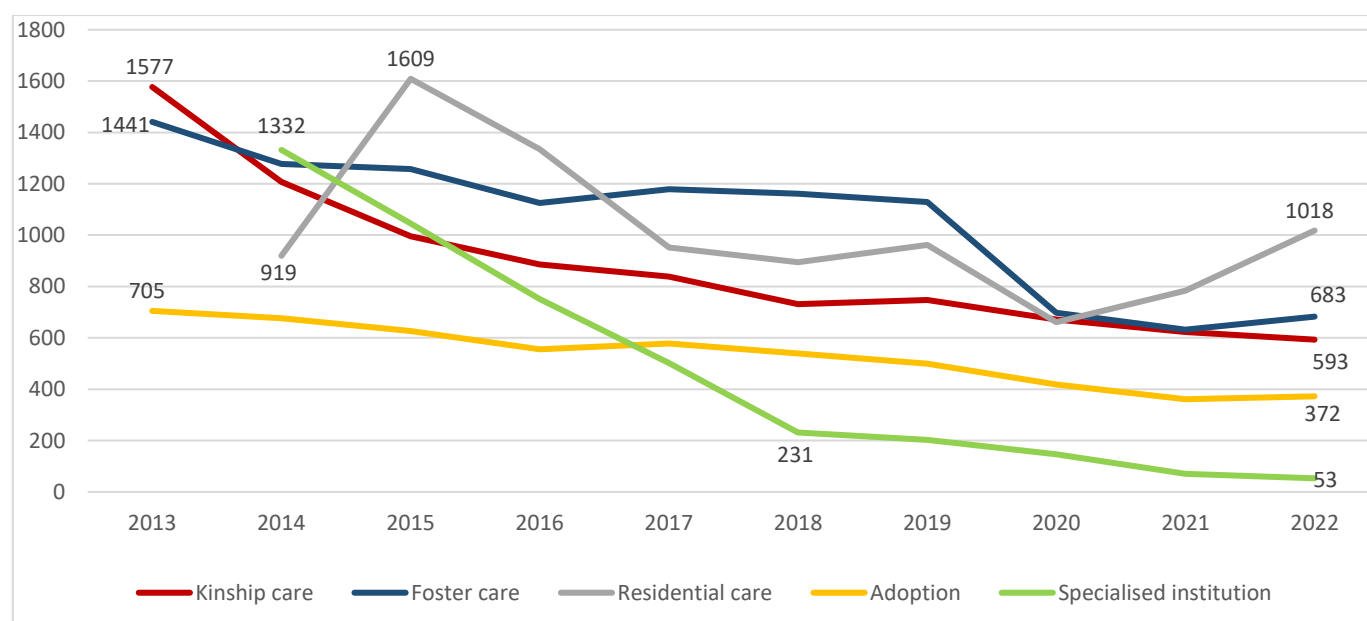
Figure 14: Child protection referrals, cases opened, and children placed in alternative care, 2013-2022

²⁵⁷ Data on Transitional housing, Crisis Centre and FTPC for children without disability data comes from: Government Child Care Data 2015-2021, excel graph provided to the evaluation team by UNICEF Bulgaria; Data on Homes for Medico-Social Care of Children taken from National Statistical Institute (NSI): NSI: <https://www.nsi.bg/en/content/3340/homes-medico-social-care-children>; evaluation team calculations



Source: Agency for Social Assistance²⁵⁸

Figure 15: Children placed different forms of alternative care during the respective year, 2013-2022



Source: Agency for Social Assistance²⁵⁹

Figure 15 provides more granular data on the reduction of children in each alternative care service. The steepest reduction has been to placement in specialised institutions, followed by kinship care, foster care and adoptions. There has, however, been a sharp increase in new placements to residential care institutions in the last few years, from 661 in 2020 to 1,018 in 2022. FTPCs were intended to comprise “a short transitional stage until developing a mature system.”²⁶⁰ However, given the 303 residential services that existed in 2022, and in light of the marked uptick in new placements to residential care between 2020-2022, it is evident that the FTPCs continue to be relied upon at the expense of other forms of family-based care such as foster, kinship care and adoption.

²⁵⁸ Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation; authors calculations.

²⁵⁹ Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation; authors calculations.

²⁶⁰ National Network for Children, ‘Report Card 2023: What is the Average Government Score for Childcare?’ Sofia, Bulgaria.2023, p. 28.

6.7 Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain? (Question 12)

While the majority of interviewees believe that the new residential services provide superior care in comparison to old-style institutions, there was some concern with respect to the quality of care provided in the FTPCs, especially the extent to which FTPCs are truly able to provide “family-type” care, as up to 14 children and young people can live in a single home.²⁶¹ The original proposal was for the maximum capacity not to exceed 8 children.²⁶² The FTPCs visited for the evaluation ranged in size, both in terms of maximum capacity and current residents; from 5-14 children.²⁶³ Data provided by ASA for 2022 indicated that across the 303 residential care services, there were an average of 10 residents per home.²⁶⁴ Concerns related to the size of the FTPCs are not new; multiple respondents interviewed for the Independent Review of Progress and Challenges related to DI in 2014 raised concerns regarding the size of the homes, and questioned whether the heavy reliance on FTPCs was going to lead to “re-institutionalisation” of children.²⁶⁵

Legal and financial barriers impede the ability of FTPCs to reduce their maximum capacity, even if they wished to do so. One participant from a NGO managing a number of FTPCs on behalf of a municipality (with a maximum of 6 residents), explained that the Ordinance for Social Services requires FTPCs to have a capacity of between 8 and 12. An additional factor relates to funding: FTPCs receive funding on the basis of the number of beds available in the home, and this contributes to a reluctance, or even inability, of FTPCs to reduce their numbers. As one NGO provider explained, the staffing needs for 6 children are not that different to those needed for 10 children.²⁶⁶ However, if the number of beds in the home was reduced, the funding would not be sufficient to provide 24/7 care. An NGO operating group homes with just 6 residents, explained that funding from the municipality only covers 50 per cent of their budget, causing them to rely on alternative funds to provide quality care to children.²⁶⁷ A review of the funding mechanism is required to ensure that the financing of FTPCs encourages smaller rather larger homes, meets current understandings of best practice and the best interests of children.

Article 90(3) of the Social Services Act 2019 requires that *“For children up to 18 years, the period of use of residential care as a child protection measure may not be longer than two years and must be reviewed every 6 months.”*²⁶⁸ The period of stay may only be extended *“only if it is not possible for the children to be reintegrated in their biological family, to be adopted or to be placed in the family of relatives and/or close relatives or in a foster family.”*²⁶⁹ Though some professionals and practitioners working in FTPCs and the child protection system mentioned successful reintegration cases, these appear to be the exception rather than a common occurrence. Further, despite the requirement for placements to be reviewed every six months, it appears this does not always happen, and where reviews do take place, they often take place by way of exchanges between FTPC staff and the CPDs without any contact between the social worker and the child. Child residents of FTPC interviewed did not know if they had a social worker and had no recollection of meeting a social worker post-placement.²⁷⁰ All children should be seen and spoken to prior to a review to ensure that their views are represented during the review and their voices heard. Further, all reviews should take place in person and should be minuted and placed on the child’s file. Case managers should take responsibility for organising reviews.

Resource challenges impact on the recruitment of staff in the FTPCs. Not all staff in FTPCs have the requisite professional knowledge, skills, experience, and training to carry out their work with children and, in particular, lack training on dealing with challenging behaviour.²⁷¹ A combination of low salaries, demanding workloads and low staff: child ratios contributes to staff burnout, high staff turnover and problems recruiting new, qualified staff, particularly

²⁶¹ UNICEF, Analysis of child protection system in Bulgaria, 2019, p. 72.

²⁶² KII with NGO service provider. Paragraph 6 of the Transitional and Final Provisions of the Ordinance on the Quality of Social Services, states: In the buildings of family-type placement centres for children without disabilities and for children and young people with disabilities existing before the entry into force of the Ordinance, residential care for children and young people may be provided to less than the minimum number of users specified in Annex No 10 and in Annex No 11, provided the service offered meets the other quality standards for residential care for children and young people both with and without disabilities.

²⁶³ Multiple professionals working in FTPCs who were interviewed for the evaluation.

²⁶⁴ Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation.

²⁶⁵ Rogers, J. Deinstitutionalisation of Children In Bulgaria - How Far And Where? Independent review of progress and challenges © 2014 United Nations Children’s Fund (UNICEF), 2014.

²⁶⁶ KII with NGO service provider.

²⁶⁷ KII with NGO service provider,

²⁶⁸ Article 90(3) Social Services Act 2019.

²⁶⁹ Article 90(4), Social Services Act 2019.

²⁷⁰ FGD with children in FTPC.

²⁷¹ Multiple respondents interviewed for the evaluation.

those of a younger generation to work in the FTPCs.²⁷² Limited pre- / in- service training for FTPC staff, and insufficient supervision, are other barriers, though participants who worked in FTPCs all spoke about trainings they had received. Steps have been taken to address some of these difficulties in the Ordinance on the Standards for Remuneration ... adopted in 2020 which stipulates higher payments to those working in the social sector, which has to some extent, improved the income level for people employed in the social sector.²⁷³ It should be noted that the majority of the children and young people who were interviewed for the evaluation spoke positively and fondly about their carers in the FTPCs.²⁷⁴ However, the inability of staff to deal with challenging behaviour was frequently mentioned as a challenge, and multiple sources noted that children who behave particularly badly end up being sent to the reformatory boarding schools / correctional institutions under the Ministry of Education and Science.

There appear to be variations in quality of care provided between FTPCs in different municipalities, and perpetuation of an institutional culture in some FTPCs. Interviewees expressed concern that in FTPCs accommodating children with disabilities, features reminiscent of the old-style institutions, such as depersonalisation, rigid routines, limited opportunity for choice etc. have found their way into the new residential services to the extent that they feel “institutionalisation” of children persists.²⁷⁵ FTPCs for children and young people with disabilities have also criticised by disability rights advocates, with concerns about poor treatment of children. A report published by Disability Rights International (DRI) in 2019 revealed horrific treatment of children in FTPCs visited by the research team, including cage-like facilities for children, over-sedation, segregation and acute under-stimulation.²⁷⁶ The evaluation team interviewed only a limited number of staff and residents in the FTPCs for children with disabilities, and the particular issues raised in the DRI report were not observed during these interviews.²⁷⁷

A limited number of children living in FTPCs without disabilities who were visited as part of this evaluation were living in flats or houses in residential areas. These children were attending school in the community, could visit friends or invite them to their residences, and could come and go as they pleased, provided that they were back by a stated time in the evening.²⁷⁸

6.8 What impact has the Covid-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms?

The Covid-19 pandemic had a significant impact on the pace of reforms, with many participants commenting that the onset of the pandemic “*delayed or suspended all activities regarding the implementation of the DI plan.*”²⁷⁹ Staff working in FTPCs explained the negative impact it had on residents not being able to meet their friends or leave the home, and there was one anecdotal report about a FTPC who sent children back to their families without adequate preparation and follow up.²⁸⁰ The Ukraine conflict has also significantly affected the pace of reforms, given the influx of unaccompanied and separated children, as well as children with families requiring support, which was reported as placing additional strain on the child protection system.²⁸¹

7. EFFICIENCY

- ⇒ Cross-financing from different EU structural funding pots has been vital to enable rapid closure of the institutions, which in turn has freed up resources to be funnelled into family and community-based services;
- ⇒ Though EU funding enabled reforms to occur, some challenges, including meeting complicated funding criteria and other administrative requirements, were identified as constraining flexibility in some areas;

²⁷² Multiple respondents interviewed for the evaluation.

²⁷³ KII with national stakeholder.

²⁷⁴ FFGD with children in FTPC.

²⁷⁵ Ref.

²⁷⁶ Rosenthal, E. (2021), ‘Residential Care Controversy The Promise of The UN Convention on the Rights of Persons with Disabilities to Protect all Children’, International Journal Of Disability And Social Justice 1.1.

²⁷⁷ Key informant interview with representative at Regional Directorate of Social Assistance, 18.07.23.

²⁷⁸ Multiple children living in FTPCs.

²⁷⁹ KII with NGO service provider.

²⁸⁰ KII with NGO service provider.

²⁸¹ Ukraine Fact Sheet: Ukraine Refugee Response in Bulgaria, September 2023, <https://www.unicef.org/bulgaria/en/media/16326/file/UNICEF%20Bulgaria%20Factsheet%20September%202023.pdf>, and KII with NGO service provider.

- ⇒ While the funding provided to municipalities for state-delegated services has improved in recent years, data suggest the funding available falls far below the need, and many NGO contractors have to “top up” the funding they receive with their own resources;
- ⇒ Data suggest that availability and quality of service provision varies by municipality, and even between service provider, based on a number of factors, though the introduction of the National Map of Social Services should go a long way to address this important gap;
- ⇒ There are serious human and financial resource challenges facing the CPDs, with important ramifications on the quality of social work and case management;
- ⇒ There is reported to be an absence of child psychiatrists, psychologists, psychotherapists, and specialists equipped to deal with children’s challenges with mental health, including problems with addiction, and challenging behaviour of children.
- ⇒ The challenges have impacted negatively on achieving the outcomes and impact in the reconstructed TOC.

7.1 How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts? (Question 15)

Please note that ToR of the evaluation did not include a requirement to undertake a cost-benefit analysis; the findings of this section are primarily based on qualitative evidence, making reference to financial/budgetary data where it is available/reported in desk review documentation.

The child care and DI reform has been predominantly financed by EU structural funds (more than €160 million from ESIF was allocated during 2014-2020 period to fund projects under the DI Vision),²⁸² topped up by the national budget. As set out in **Section 1.2.1** ascertaining the total resources spent by government exclusively on DI reforms is not possible as the reforms form part of broader national policies to support children and families and budgets are not always disaggregated in relation to child care reform and DI.²⁸³ While data from MLSP demonstrate that the total expenditure on child protection²⁸⁴ has increased by 28 per cent during the evaluation period, this represents a decline in the proportion of the total budget spent on child protection (from 2.14 per cent in 2009 to 1.34 per cent in 2022).²⁸⁵ Positively, though, secondary analysis of government data (MoH and MLSP) carried out by Lumos²⁸⁶ demonstrates a marked shift in allocation away from residential institutions toward family and community-based services during the evaluation period (see Figure 16, section 7.3).

Municipalities receive funding from the State budget to provide State-delegated services, including social services (residential and non-residential). Municipalities can choose whether to deliver these services themselves, or contract NGOs to provide services through a tendering procedure. While the funding for child protection activities has been gradually increased over the years, particularly in the last two years,²⁸⁷ data suggest that municipalities (and, in turn, service providers) receive insufficient funding to provide well-functioning services of good standard. As commented earlier, NGO services, in particular, regularly seek external “top up” funding.²⁸⁸

As noted previously there are significant human resource gaps in the child protection system, and the social services sector more broadly. There is a pressing need for further investment in strengthening the capacity of social workers to carry out their responsibilities in the CPDs including training on child protection case management and the provision of professional supervision, to ensure efficient child protection services. Further, there is a need to reduce the administrative burden of responsibilities placed on social workers, in addition to their caseload, to prevent burnout and enable them to focus on the provision of high-quality social work.

*For some time now, my case load is not less than 50, it used to be 40. In addition, I have to prepare at least 3 or 4 reports for the court every month. Every month we receive new referrals and we are being involved in all sorts of mechanisms: we are expected to draft reports for all sorts of institutions, but we are very few in number and the town is big.*²⁸⁹

²⁸² Opening Doors for Europe’s children, The use of EU policies and funding for deinstitutionalisation reforms in 2014-2020. Available at: <https://www.openingdoors.eu/evidence-eu-funding-20142020/>.

²⁸³ Comment from the Ministry of Labour and Social Policy, provided to evaluation team via UNICEF for the purposes of the evaluation.

²⁸⁴ Which includes all funds paid out under Child Protection Act and the Law on Family Allowances for Children for the respective year.

²⁸⁵ Ministry of Labour and Social Policy, provided to evaluation team via UNICEF for the purposes of the evaluation.

²⁸⁶ Lumos Calculations, based Financial Ministry of Health and Ministry of labour and Social Policy. Infographic shared by representative from Lumos Bulgaria with the evaluation team. Evaluation team did not have access to raw data used to calculate this figure.

²⁸⁷ KII with sub-national stakeholder.

²⁸⁸ KII with INGO.

²⁸⁹ KII with sub-national stakeholders.

*Actually, there is no criteria or standards for the workloads – no matter how many reports we receive, we have to cover them all, and to work on all of them, and in the big cities, it is really very difficult to work in the CPDs and that is why people leave very often – many people leave.*²⁹⁰

Beyond the social work profession, participants consistently pointed to the lack of child psychiatrists, psychologists, psychotherapists, and specialists equipped to deal with children's challenges with mental health, including problems with addiction, and challenging behaviour of children.²⁹¹

Further, while EU funding enabled the reforms to happen, it also brought efficiency challenges. Participants explained that implementing reforms on a "project" basis meant complying with EU deadlines, funding criteria, and other administrative requirements, which were seen as not allowing sufficient flexibility in approach.

7.2 Does the efficiency of the DI reforms vary across contexts or subgroups of children? If so, by how much and for which groups of children? (Question 16)

Data suggest the efficiency of service provision varies by municipality, and even between service provider, based on a number of factors, including the availability of resources, whether the service is contracted to NGOs, the population size of the municipality and resultant availability of qualified staff etc.²⁹² As highlighted above, the SSA 2019, once fully implemented, is expected to address this challenge, including through the development of the National Map of Social Services, which will enable proper needs-based planning. The work of UNICEF and government on the EU Child Guarantee is also addressing issues relating to the planning of the social services, including hiring additional social workers to support the work of the CPD.²⁹³

7.3 Retrospectively: What resources (national, EU, other donors) were available to carry out DI? (Question 17)

- ⇒ What have been the transition costs, covered by whom and for how long? (Question 17.1)
- ⇒ How, what and how much of the resources have been ringfenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors? (Question 17.)

(See Section 1.2.1 for details on the available financial data on childcare reforms and DI). It was not possible to obtain data to answer question 17.2, and reliance is placed on the analysis of financial data from MoE and MLSP undertaken by the Lumos Foundation in Bulgaria. This demonstrates a clear reallocation of resources from specialised institutions, towards community-support services, residential services, and foster care, between 2010 and 2020. The budget for inclusive education under MoES is unknown.

Figure 16: Reallocation of resources in relation to children at risk, 2010-2020, Lumos Calculations



²⁹⁰ KII with sub-national stakeholders.

²⁹¹ KII with sub-national stakeholders.

²⁹² KII with national stakeholder.

²⁹³ KII with UNICEF.

8. COHERENCE

Summary of key findings

- ⇒ Ensuring that intersectoral government and non-governmental actors work together on the childcare and DI reforms has been a challenge;
- ⇒ Coordination mechanisms are in force at national and sub-national levels.

8.1 Who were the key influencers / who needed to be influenced to achieve the needed changes which led to DI reform?

As has been noted previously, the key influencers in the DI process were representatives from a range of government ministries, EU commission representatives, UNICEF and Bulgaria's active civil society sector. Another key influencing group, in relation to children with disabilities, was parents and families of children with disabilities. Even prior to the DI Vision, groups of parents established informal day-care centres for children with disabilities, with some even training as social workers in order to be able to work as professionals in these services.²⁹⁵

At the beginning of the process, resistance to change came from actors at multiple levels – including from decision-makers, medical professionals, staff of the old institutions, and the wider community. Reasons for such objections included desire to keep the status quo; for staff at institutions – concerns about losing their jobs; a persistence of thinking that the state can offer better care for children than families; highly discriminatory views about children in institutions, particularly those with disabilities, and objections to their integration into communities. One stakeholder noted that some children themselves objecting to the closure of institutions due to fear of losing friends and the only home they had known.

8.2 To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors? What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions? (Question 19)

The Action Plan 2010 consisted of two parts: one of which consisted of specific measures to be taken in implementing the five projects under the DI Vision, while the other was specific measures and activities aimed at “*integrated complex policy for children and families and amendments in sectoral policies*”. Integration across all bodies concerned with children, particularly children with disabilities, has not been easy to achieve. The Action Plan 2016 reviewed the outcomes of the Action Plan 2010 and found a number of ‘negative phenomena,’ including a lack of understanding of all parties involved that DI was a consistent policy rather than a process of project implementation, that there was sometimes duplication of services and in other instances, absence of services (e.g., foster care services for children with disabilities), and that the role of services for prevention (of abandonment), reintegration and support in the family were not set out well enough when planning the process of DI. Overall, the Action Plan 2016 concluded that the establishment of infrastructure for reform had been achieved, but this was not enough on its own, and there was insufficient integration of services to meet the needs of children with disabilities.

In order to address the insufficiency, the Action Plan 2016 in a second ‘stage’ of reforms, sets out a range of measures aimed at guaranteeing social and integrated services, and especially for children with disabilities, including the provision of integrated services for early childhood development and early intervention, specialised foster care and integrated health / social services (e.g. improved and increased number of day care support centres).²⁹⁶ A ‘third’ stage of reforms was reached with the adoption of the SSA 2019, which provides for reform of the social services provided and improving the access to quality and inclusive services for every child.

The Action Plan 2016 also provides in limited fashion for children leaving care, through an opportunity to use the service ‘supervised home’ and providing support in applying for higher education, and support in training and obtaining employment.²⁹⁷ There is little information available on what is provided in practice to care leavers, the

²⁹⁴ Lumos Calculations, based Financial Ministry of Health and Ministry of labour and Social Policy. Infographic shared by representative from Lumos Bulgaria with the evaluation team.

²⁹⁵ KII with NGO.

²⁹⁶ Updated Action Plan for the Implementation of the National Strategy “Vision for Deinstitutionalisation of Children in the Republic of Bulgaria, 2016, p.13 et seq.

²⁹⁷ Ibid. p.10

majority of whom are Roma.²⁹⁸ From 2020 to the end of 2023, SOS Children's Villages, Bulgaria implemented a 'Pathways to Freedom: Empowering Young People from Alternative Care to Live Independently and Fully' project supporting 218 young people leaving care. The project offered support in terms of therapy, vocational courses, driving courses, computer and language courses, professional courses etc., but only 14 children were provided with housing.

The Action Plan 2010 provided for an Interdepartmental Management and Coordination Working Group (including the MLSP, MoES, MoH and MoF etc) to manage overall implementation, monitor and assess the implementation of the specific projects and activities. It was envisaged that the Working Group would meet every month or more often, if necessary, in the first two years of the implementation plan and every six months after that. They were to be assisted by a Steering Committee for monitoring (expert group) with a much wider membership, including UNICEF and NGOs and the National Association of Municipalities, etc.) whose mandate was development of the Action Plan, monitoring and provision of coordination between the projects. The Action Plan 2010 also provided for project management teams at oblast level and a communication strategy to raise public awareness and promote the activities under the Plan.

Coordination has not been without its challenges, and the Action Plan 2016 accepted the need for *"much clearer definition of the precise responsibilities, commitments and activities of each institution on a national, regional and municipal level."*²⁹⁹ The Action Plan 2016 retained the national mechanisms, but also proposed that an inter-sectoral coordination group should be created in every municipality, chaired by the Mayor.

Coordination appears to be an ongoing challenge: Government and NGO interviewees commented on the need to strengthen the intersectoral coordination mechanisms between MoES and MoH, on the assessment of children with disabilities, early identification, and inclusive education and with the MLSP and related bodies working on social and child protection, to meet children's multisectoral needs. While there were attempts to coordinate and ensure alignment of reforms, it appears this has not worked as effectively as hoped.

*What needs to be done in this field, is to further develop different mechanism for cross sectoral coordination and clear recognition of responsibilities of each sector. The fact that DI is a complex process is something that is clear for us: it doesn't mean that we just close down the institutions and nothing else. We need all of the protection authorities, the entire population, the entire society, we all need to create appropriate condition of inclusion of these children, to have access to health care, to do some sports, not to be a victim and abuse and violence. We need to have a clear division of responsibilities to achieve this.*³⁰⁰

*Horizontal communication between ministries is problematic. Instead of building bridges between the Pre-school and School Education Act and the Social Services Act, there is a duplication of the two systems and they are starting to compete.*³⁰¹

9. SUSTAINABILITY

Summary of key findings

- ⇒ While important steps have been taken to engage in holistic and sustainable reforms of the childcare system, renewed efforts are required to keep up momentum avoid undermining progress made so far;
- ⇒ A major concern regarding sustainability is that the foster care continues, after 12 years, to be provided on a project basis using EU funding, and has not yet been established as a state delegated activity;
- ⇒ UNICEF has been a constant source of support in guiding the government's reform efforts and has contributed to sustainability of results.

9.1 Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability? What is UNICEF's role in the sustainability of the DI reforms? (Questions 20 and 21).

The government of Bulgaria has taken important steps during the course of the evaluation period to develop and strengthen the child welfare system, including removing significant numbers of children from institutions, developing substitute care services, namely kinship and foster care, and increasing resources available for other community-based services to support children and families, including those with disabilities. Indeed, the closure of institutions was undertaken in a manner intended to ensure irreversibility. However, renewed efforts are required to ensure the

²⁹⁸ SOS Villages "Pathways to Freedom: Empowering Young People from Alternative Care to Live Independently and Fully. grant application to EEA and Norway Grants, <https://eeagrants.org/archive/2014-2021/projects/BG-ACTIVECITIZENS-0037>.

²⁹⁹ Ibid. p.10

³⁰⁰ KII with national stakeholder.

³⁰¹ KII with national stakeholder.

sustainability of achievements and avoid undermining progress made so far. There has been delay in addressing the concerns of foster carers which appears to have caused foster carers to deregister (leading to a drop in the number of available foster carers), owing to the lack of security.³⁰² Participants considered this to be the most important aspect impacting the sustainability of reforms and poses a real threat to progress made so far.

And, all these 10 years, there are problems in foster care, still not resolved, and there are a large number of foster families who have been deleted from the register. These fact shows the level of development of foster care in Bulgaria. I am fully convinced that foster care saves childhood – but the government should demonstrate and prove that it cares³⁰³

As has been previously noted, political changes and instability has disrupted the pace of the reforms at different points throughout the process, due to turnover of staff, fluctuating priorities, and lack of continuity. These challenges have inevitably affected the sustainability of the reform process.

UNICEF has played an important role in pushing for sustainability of the reforms. They have fostered a strong relationship with government bodies and entrenched themselves as trusted partner to decision-makers. One reason for this could be that there has been very little turnover of key personnel in the UNICEF team – for instance, one individual who was seconded to support the MoH with the closure of the infant homes at the beginning of the process, is still working in the same office to date on childcare reform and the EU child guarantee.

Bulgaria's DI Vision and the accompanying Action Plans set out highly ambitious measures for child care reform and DI. It recognises that the process of DI is not a one-off activity but part of a wide process of reform involving national and sub-national bodies, the residential institutions and non-governmental bodies in cross-sectoral working. The Vision and Action Plans were robust and including financing of the activities that were to be undertaken to achieve the objectives. The Vision and the Plans were highly relevant to achieving child care reform and DI.

The Action Plan 2016 identified the challenges faced in the first 5 years of implementation and set out new measures and activities which were relevant. However, since the introduction of the Action Plan 2016, now seven years ago, there has been no active review of challenges or recalibration of the Action Plan to ensure continuing relevance to the objectives of the DI Vision. While recognising that a great deal has been achieved in the process of child care reform and DI, there remains a need to ensure that the reforms continue their 'relevance'. Covid-19 and changes in government have undoubtedly caused some disruption and delay to the child care reforms, but there does not appear to have been a thorough review of the Action Plan 2016, and no annual monitoring reports available post-2019 to determine its continuing relevance.

There is a pressing need to review the need for, and relevance of, the 266 FTPCs in the context of child care reform and DI. There is a need to consider what the placement of so many children, particularly children with disabilities in FTPCs says about the relevance of the measures and activities contained in the Action Plan 2016.

A further issue of relevance is the failure of the reforms to include children placed in correctional boarding schools and special pedagogical schools (under MoES) for "anti-social behaviour." Findings from this evaluation indicate that many of the children placed in these schools come from FTPCs, who are unable to manage their 'challenging behaviour'. The failure to address this group of children is a significant gap in the deinstitutionalisation efforts, which should be addressed going forwards. The reforms need to strengthen the capacity of the system to address and respond to the root causes of children's challenging behaviour and addiction problems, with a commitment to phasing out the placement of children in correctional schools.

10. CONCLUSIONS

Bulgaria has made significant progress over the evaluation period in meeting the aim of the reconstructed TOC: '*guaranteeing the right of children to live in a family environment and access to quality care and services based on individual need*'. The reforms have seen the closure of all but 4 of the large residential institutions and the increase in community-based and family-based services. Attention has now shifted from DI to prevention of family separation, even though DI has not yet been fully accomplished. The evaluation has shown that while much has been achieved, there is still a considerable way to go to achieve the outcomes in the reconstructed TOC.

Relevance: Bulgaria's DI Vision and the accompanying Action Plans set out highly ambitious measures for child care reform and DI. It recognises that the process of DI is not a one-off activity but part of a wide process of reform involving

³⁰² KII with NGO.

³⁰³ KII with national stakeholder.

national and sub-national bodies, the residential institutions and non-governmental bodies and requires cross-sectoral working. The Vision and the Plans were highly relevant to achieving child care reform and DI.

The Action Plan 2016 identified the challenges faced in the first 5 years of implementation and set out new measures and activities which were both relevant to the reforms and DI and also to address identified 'negative phenomena'. However, since the introduction of the Action Plan 2016, now more than seven years ago, there has been no active review of challenges faced, nor a recalibration of the Action Plan to ensure continuing relevance to the objectives of the DI Vision. While recognising that a great deal has been achieved in the process of child care reform and DI, there remains a need to ensure that the reforms continue their 'relevance'. Covid-19 and changes in government have undoubtedly caused some disruption and delay to the child care reforms, but there does not appear to have been a thorough review of the Action Plan 2016, and no annual monitoring reports available post-2019 to determine its continuing relevance.

The establishment of FTPCs for short-term, temporary care of children was relevant during the initial phase of the evaluation period, when the focus was on closure of the large institutions and family-based alternative care was still in a development phase. However, the relevance of the 303 FTPCs needs to be reconsidered to ensure that FTPCs do not become simply another, smaller, form of institutionalisation and do not impede the development of further support for children and families, especially children with disabilities, and foster care.

Findings from this evaluation indicate that a number of the children placed in correctional boarding schools and special pedagogical schools (under MoES) come from FTPCs, who are unable to manage their 'challenging behaviour'. The failure to address this group of children within the DI reforms is a significant gap in the relevance of deinstitutionalisation efforts. Going forward these schools need to be included as part of the DI strategy and the capacity of the system to address and respond to the root causes of children's challenging behaviour developed further.

A review of the challenges faced in implementing the reforms since 2016 and a recalibration of activities, with a greater emphasis on the provision of community-based services, family-based alternative care, particularly for children with disabilities and hard to place children, capacity-building of the social services workforce and less emphasis on the use of FTPCs together with the phasing out of correctional schools, would enable the reforms to maintain their relevance. This is particularly important as the DI Vision reaches its end in 2025. No new DI strategy is envisaged but the MLSP has indicated that reforms and measures that still need to be finalised will be included in the 2030 ECG National Action Plan.

In terms of the legal framework, the Child Protection Act 2000 (as amended) and the Social Services Act 2019 and accompanying secondary legislation are highly relevant laws, particularly in relation to the provisions relating to the control and use of residential care, deadlines for closing the last specialised institutions, and establishing the Agency for the Quality of Social Services to improve oversight and control of the social services provided to children. Full Implementation of the Law has, however, been slow and needs to be progressed if the laws are to maintain their relevance.

UNICEF's input during the evaluation period has been highly relevant to childcare reform and DI. They are widely regarded as a trusted partner to the government and key player in childcare reform, offering an integrated approach combining policy advice and technical assistance (including in relation to the DI Vision), modelling services for children, piloting the closure of institutions, supporting the establishment of regional foster care teams, and building an alliance of NGOs to support childcare reform efforts. UNICEF could play a valuable role in taking the next step: advocating for review of the Action Plan and providing support to the key stakeholders in setting new targets and activities for the last two years of the DI Vision and planning for a new strategy post-2025.

Effectiveness/Impact: The DI reforms have been highly effective in reducing the number of old-style institutions by 97 per cent, although four medico-social care homes for children (under the Ministry of Health) remain open, housing children with severe and multiple disabilities, including children under the age of three. These homes remain open despite the legislative requirement in the Social Services Act for their closure by the end of 2022. To ensure the completion of DI, the Ministry of Health should prioritise addressing the barriers leading to repeated delays to closure of the homes.

In recognition of the fact that DI extends beyond simply closing institutions, Bulgaria has established a broad range of community-based services aimed at supporting children and families and preventing separation. In some areas, these services are provided by municipalities, and others through NGOs, who are contracted by municipalities through a public-private partnership. While in some areas this had led to a strong network of services, qualitative data suggest

that the availability and effectiveness of the services varies by location, and data suggest that more services are needed to support families and prevent children being placed in residential care, particularly in the case of children with disabilities. At present, there are no effective oversight and monitoring systems leading to a lack of evidence on the quality and effectiveness of the services provided nationwide, the value of services and the extent to which they meet the needs of children in their area. There is a need to address disparities in service provision nationwide, open new services in areas of need (based on the results of the National Map of Social Services) and provide ongoing support and oversight of the work of pre-existing services.

The establishment of foster care is another achievement and was initially highly effective at the beginning of the evaluation period. However, data suggests the pace of the reforms has slowed in recent years and renewed efforts are required to pick up momentum and ensure continued effectiveness. A range of challenges, including negative perceptions of foster carers and the foster care profession and changes to the method of contracting foster carers, have led to a reduction of newly recruited foster carers, and pre-existing foster carers leaving the register. The provision of foster care is essential if institutionalisation is to be avoided. Going forward there is a need to address the reasons for fall-off in foster care recruitment. This is likely to require a communication strategy to address public attitudes; addressing the administrative issues which deter families and individuals from applying to be foster carers; recognising that foster carers are a valuable asset and need to be rewarded commensurately and supported; and a greater professionalisation of foster care to enable the placement of children with disabilities who cannot be cared for by their families and other 'hard to place' children, including unaccompanied and separated refugee children.

While the establishment of FTFCs facilitated DI in the large residential institutions to deinstitutionalise, there is a need to monitor the children living in these homes more closely and to ensure that their placement is regularly reviewed. There is evidence to indicate that there is inadequate oversight of placements that that once placed, children are regarded as safe and allowed to 'drift' in the system, with many remaining in the FTFC until they age out at 18.³⁰⁴

It is problematic to determine whether the reforms are effective and services are meeting need and preventing separation of children from families, without data showing trends and results. At present there is very limited disaggregated data on children in the care system, particularly in relation to gender: meaning there is insufficient evidence to provide a complete picture of the differential impact of reforms on boys and girls, in all forms of care, over the entirety of the evaluation period. There is also a distinct lack of ethnicity-disaggregated quantitative data on children in residential and institutional care, making it difficult to determine whether hard to place children, particularly Roma children, are being effectively targeted. Data are vital to strengthening accountability, and to ensuring policy decisions and future reforms are evidence-based and respond to the different needs of groups, particularly those who are marginalised and vulnerable to social exclusion. It is necessary to review data monitoring to ensure that these data are collected, and if so, are analysed to inform policy makers, especially as the DI Vision comes to the end.

Reforms aimed at increasing the capacity of social workers in the child protection system do not appear to have been as effective as anticipated, and remains an area in which significant attention and investment is required. Data collected for the evaluation revealed a strong perception that social workers working in CPDs are overburdened with high caseloads, a high level of administrative responsibilities, are poorly paid and are not given adequate career development opportunities or supervision to carry out their jobs effectively. These challenges have led to a perception that social work is an unattractive profession, which in turn has led to challenges for CPDs to recruit and retain social work staff. Future efforts need to focus strongly on the steps that need to be taken to make social work a more attractive career and on increasing retention.

Given its international experience in developing the capacity of social services workforces, UNICEF has an important role to play in assisting the Government to develop a plan to increase recruitment and retention and in developing training programmes to build capacity, particularly in terms of increasing skills, improving standards of social work and assisting the government to develop an effective and supportive supervision system.

Efficiency: Cross-financing from different EU structural funding pots has enabled reform to take place, including rapid closure of the old-style institutions over the course of the period, and has in turn freed up resources to be funnelled into the development of community-based services. While the funding provided to municipalities for state-delegated services has improved in recent years, data suggest the funding available falls far below the need, and many NGO contractors have to "top up" the funding they receive with their own resources. Data further indicates that the availability and quality of service provision varies by municipality, and even between service provider, based on a

³⁰⁴ External Reference Group member.

number of factors, though the introduction of the SSA 2019 and related by-laws, including the Ordinance on the Quality of Social Services, as well as the National Map of Social Services should go a long way to address this important gap. Linked to the above, there are serious human and financial resource challenges facing the CPDs, with important ramifications on the quality of social work and case management, as well as an inadequate number of child psychiatrists, psychologists, psychotherapists, and specialists equipped to deal with children who face mental health challenges, including problems with addiction and emotional and behavioural problems.

Coherence: The reforms have been coherent: first the building of the infrastructure for reforms under the Action Plan 2010, followed by a second stage of reforms focussing on closure of the homes and the provision of services, and then a third stage introduced by the SSA 2019, focusing on improvements in quality and standards of the social services workforce. As with most systems, ensuring that all the different sectors working with children and the service providers (both governmental and non-governmental) work coherently and in alignment with each other has presented some challenges, especially with respect to children with disabilities. There is still a need to strengthen the intersectoral coordination mechanisms between MoES, MoH, and MLSP, given the interlinkages between DI/childcare reform and assessment of children with disabilities, early identification and provision of integrated support, and inclusive education. It is notable that UNICEF's new CPD covering 2023-2027 has a focus on young children and on early intervention to ensure that a child, particularly children with disabilities and children at risk of abandonment are able to access cross-sectoral services to meet individual needs before reaching the school years.

Sustainability: While important steps have been taken to engage in holistic and sustainable reforms of the childcare system, renewed efforts are required to keep up momentum and to avoid undermining the progress made so far. A major concern regarding sustainability is that the foster care continues, after 12 years, to be provided on a project basis using EU funding, and has not yet been established as a state delegated activity. UNICEF has been a constant source of support in guiding the government's reform efforts and has contributed to sustainability of results, but needs to maintain its advocacy efforts for government support to quality services for children.

11. LESSONS LEARNED

1. It is important to develop strategies and action plans which enable implementation, but in order to ensure continued relevance, long term strategies require regular review and revision to take into account the achievement and challenges.
2. While closure of large scale institutions is an important part of DI, it is essential that community-based support services and alternative family-based care services are available before DI takes place to ensure that placement in a residential care setting remains a placement of last resort and only where it is in the best interests of a child.
3. In order to benefit children and meet their needs, community-based services, especially for children with disabilities, require well-trained and skilled staff who have the time and support to carry out their work. This in turn requires adequate funding. It is not possible for services to provide quality care and meet high standards without adequate financial (and human) resources.
4. A strong social work workforce is vital to support effective deinstitutionalisation. Given the important function of social workers in relation to gatekeeping and reintegration, it is critical that social workers are sufficiently qualified, receive sufficient training on case management and social work principles, receive adequate supervision, and have manageable caseloads and responsibilities, to ensure they can give sufficient attention to each case.
5. Political will and public opinion matters when implementing large-scale reforms. It is important that communication strategies are put in place to explain the key goals and objectives of reforms to the public and to politicians and policy influencers to avoid misunderstanding.

12. RECOMMENDATIONS

The recommendations below were developed based on the findings arising out of the research, taking into account the perspectives shared by key informants and rights-holders during data collection.³⁰⁵ These recommendations were adjusted based on written and oral consultation with UNICEF Bulgaria Country Office. The recommendations were consulted with the ERG on May 29th, 2024, after which the report will be circulated for written comments from ERG members.

³⁰⁵ The recommendations are in line with the CPD 2023-2027, agreed between the Government of Bulgaria and UNICEF for the period 2023 – 2027. It is anticipated that UNICEF would be able to provide support for implementation of these recommendations under the programme.

Short-term is defined as up to one year, medium-term as one to three years, and long-term over three years.

| Recommendations | Responsible bodies | Timeframe |
|---|--|-------------------------|
| Planning: Review the results of the Action Plan 2016 and conduct an impact assessment of the DI Vision, with a focus on achievements and challenges, with a view to recalibration of activities in the DI Vision and to inform the two-year Operational Action Plan to the 2030 National Action Plan. There should be a particular focus on closure of the four remaining infant homes; the continued development and provision of community-based services; family-based alternative care, especially for children with disabilities and hard to place children, capacity-building of the social services workforce and a reduction in the use of FTPCs. | SACP and all involved parties | Short term |
| Undertake a critical review of the staffing, training, functioning and administration of the Child Protection Departments, including a vision of what the Child Protection Department should be delivering, the current situation and strategic approaches for moving forward, including strengthening the capacity of social workers to undertake work with children and families; provision of administrative and technical support to improve efficiency and management of workload; remuneration and career progression for the workforce; effective management to reduce turn-over of staff; in-service continuous education; supervision and support and monitoring and data collection . | ASA and all the parties involved. | Short-term and ongoing |
| Development of community-based services. Using the results of the National Map of Social Services and the reported disparities in services nationwide as a base line, ⇒ Analyse the extent to which available community-based services meet the needs of children and families ⇒ Develop a mechanism for continued monitoring and development of available community services. | ASA, AQSS, municipalities with NGO service providers | Short-term and ongoing |
| Foster care: ⇒ Undertake a review to understand the reasons for withdrawal of registered foster carers and the steps that need to be taken to recruit new foster carers and ensure retention of existing and new foster families. ⇒ Develop a communication strategy on foster care to increase recruitment and address negative public perceptions of foster carers. ⇒ A funding mechanism for activities related to recruitment and evaluation of foster carers, training, support and monitoring should be developed and provided for within the State budget; ⇒ The Ordinance on the terms and conditions for application, selection and approval of foster families and placement of children in them should be updated. ⇒ Recruit and train a cadre of professional, specialist foster parents to care for children with disabilities both short and medium term and other children with complex needs/ difficult to place children including unaccompanied and separated refugee and migrant children. | ASA, RDSA, municipalities and service providers | Medium-term and ongoing |
| Data collection and monitoring. Relevant agencies should improve routine data collection and the management and analysis of community-based programmes at a national level to promote and secure evidence-based decision making on the effectiveness of services and current gaps in provision for target groups (CWD and other hard to place children). All data should be disaggregated by age, gender, ethnicity and geographical location. | SACP, ASA, AQSS, Bulgarian National Statistics Institute | Short-term and ongoing |
| Training: Develop compulsory pre-service and in-service training modules for all social workers, residential care workers and foster carers on child development, children's mental health and challenging behaviour. | SACP, ASA, municipalities and service providers | Medium-term |
| Review the effectiveness of different co-ordination mechanisms, as well as case management guidance and methodologies, with the aim of strengthening inter-sectoral coordination and provision of integrated support for children and families. In particular, intersectoral coordination mechanisms between MLSP, MoES and MoH on | SACP and all protection bodies | Medium-term |

| | | |
|--|-----------------------|--|
| early identification and inclusive education and that of MLSP on childcare reform and support provided to vulnerable children and families should be strengthened. | | |
| FTPCs: Reduce the number of children in FTPCs; ⇒ Reduce maximum capacity of FTPC to 8 children ⇒ Review the basis on which FTPCs are financed to ensure the viability of homes once maximum capacity is reduced, taking into account that children have different needs / costs depending upon individual factors, such as age, disability, gender etc. ⇒ As part of the financial review, develop a strategy for the recruitment and retention of staff, including remuneration and career progression. ⇒ Each child's placement to be subject to regular reviews, no less than every six months. ⇒ The statutory prohibition on placement of a child under 3 in a FTPC to be amended and the age raised each year, reaching 7 years of age over the next 5 years. | MLSP, SACP, ASA, AQSS | Inclusion of the relevant measures and activities in the bi-annual Operational Plans for the implementation of the 2030 ECG NAP' |
| <i>For special pedagogical schools and correctional schools:</i> ⇒ Every resident child to be assessed with a view to reintegration with parents or if not possible / in the best interests of the child, placement in kinship care or foster care ⇒ Alternatives to placement to be developed including counselling services, mental health services, adolescent drug and alcohol services and youth services, including services for children leaving care and access to remedial education and life-skills training | MoES, Mol, MoJ | Short-term to medium term Medium term |