Alternative report
on the Implementation of Bulgaria’s obligations
under the UN Convention on the Rights of the Child

Bulgarian Helsinki Committee
June, 2015
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Introduction

Bulgarian Helsinki Committee is a human rights non-governmental organization founded in 1992. Since then it conducts fieldwork researches mainly in child care institutions. The present report aims to comment on the implementation of the 2008 concluding observations of the UN Committee on the Rights of the Child (UNCRC) by the Bulgarian authorities. It takes into account the report of the government submitted in April 2014 (covering the period 2008-2012) and the developments in the field of the rights of the child that took place during the period 2008-2015.

The report contains 29 chapters following the concluding observations of the UN Committee on the Rights of the Child. Each chapter contains a summary of the positive developments and the challenges in a specific field of child rights. A recommendation section is at the end of the document. A list of all cited policy documents, EU projects and NGO reports is attached to the report.
1. Para. 6 and 14: Monitoring Body

Positive Developments: In 2011 the Ombudsperson has identified certain rights of children as a priority area, and conducted monitoring of institutions for children with intellectual disabilities and for medico-social care of children. The Ombudsperson’s powers were broadened by law.

Challenges: The Ombudsperson’s Office lacks capacity (expertise and resources) with respect to its ability to conduct appropriate human rights monitoring, leading to a failure to find and report on conditions in institutions causing serious health problems and injuries (including a significant number of deaths) as well as lack of access to quality education. An independent body empowered to monitor the observance of rights of the child has not been established.

The concluding observations of the UNCRC (“Concluding Observations”) mentions that its previous recommendations for the establishment of an independent body to monitor the observance of the rights of the child has not been implemented. As of May 2015 no such body has been established. Although a general Ombudsperson was established in Bulgaria in 2005, the general Ombudsperson still lacks sufficient human and financial resources to carry out monitoring of the rights of the child. (para. 15). The Ombudsperson Act provides that the Ombudsperson has the powers to intervene when citizens’ rights and freedoms have been violated by actions or omissions of the State and municipal authorities and their administration, as well as by the persons assigned with the provision of public services. In 2006, the Ombudsperson declared that, among others, his priority areas are: protection of the rights of persons with disabilities and implementation of mechanisms for real social integration, equal access to quality education, right to healthcare, and protection of the rights to social services/welfare. However, according to the Ombudsperson’s reports, the majority of the individual complaints received concerned the right to real estate/property, the right to public services, and the right to social services/welfare.

In 2007 the Ombudsperson chose several priority areas for intervention and active involvement, among which were the rights of children to have access to social services, family, alternatives to

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1 Bulgaria, Ombudsman Act (Закон за омбудсмана) (1.01.2004), Art. 2. Thus, the Ombudsperson may act on his/her own initiative when he/she has established that the necessary safeguards for protecting citizens’ rights and freedoms have not been created. If the Ombudsperson determines that the announcement of the unconstitutionality of a law is needed, he/she may propose to one of the following entities an approach to the Constitutional Court: one fifth of the MPs, the president, the Council of Ministers, the Supreme Cassation Court, the Supreme Administrative Court or the chief prosecutor. The Ombudsperson can receive complaints from citizens, including from children and their parents. He investigates on the basis of the complaints and reports received; makes proposals and recommendations for reinstatement of the violated rights and freedoms before the respective authorities and providers of public services (both public and private); mediates between the administrative authorities and the persons concerned for overcoming the violations admitted; and makes proposals and recommendations for eliminating the reasons and conditions which may lead to the violation of rights and freedoms.

institutionalisation, and quality care. Although he broadly declared them, some of the priority areas of action of the Ombudsperson during the period 2005-2010 were not implemented with the necessary scope and impact. For example, the fundamental rights of the child, access to education, and the right to healthcare and social services for persons with intellectual and psychosocial disabilities were not even discussed as principal human rights problems deserving special attention, even though they concern vulnerable citizens. In 2011, the newly elected Ombudsperson started working more actively on the rights of children with disabilities by **monitoring care homes** for children with intellectual disabilities. The 2012 amendments to the Ombudsman Act broadened the powers of the Ombudsperson to expressly include: authorisation to submit opinions to the Council of Ministers and the National Assembly on bills relevant to human rights; protection of children’s rights by the means provided for in this Act; and making proposals and recommendations to the Council of Ministers and the National Assembly concerning the signing and ratification of international treaties in the field of human rights. These amendments led to a **more active involvement** of the Ombudsperson in issues concerning children with disabilities while previously he/she had not shown such interest and commitment.

However, the monitoring of the Ombudsman showed a **lack of expertise and sensitivity** towards the children in the most vulnerable condition: living in institutions. In 2013, the Ombudsperson prepared a report on his/her monitoring of care homes for children with intellectual disabilities and homes for medico-social care of children aged three and below (where 50% of the children have disabilities). Unfortunately, this report is somewhat inadequate. It lacks a thorough human rights approach and comprehensive methodology, and does not present a complete picture of the situation of children placed in institutions (for example, only a handful of institutions were visited). The Ombudsperson monitored the process of closing down institutions for medico-social care for children (IMSCC) by visiting four of the eight pilot institutions (out of a total of 29 IMSCC in the country). His report outlines the positive aspects of the facilities available at IMSCC but fails to research the reasons leading to the placement of children in these institutions and the lack of possible protection measures in the children’s biological families or other family environment. The Ombudsperson acting as National Preventative Mechanism **fails to comment** on each child’s individual mental, physical and emotional state. He does not focus on the deficiencies of the quality of medical care and the failure to meet the overall individual needs of the children.

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4 Bulgaria, Ombudsman Act, amendments from 11 May 2012.
5 Bulgaria, Ombudsman Act, Art. 19, item 8.
6 Bulgaria, Ombudsman Act, Art. 19, item 9.
7 Bulgaria, Ombudsman Act, Art. 19, item 10.
An NGO evaluation of 20 (out of 28) IMSCC done during the period 2013-2014 revealed that the entrance to these institutions is still wide open as children are placed in them due to both family poverty and disabilities. The share of children with disabilities placed in IMSCC is still growing: the percentage of children with disabilities going through these institutions increased from 39.74% in 2013 to 45.18% in 2014. However, researchers found that a number of children in these institutions are in shocking physical condition, indicating an inability of the institutions to properly address the needs of this growing population.

At the same time, the Ombudsperson’s report fails to address the “postponed humanisation”, as it were, of the environment in the institutions for medico-social care for children (i.e. the children’s lack of contact with the outside world; the lack of access to a person of trust; the lack of respiratory rehabilitation for bedridden children leading to death cases; the children with the most severe disabilities having significant psychomotor retardation, delayed growth in height and weight, adynamia, forced lying position accompanied by pressure injuries, deformations of the musculoskeletal system, joint contractures and muscle hypertrophy). Although almost 300 deaths of institutionalized children occurred in the four and a half years between mid-2010 and the end of 2014, the causes of these deaths were not examined in the Ombudsperson’s monitoring.

The Ombudsperson’s report noted as a good tendency that the number of children living in institutions for children with intellectual disabilities (ICDD) who are involved in education is increasing, although these children have been entitled to inclusive education since 2002. He has highlighted as a good practice the setting up of a classroom inside the institution, failing to recognise this as a segregated schooling pattern that prevents the integration of these children into the community.

2. Para. 13: Unified National Plan of Action

Positive Developments: National programmes for child protection are adopted annually. Numerous plans of action for certain rights of the child are adopted for different periods of time.

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9 Information provided to Bulgarian Helsinki Committee (BHC) on 5 February 2015 by the Ministry of Healthcare. According to the ministry, of the 925 children placed in 29 IMSCC, 604 or 65.2% were children with disabilities.


Challenges: The effectiveness of the State Agency for Child Protection (SACP) is constrained by its lack of autonomy to elaborate policies and coordinate their implementation among numerous involved agencies of government.

A State Agency for Child Protection (SACP) was set up by virtue of decree No. 226 on 30 October 2000 of the Council of Ministers and became operational on 1 January 2001. The SACP is a specialised body of the Council of Ministers responsible for the management, coordination and control in the field of child protection. The SACP is managed and represented by a Chairperson who is appointed by a decree of the Council of Ministers. The **effectiveness of the Chairperson of SACP is hampered to a large degree by the fact that he/she lacks autonomy in elaborating policies**; by law the Chairperson of SACP must develop the policies pertaining to the rights of children in collaboration with a huge array of political bodies such as the Minister of Labour and Social Policy, the Minister of Health, the Minister of Education and Science, the Minister of Justice, the Minister of Internal Affairs, the Minister of Culture, the Minister of Finance, the Minister of Youth and Sport, the Administrator of the National Social Security Institute, the Secretary of the Central Commission for Combating Anti-Social Behaviour of Minor and Adolescent Children under the Council of Ministers and the National Association of the Municipalities of Republic of Bulgaria.

According to Art. 1, para. 3 of the Child Protection Act, the state policy on child protection is being implemented on the basis of a national strategy that is adopted by the Parliament on the proposal of the Council of Ministers. For the implementation of this strategy, the Council of Ministers adopts National Programmes for Child Protection elaborated by the Minister of Labour and Social Policy and the Chairperson of the SACP. Since 2003, national programmes for child protection are adopted annually.

The State Agency for Child Protection continues to monitor children’s rights issues and to report on them annually. However, even the statistics and data presented always differ from those presented in the reports of the Social Assistance Agency. This is due to the fact the local Child Protection Departments continue to be part of the structure of the Social Assistance Agency, which is subordinate to the Ministry of Labour and Social Policy. The SACP uses other sources of information, and even on that level it is not coordinated with the other bodies related to child protection in the country.

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14 Bulgaria, Child Protection Act, (Закон за закрила на детето), (13.06.2000), Art. 17.
18 All programmes for child protection are available here in Bulgarian at: http://sacp.government.bg/programi-dokladi/strategii-programi-planove/.
Still numerous strategies, programmes and plans of actions concerning children’s rights are being elaborated by different ministries and agencies and are not unified and coordinated in terms of timelines, resources and responsible authorities.

Even though there are some mechanisms for reporting on the implementation of the plans, programmes and strategies in place, they remain ineffective. Very few implementation measures have been taken to date to ensure the full implementation of the legislation and policies. Indeed, detailed legislative provisions for the coordination of responsible authorities implementing a concrete measure do not exist, nor are specific budgets for the implementation of the policy measures ensuring the rights of children designated.\(^{19}\)

**3. Para. 9: Harmonizing of National Legislation with the UN Convention on the Rights of the Child**

**Positive Developments:** Some Bulgarian legislation recognises some of the rights of children codified in the UN Convention on the Rights of the Child.

**Challenges:** Bulgarian law is still not harmonized with the entirety of the UN Convention. Some provisions of Bulgarian legislation (Criminal Procedure Code, Family Code, Persons and Families Act, Combating of Antisocial Behaviour of Minors and Adolescents Act) are still not harmonized with the national Child Protection Act.

This concluding observation has still not been implemented as of May 2015. It requires further harmonization of the Bulgarian legislation with the principles of the Convention in the areas of family life and fair trial. For example, there is no provision in the legislation prohibiting the placement of children in institutions due to poverty and there are no sufficient safeguards and available services to ensure that the family of the child at risk of abandonment is supported. While there is no general right of the child to be heard in all decisions affecting them, the right of the child to be heard is recognised in some areas (such as in relation to administrative and judicial proceedings). In addition, every child has the right to freely express his/her opinion on all matters of his/her interest.\(^{20}\) However, children under 14 do not have the right to perform legal actions (such as filing a complaint) by themselves in cases where their parents (who are their legal representatives) violate their rights.

Decisions concerning children up to the age of 14 are made by their parents, while children aged 14 to 18, as adolescents, make decisions in the sphere of education and health with the consent of their parents/legal guardians. The Child Protection Act provides that in each court or administrative proceeding (civil and criminal) where children’s rights and interests are involved

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(including divorce, custody, placement in an institution, adoption, domestic violence, criminal proceedings), it is obligatory that every child over the age of ten is heard, unless this hearing violates the interests of that child.\(^{21}\) When a child has not yet reached the age of ten, he/she may be heard, depending on the level of his/her maturity. The decision of the hearing of the child should be reasoned.\(^{22}\) Before hearing the child, the court should ensure that he/she receives the necessary information to form his/her own opinion, and should inform the child of the possible consequences of his/her wishes or opinions and of each decision of the court.\(^{23}\) There are no provisions in the legislation about the person, the location, the time, nor the way in which the court should provide information to the child. This negatively affects children with disabilities as there are no provisions in Bulgarian legislation which ensure that they would be actually heard because there are no provisions safeguarding that the court and the child protection authorities should provide special accommodations to adapt to the needs of children with disabilities. Under the law in all cases, the hearing and the consultation of the child should be carried out in an environment that is appropriate for his/her age and in the presence of a social worker from the Social Assistance Department serving the region in which the permanent address of the child is located, and, when necessary, in the presence of another specialist.\(^{24}\) The court orders the hearing to be held in the presence of the parent, guardian or another person close to the child, unless this does not correspond to the interests of the child.\(^{25}\) Here again, neither the obligation to inform the child prior to the hearing, nor the actual hearing of the child, are regulated in a way that ensures that the individual needs of children (children with disabilities in particular) are taken into account.

In terms of juvenile justice, Bulgaria has failed to comply with the requirements on the establishment of a comprehensive juvenile justice system: no juvenile courts with specialised judges for children have been established, no specific crime prevention strategies have been developed to prevent juvenile delinquency, and lawyers delivering legal assistance to children are still not mandated to be qualified in the field of juvenile justice.\(^{26}\)

There are still a number of laws (the Criminal Procedure Code, the Family Code, the Persons and Family Act, the Combating of Antisocial Behaviour of Minors and Adolescents Act) that are not in compliance with the Child Protection Act, in particular, and with the Convention on the Rights of the Child (CRC), in general:

**The Criminal Procedure Code (CPC) does not provide for a child friendly procedure for child hearings and its provisions are not in compliance with the Child Protection Act and**

\(^{21}\) Bulgaria, Child Protection Act, (13.06.2000), Art. 15, para. 1.

\(^{22}\) Bulgaria, Child Protection Act, (13.06.2000), Art. 15, para. 2.

\(^{23}\) Bulgaria, Child Protection Act, (13.06.2000), Art. 15, para. 3.


\(^{25}\) Bulgaria, Child Protection Act, (13.06.2000), Art. 15, para. 5 (9.05.2006).

Concluding Observation 10 of the UN Committee on the Rights of the Child. Under CPC, child-sensitive procedures are only applied in cases of hearings of child witnesses/victims: minor witnesses are heard by a police investigation officer in the presence of a pedagogue/psychologist, and, where necessary, their parents/guardians are also present. Adolescent witnesses are also heard in the presence of such persons only if the relevant authority (police/investigators/court) finds it necessary. Parents, guardians, psychologists and teachers may ask questions if this is permitted by the interrogating body that hears them (police, investigation authorities or the court).

The Family Code (FC) is in contradiction with the Child Protection Act as it provides that in cases of adoption if the child is a minor (under the age of 14) his or her consent is not required for the adoption procedure.

The Persons and Family Act (PFA) stipulates that the legal representatives of minors (e.g. parents or guardians) are required to perform legal transactions on behalf of the minors.

The Combating Anti-social Behaviour of Minors and Adolescents Act (CABMAA) provides for the right of minors to justify/explain their actions. The chair of the Local Commission for Combating Antisocial Behaviour of Children invites the minor to justify his/her actions if he/she wants to. The minor or adolescent is to be heard in the absence of his/her parent/the persons who replace them if the Commission decides that it is in the child’s interest. However, in the cases of minors, the opportunity to pose questions and point out witnesses is available only through their parents/persons who replace them/persons who protect their rights and legal interests.

4. Para. 16-17: Allocation of Resources

4.1 General Overview of the Allocation of Resources

Positive Developments: National plans and programs related to children’s rights assign budgetary responsibility for their implementation to appropriate Ministries without any specification of the concrete amount. National legislation provides for a variety of social assistance, healthcare and education allowances, and EU funding underwrites much of this assistance. Some allowances were increased in 2013.

29 Bulgaria, Criminal Procedure Code (29.04.2006), Art. 140, para. 3.
Challenges: Specific budget allocations regarding children’s rights legislation and programmes implementing children’s rights are not made by ministries. In some critical areas, no significant work is being done. Social assistance, healthcare and education allowances are largely inadequate to meet the needs, and are not administered in a coordinated fashion such that money follows the child. EU programme funding is sporadic and varied, also impeding coordination and comprehensiveness of assistance. The majority of the planned Roma integration activities were not funded at all.

No clear legislative provisions have been adopted to provide for the budget allocation on children’s rights. The majority of the national plans and programmes just mention that the budget for the implementation of a certain child protection measure will be provided by the budget of the relevant ministry/ministries and do not contain concrete estimates. Pursuant to Art. 44, para. 1 of the Child Protection Act, child protection activities are being financed by: a) the state budget; b) municipal budgets; c) national and international programmes and agreements in the sphere of child protection; d) the grants of local and international individuals and legal entities; e) the “Social Protection” fund; and f) other sources.33

No specific budget on children’s rights, however, is being allocated. The State budget is being allocated to the specific ministries and other entities, which, as primary administrators of budget funds and according to their competencies and responsibilities, prioritise their expenditure on the rights of the child within their annually approved budget.34 The State does not designate a specific amount of the overall allocation to specific ministry that must be spent on certain implementation of right. The exact amount, however, is not part of the budget, which has negative consequences over the functionality of the child protection system in the country. There is a specific budget for the Ministry of Labour and Social Policy, part of which is dedicated to policies in the spheres of: social assistance and social inclusion (in the 2011 State budget); social protection and equal opportunities and social inclusion (in the 2012, 2013 and 2014 State budgets). Those budgets are as follows:

- 2011 – BGN 669,321,700 (€342,218,751) or 3.67 % of the State budget;35
- 2012 – BGN 676,120,000 (€345,694,667) or 3.64 % of the State budget;36
- 2013 – BGN 681,107,700 (€348,244,837) or 3.49 % of the State budget;37

34 Bulgaria, State Agency for Child Protection (Държавна агенция за закрила на детето), Letter No. 05-00-1 to the Bulgarian Helsinki Committee, signed by Ms Eva Zhecheva, Head of the State Agency for Child Protection, 07 March 2014; State Budget Act, available in Bulgarian at http://www.lex.bg/search/spravochnik.
The main area where EU funds are being used is in the sphere of prevention of child abandonment, development of day care and residential services for children, deinstitutionalisation, early intervention and support of children at risk of abandonment and their placement in specialised institutions. The main part of the EU funds come from Priority Axis 5: Social Inclusion and Promotion of Social Economy of the Human Resources Development Operational Programme 2007 – 2013. The Agency for Social Assistance is the contractor under Priority Axis 5 within which the main activities are defined in the National Strategy “Vision for the Deinstitutionalisation of Children in the Republic of Bulgaria” (Национална стратегия „Визия за деинституционализация на децата в Република България) and the Action Plan for its implementation.

The implementation of the activities of the “Strengthening the Capacity of the Agency for Social Assistance in Increasing the Quality and Effectiveness of Social Work” project is virtually nonexistent. There is no purposeful work on strengthening the capacity of the local authorities with regard to budget and service planning and management for the needs of the children and families.39

Standards for social services, universal allowances for children, pocket money for students with disabilities, and professional foster care salaries have been increased. However, there is no understanding of the need to apply a family-oriented approach and develop a stimulating as opposed to a repressive policy, as well as the need of separate family-support policy.40

4.2 Allocation of Resources for Social Assistance

Positive developments: Some social assistance allowances were increased in 2013.

Challenges: Social assistance allowances and social services for children and families are provided mainly to very poor families and are not tailored to meet the individual needs of the receivers.

Some of the social allowances/benefits were increased in 2014; however there is no purposeful policy on adequate integration, campaigns for changing public attitudes and making efforts to include the children who are tolerant of their socially-disadvantaged classmates in such campaigns.41

41 Bulgaria, National Network for Children, Report Card 2015: What is the average Government score for childcare?
Social assistance is provided to children or their parents/guardians in the form of either financial support or as social services such as consultations, therapy, group work on a certain problem, or provision of in-kind assistance. Social assistance is regulated by the Family Children Allowances Act, the Social Assistance Act and the Rules for its Implementation.

Social assistance is limited only to those with very low income (the guaranteed minimum monthly income estimated by the Council of Ministers is 33 EUR for 2013). Financial standards (the required financial capacity to access the services) do not exist when the child lives with his/her family, while there are such standards for residential institutions and community-based services. However, the principle “money follows the child” is not applied in any of these standards and the individual needs of the children are not met as the budgets of services are allocated from the state to the services per capita; the amount is fixed but does not take into account the concrete needs of the children in each service. A package of minimal services and assistance for families with children with disabilities should be introduced in legislation and it should be guaranteed to all children. The principle “money follows the child” should be applied to all assistance provided for children with disabilities, including in inclusive education.

Child allowances include the following: one-off financial allowance for pregnancy (only for poor families); one-off financial allowance for the birth of a child; monthly allowances for a child until he/she graduates from secondary school but not after he/she reaches 20 years of age (only for poor families); monthly allowances for raising a child up to one year of age (only for poor families); and special allowances for students (ages 7 to 20 in primary and high schools and only for poor families). In 2010, one additional type of monthly allowance was introduced for all children with permanent disabilities and their families until the children reach the age of 18 or, if they are attending high school, 20.

The development and opening of new social services for families and children is supported by European structural funds that can guarantee their operations for a year or two. At the end of this period, these services should be financed by the State. The only way to ensure this is to shift the money from old institutions for children upon their closure to new services. However, frequently a part of these funds is not returned to services for children, and instead sinks into the general budget of the state, thus actually damaging children and families. Another challenge is the

amount of state financial standards for social services in the community, including residential care. These funds usually barely cover the basic needs of food, shelter and daily care for residents, despite the financial standards’ increase in 2013 of 10%. It is necessary to have different sets of financial standards for raising children in various community-based services but it is also crucial to apply the principle “money follows the child”. It often happens that a large institution morphs into a small group home but in general the everyday life and approaches to children remain the same as in the big home. There is an alarming practice of creating a mere façade of deinstitutionalisation in closed institutions, especially in small towns, where several new services for residential care are being opened in the same building of the closed institution.\textsuperscript{48}

Children with disabilities and their families may qualify for social assistance depending on the income and property of the family. This usually applies to very poor families.

Under the Social Assistance Act, children with disabilities have the right to use social services such as a personal assistant, a day-care centre, a centre for rehabilitation and social integration or a residential family-type centre. However, these services are largely unavailable and the existing ones are not evenly distributed across the country.\textsuperscript{49} So, even though children have these rights, they cannot benefit from such services on a regular basis but only where and until such services exist, which is usually done only under EU funded projects.

The types of personal assistance services include\textsuperscript{50}: a personal assistant (a person assisting a child or adult with a permanent disability or a serious illness with her/his everyday needs)\textsuperscript{51}, a social assistant (a person providing consultations in relation to the user’s recreational and social activities)\textsuperscript{52}, and a domestic assistant (a person assisting the user with household and personal hygiene maintenance and home cooking).\textsuperscript{53} These types of assistance to persons with disabilities are provided on a project and programme basis whenever EU funding is available. Consequently, the provision is inconsistent and the eligibility criteria are different. As a result, access to such assistance by all persons/children with disabilities is not ensured in a systematic way. In practice, in 2003 there were 6,230 personal assistants, in 2006 there were 1,000 personal assistants, and in 2011 there were 3,000 personal assistants employed in providing the relevant

\textsuperscript{49} Bulgaria, Social Assistance Agency, list of available community based services - \url{http://www.asp.government.bg/ASP_Client/ClientServlet?cmd=add_content&lng=1&sectid=24&s1=23&selid=23}.
\textsuperscript{50} Bulgaria, Regulations for Implementation of Social Assistance Act, , Art. 36, para. 2, items 1-3 (the article was enforced on 1 May 2003; last amended 7 April 2009), available in Bulgarian at: \url{http://lex.bg/laws/ldoc/-13038592}.
\textsuperscript{51} Bulgaria, Regulations for Implementation of Social Assistance Act, Additional provisions, Para. 1, item 17 (the article was enforced on 1 May 2003).
\textsuperscript{52} Bulgaria, Regulations for Implementation of Social Assistance Act, Additional provisions, Para. 1, item 18 (the article was enforced on 1 May 2003).
\textsuperscript{53} Bulgaria, Regulations for Implementation of Social Assistance Act, Additional provisions, Para. 1, item 19 (the article was enforced on 1 May 2003).
services. The difference in numbers is a result of the fact that assistants are paid under different projects that have different durations. As a result, the variation in the types of personal assistance offered can be confusing to children and their families. The 2011 and 2012 National Programs for Protection of the Child estimated that there was a need for a minimum guaranteed package of services to be provided to families and children at risk (including children with disabilities). However, this has not been achieved in practice and this measure has not been included in the National Program for 2013.

4.3 Allocation of Resources for Education

Positive Developments: A Plan for implementing the government’s Strategy for Decreasing the Number of Early Drop-outs was adopted by the Council of Ministers in September 2014. Efforts are being made to provide for the integration of children with special educational needs into the mainstream school environment, and these efforts have received significant funding.

Challenges: The Parliament did not adopt the draft of the new Public Education Act, and therefore has failed to incorporate into legislation improvements appearing in the draft law. To date, efforts at inclusive education of disabled children have focused largely on the provision of specialists in mainstream schools who often lack coordinated direction, and their work is made harder by a lack of funds and problematic physical environments in the schools. The implementation of the plan for decreasing the early drop-out was delayed and it is unclear whether it proved to be effective as of June 2015. The newly adopted (June 2015) Strategy on Educational Integration of Children at Risk of Drop out and the Action plan for its implementation contain unclear measures and no concrete budgets for their implementation.

One of the main reasons that Roma children drop out of school is the lack of money, as demonstrated by a comparative study undertaken by EU INCLUSIVE in 2011 in four European countries – Romania, Bulgaria, Italy and Spain.

However, some of the amendments to the Family Allowances for Children Act that were introduced in 2012/2013 mandate that in order to receive family allowances children must meet the following educational requirements: regularly attend the preparatory groups in kindergarten or the mandatory pre-school preparatory groups at schools (unless this is not possible due to the

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54 Bulgaria, National Programme “Assistance for Persons with Disabilities” (Национална програма “Асистенти за хора с увреждания,” available in Bulgarian at: http://www.az.government.bg/Projects/Prog/AHU/Frame_AHU.htm.
child’s health condition)\textsuperscript{57} or regularly attend school until completing middle school (but not beyond 20 years of age and not if prevented by his/her health condition).\textsuperscript{58}

**The draft of the new Public Education Act was not approved.** The process of drafting the new Public Education Act started in 2009. Owing to the advocacy efforts undertaken by Centre Amalipe, SEGA Foundation and other Roma and pro-Roma NGOs, the draft presented to the Parliament in 2012 contained several important points that would foster education integration (including articles which outlawed school segregation). These texts were approved by the Parliamentary Commission on Education, and so was the entire Act. Nevertheless, the resignation of the Parliament (March 2013) and the lack of sufficient political focus on the development of Bulgarian education left the Public Education Act out of the parliamentary agenda, and out of the vote. The new Parliament announced that work on the Public Education Act will be restarted with a new draft and it was restarted with the same draft in May 2013. The draft was discussed on a plenary sitting in January 2014. Then again in November 2014 a revised draft was submitted and it was discussed and adopted on first hearing on 5 February 2015.\textsuperscript{59}

The Government passed a *Plan for the Implementation of the 2013-2020 Strategy for Decreasing the Number of Early Drop-outs for the 2014-2015 period*.\textsuperscript{60} The Plan aims at achieving better inter-agency cooperation by uniting the efforts of the ministries, state institutions, citizens and local governments. It has to pave the way for the operation of a Coordination Mechanism on a municipal, regional and national level. As a result of the delay in passing the Implementation Plan (at the end of October 2014), the practical implementation of the measures was supposed to start in the beginning of 2015. This will further delay the processes and, due to the peculiarities of school year scheduling, many of them will start at the beginning of the next school year.

The rate of students leaving school to go abroad should not be underestimated since according to the National Statistical Institute data this is the second major reason for school drop-out after family reasons at the primary and junior high school levels.

The lack of effective mechanisms for coordination between the school, social services and parents makes it very difficult for the school teams, who are limited in responding to cases of children at risk of dropping out. A comprehensive change of the educational environment and the


perspectives for the students, especially the ones at the final stage of education, is needed to provide sustainability of school attendance.61

Children with Disabilities

Upholding the right to inclusive education can also be identified as a challenge due to the lack of financial resources, the inaccessible environment and the lack of individual programmes and of qualified staff. So far, the inclusive education process is still limited to the appointment of specialists in the mainstream and primary schools, who face a situation of not being provided with work methodologies in the new circumstances. The project targets 84 pilot schools with more than 1,600 children who have various complex needs, most of which are of a psychological and social, and not medical, nature. In fact, the support is often limited to diagnostics and assessment without focusing on the process, i.e. on including the child and meeting her/his various needs.

According to information provided by the Ministry of Education, Youth and Science (MoE), an intense process of inclusive education of children with Special Educational Needs (SEN) has been implemented in 2014. Just for the record, only 717 children and students with SEN were educated at the start of inclusive education in 2004, while in 2014 their number grew to 13,313 children and students. The total number of children with SEN receiving inclusive education during the school year 2013/14 (the children from the pilot project including) was 14,967. They were supported by 1,364 specialists from the Resource Centers.62 The amount of the fund supplement for children and students who need additional support in schools and kindergartens amounted to BGN 308 (EUR 159) per child and no less than 40% of the supplement is spent to create a supportive environment for helping children and students. This was a minimal increase over 2012, when the supplement for a child or student who needed resource support was BGN 293 (EUR 151) per year.63

As a result of the amendments introduced in 2002 and the effort to create a supportive environment in mainstream schools, the number of children with disabilities who study in special schools has declined (in the 2003/2004 school year there were 76 special schools and 9,163 enrolled students, whereas in 2012/2013 there were only 49 such schools with a total of 3,234 students).64 The Ministry of Education, Youth and Science (MEYS) reported that during the 2009-2010 academic year 8,925 children and students with disabilities aged 3 to 18 were studying in mainstream schools in Bulgaria. During the 2010-2011 academic year, the number of these children was 10,304.65 The MEYS received BGN 10 million (EUR 5 million) under the Human Resources Operational Program to ensure a supportive environment for children with

62 Information form the MoE provided in a letter dated 17.10.2014, outgoing No 18-617.
64 Bulgaria, Ministry of Education, Youth and Science, Written reply No. 94-21499 on 14 November 2012.
disabilities in mainstream schools for the period 2011-2014. To ensure accessibility of the architectural environment, the MEYS built seven ramps, three toilets and ten lifting platforms in six schools during the period January-June 2011. By the end of 2011, 42 more schools and kindergartens were adapted to the needs of children with disabilities. The project is being implemented in cooperation with the resource centres for integration of children with special needs in mainstream schools and the nationally represented organisations of and for people with disabilities. The project envisages the testing of at least two pilot models: a model for increasing the capacity of mainstream schools to provide inclusive education for children with special needs and a model for reforming the residential special schools to be able to provide modern inclusive education for children with intellectual and multiple disabilities.

On 12 July 2011, the Minister of Education approved the scheme Support for the Education of Children with Special Educational Needs under which 44 projects were approved for the total amount of BGN 8,568,527 (EUR 4,394,116). The objectives of the operation were: the provision of inclusive education, a supportive environment, the development of programmes and teaching tools, vocational skills for students and professional skills with teachers, rehabilitators, speech therapists, psychologists as well as parents. The budget for the operation is EUR 5,112,919.

4.4 Allocation of Resources for Health Care

Positive Developments: Vaccination programs for Roma children have been implemented in some regions of the country, and some provision of preventive medicine testing for the Roma population has been undertaken by the Ministry of Health.

Challenges: Child mortality, infectious disease, and dental disease rates among Roma children remain perilously high, while vaccination rates remain unacceptably low and government efforts to reverse both trends have been inadequate.

Although the system provides for automatic health insurance for children, the lack of insurance among a large proportion of Roma adults, nevertheless, negatively affects the access to healthcare of Roma children. Roma’s health status is generally worse than among the rest of the population. Child mortality rates are 2 to 6 times higher than those of the majority. Furthermore, infectious diseases tend to be more widespread. A typical example of a mass epidemic was the 2010 measles epidemic in the region of Sliven - 90% of the affected were

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69 Bulgaria, Ministry of Labour and Social Policy, Written reply 01-39/15.08.2011, signed by Ginka Mashova, director of Social Protection and Equal Opportunities Department at the MLSP, p. 13.
Roma children. According to some surveys, 30% of Roma have never been to a dentist and 15% of adult Roma women have never been to a gynecologist.

One of the extremely serious problems in Roma neighborhoods are infectious diseases such as measles, viral hepatitis B and C, tuberculosis, HIV, sexually transmitted diseases (such as syphilis and congenital syphilis), echinococcosis, acute aspiratory infections in children, etc. When it comes to vaccinating, another key reason for the spread of infectious diseases in Roma neighborhoods and mostly among the Roma community is the lack of any vaccination activity throughout the community. It is also important to be mentioned that most Bulgarian Roma are not aware that their children should be vaccinated and those who are often cannot afford vaccinations.

There were numerous national plans for vaccination of Roma and different regions in the country had been covered. For example, in May 2010 it had been announced that in the municipality of Burgas the Regional Inspectorate for Protection and Control of Public Health would undertake a vaccination campaign against polio. It covered the children of parents who do not have family doctors (GPs), as well as those with personal physicians. The minors who were vaccinated were 0-5 years old. The participants in the campaign kept on informing Roma families that they need to check with their GPs whether or not their child had missed a vaccination, since according to doctors, even one missed vaccination can lead to infection. In their study Health and the Roma Community..., the authors described Bulgaria as the third of seven countries with the largest proportion of minors who do not follow the child vaccination programmes (29% of the surveyed). The same survey showed that girls are more often left unvaccinated than boys.

In the area of dental health, around 25% of Roma children surveyed in 2008 already had cavities and pulpitis, where 12.5% of the children aged 0-9 and 28% of those aged 10-15 already had permanent teeth extracted. In the same research, results show that Roma girls are less likely to undergo dental health treatment, whereas boys from the same community undertake radical steps and pull diseased teeth out themselves.

In the healthcare section of the monitoring report on the “Decade of Roma Inclusion 2005-2015”, most of the outcomes and results are cited as insignificant, such as: distribution of

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71 Bulgaria, Ilona Tomova, Stanislava Nikolova, (2011), In the mirror of diversity: health status and access of Roma to healthcare (В огледалото на различието: здравен статус и достъп на ромите до здравеопазване),p.113-117.
72 Bulgaria, Etnosi, (18 May 2012), A campaign to vaccinate Roma children against polio started in Burgas (“В Бургас започна кампания за ваксиниране на деца от Ромски квартали срещу детски паралич”), available at: https://etnosi.wordpress.com/2010/05/18/в-бургас-започна-кампания-за-ваксиниране/.
74 Bulgaria, Ilona Tomova, Stanislava Nikolova, (2011), In the mirror of diversity: health status and access of Roma to healthcare, p. 147-149.
condoms, awareness campaigns and discussions, increase in healthcare programs on radio and television mostly prevention-orientated and in health insurance issues, etc. However, some of the actions undertaken by the Ministry of Health include medical tests of Roma, such as:

- conducting early diagnostics and screening tests for prevention of breast cancer;
- conducting prophylactic examinations with mobile pediatric cabinets in outlying districts and locations;
- conducting immunizations in settlements without GPs;

In the Roma National Strategy, the State outlines as main priorities, among others, preventive care for maternal and child health, ensuring equality of access to health services for disadvantaged people from ethnic minorities, increasing health knowledge and access to health information, and taking legislative initiatives regarding health insurance of the poor and long-term unemployed people from ethnic minorities.76

The lack of sufficiently trained personnel to be appointed as health mediators is one of the most crucial needs for achieving better health among the Roma community. The modus operandi of the health mediators will be that after passing the training, the mediators will work on numerous projects to reduce health problems and to prevent the spread of infectious and sexually transmitted diseases. They will also work on reducing child mortality rates, with the main focus being vulnerable Roma.77

4.5 Allocation of Resources for Roma Integration

Positive Developments: Funding was delegated for the work of Roma health mediators. A comprehensive program for social housing in Roma communities was initiated in four communities with multiple funding sources. The EU Human Resources Development Operation Programmes are for the first time reaching benefitting Roma women.

Challenges: Funding for Roma integration activities remains completely inadequate; many activities contained in the Action Plan have no identified source of funding while the designated funding for others has not been approved. The 2013 state budget had no allocations for implementing the National Roma Integration Strategy (NRIS). Although 60% of Roma live in rural areas, the Rural Areas Development Program has made no contribution to implementing the NRIS. Overreliance on EU and other European funding sources continues.
The modest provision of finances for the Action Plan for the NRIS was a serious general weakness. Although the EU Framework for National Roma Integration Strategies requires “sufficient funding from national budgets, which will be complemented, where appropriate, by international and EU funding”, the Action plan failed to meet this key requirement. Most of the priority fields were not backed-up by funding or the allocated funding has been approved before the NRIS and so holds no relation to its approval or implementation. In this sense, the added value of the Strategy and its Action Plan for funding the Roma integration was very limited.

Most of the activities envisaged in the Action Plan were not budgeted. The “Funds” boxes are empty, or with information “no financing is necessary” or “within their own budgets”. In fact, 71 out of 120 activities in the Action plan were not budgeted

Table 1: Activities with Planned and Unplanned Funding in the Action Plan for the NRIS

<table>
<thead>
<tr>
<th>Priority field</th>
<th>N of activities</th>
<th>With amount planned</th>
<th>without amount planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>40</td>
<td>13</td>
<td>27</td>
</tr>
<tr>
<td>Health care</td>
<td>39</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td>Employment</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Living conditions</td>
<td>18</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Rule of law</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Culture and media</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Overall, in 4 out of 6 priority fields almost all of the planned activities were not budgeted: Housing (12 out of 18 activities were not budgeted), Rule of law (4 out of 7 activities were not budgeted), Culture and Media (no activity was budgeted), Employment (no activity was budgeted). Although some of these activities could be implemented without special budgets, it was difficult to imagine that most or all of the activities in a certain field do not need financing.

In this context, it is not surprising that the financing for Roma integration in 2013 was limited and insufficient. Special budget allocations for implementing the NRIS were not included in the state budget for 2013. Unfortunately, such were not envisaged in the Budget 2014 either. This is a discouraging sign for low political engagement. The only and modest support for Roma integration activities by the state budget went to:
The implementation of the *Health Strategy for Persons belonging to Vulnerable Ethnic Minorities*. The Action Plan for this Strategy, approved in July 2011, envisaged BGN 1,051,000 (EUR 539,000) for 2013 to be provided by the state budget.

The State delegated financing for the work of Roma health mediators: this important achievement remained in 2013. The state budget provided financing for 130 mediators that was an increase of 25 mediators to the number from 2012.\(^78\)

Financing for the work of the Centre for Educational Integration of Children and Students from the Ethnic Minorities: the amount in 2012 did not exceed BGN 1,266,511 (EUR 652,840).\(^79\)

For the first time a multilateral and multi-funded operation for Roma integration was prepared and approved in 2012. This was the operation for social housing for marginalised communities initiated by the Minister on EU funds. The operation combines a “hard component” (building social houses) financed by RDOP with a “soft component” (improving access to the labour market, general education and VET, social and health care services) financed by Human Resources Development Operation Programmes. Four municipalities were selected as beneficiaries: Burgas, Devnia, Vidin and Dupnitsa.

There has been continuous improvement in the engagement of managing authorities and intermediate bodies which manage the Human Resources Development OP (HRDOP) to announce Roma targeted calls for proposals. Three out of five targeted calls implemented in 2012 and 2013 with funding from HRDOP were proposed by the representative of Roma NGOs in the HRDOP Monitoring Committee, Deyan Kolev, in 2011. Initially, there were a lot of objections by the HRDOP intermediate bodies (and even by the managing authorities) to have minority/Roma targeted calls. Gradually, these objections were partly overcome and in 2012 the institutions proposed to increase the budget of two calls. As result, they became the biggest (although modest) source of funding for Roma integration activities.

**Table 2: Roma Integration Projects**

<table>
<thead>
<tr>
<th>Operation</th>
<th>Explanation</th>
<th>Period of implementation</th>
<th>Financing BGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-integration of school dropout</td>
<td>Projects of schools, municipalities and NGOs to integrate</td>
<td>2012 - 2014</td>
<td>2,955,272 (EUR)</td>
</tr>
</tbody>
</table>

\(^{78}\) Bulgaria, National network of health mediators (Национална мрежа на здравните медиатори), available in Bulgarian at: [http://www.zdravenmediator.net/index.php?pageType=text&pageID=37](http://www.zdravenmediator.net/index.php?pageType=text&pageID=37)

It is an important achievement that the measures within HRDOP also reached Roma women. The Annual report for implementation of HRDOP states that in 2012 around 14,490 Roma

80 Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика) Нитин Resource Development Operational Programme: BG051PO001-4.1.06 “Re-integration of school dropouts” (BG051PO001-4.1.06 “Реинтеграция на отпаднали ученици в образователната система”), available in Bulgarian at: http://ophrd.government.bg/view_doc.php/5368.

81 Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика) Нитин Resource Development Operational Programme: BG051PO001-4.1.05 “Educational integration of children and students from the ethnic minorities” (BG051PO001-4.1.05 “Образователна интеграция на децата и учениците от етническите малцинства”), available in Bulgarian at: http://ophrd.government.bg/view_doc.php/5367.

82 Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика) Нитин Resource Development Operational Programme: BG051PO001-4.3.01 “Literacy for Adults” (BG051PO001-4.3.01 “ОGRAMОТЯВАНЕ НА ВЪЗРАСТНИ”), available in Bulgarian at: http://ophrd.government.bg/view_doc.php/4554.


84 Bulgaria, Human Resource Development Operational Programme: BG051PO001-6.2.11 “Developing complex measures for the integration of the most marginalized communities among ethnic minorities with focus on Roma” (BG051PO001-6.2.11 „Разработване на комплексни мерки за интеграция на най-малцинджираните общности сред етническите малцинства с фокус върху ромите”), available in Bulgarian at: http://ophrd.government.bg/view_doc.php/5028.
participated in activities financed within the programme and that the percentage of women and men is equal.\footnote{Bulgaria, Ministry of Labour and Social Policy (Министерство на труда и социалната политика) Annual Report for the implementation of Human Resource Development Operational Programme 2011 (Годишен доклад за изпълнението на ОИ РЧР за 2011 г.), p. 49.}

As an important weakness can be seen that the \textit{Rural Areas Development Programme} continued to stay away from the topic of Roma integration and to make no contribution to the implementation of the NRIS, although 60\% of Roma in Bulgaria live in rural areas.

In terms of other sources, in 2013 two additional European (but not EU) sources prepared to contribute to the implementation of NRIS. One of these was the \textit{EEA Financial Mechanism & Norwegian FM}.\footnote{Bulgaria, EEA Financial Mechanism and Norwegian FM, available in English at: \url{http://eufunds.bg/en/page/22}.} In six of its priority fields it has the requirement for at least 10\% of the money dedicated to Roma. In 2013, these priority areas were still in its preparatory stage and did not contribute to the field. Nevertheless, most of the operators undertook consultations with NGOs regarding their particular priorities, which is a positive fact. In October 2013, they presented their plans during a conference organised by the Council of Ministers and the Norwegian Embassy.\footnote{Bulgaria, Financial Mechanism of the EEA / Norwegian Financial Mechanism (2013), ‘Third annual meeting on the implementation of the EEA and Norway grants – 09.10.2013’, available in English at: \url{www.eegrants.bg/en/2009-2014/%D0%BD%D0%BE%D0%B2%D0%B8%D0%BD%D0%B8/third-annual-meeting-on-the-implementation-of-the-eea-and-norway-grants.html}.} For example, the Ministry of Health plans to support the continuation of the Roma Health Scholarship Programme (implemented until now with money from the Roma Education Fund and OSI).

The second available mechanism was the \textit{Swiss Contribution to Bulgaria}.\footnote{Bulgaria, EU Structural Funds, ‘Swiss Contribution to Bulgaria’, available in English at: \url{http://eufunds.bg/en/page/20}.} It has a special Roma component. In 2012, the Project Management Unit of this component was assigned after a long selection procedure. This was General Directorate “Structural Funds” within the Ministry of Labour and Social Policy. The fact that no institution with a focus on Roma in Bulgaria was selected by the Swiss government to be the managing body for the Roma component is a proxy-indicator that these institutions need serious capacity building. In 2013, experts in the Management Unit were assigned and they design the concrete measures. The implementation began in 2014.

In conclusion, it can be argued that no financial framework which is worth the name for NRIS implementation was built in Bulgaria in 2013. The state budget contribution was insignificant. Support by European funds was a positive fact but as it is limited in scope and extent, it does not follow a systematic framework. Its directions are primarily shaped by how active Roma NGOs are and by the good will of certain managing authorities or intermediate bodies. The possible approval of the Appendix “Programmes for Implementation of the NRIS” may change this situation by associating European financial support as well as state budget support with the implementation of NRIS in a systematic way.
5. Para. 18-19: Data Collection

Positive Developments: None

Challenges: Bulgarian law does not currently provide for the collection of disaggregated data about the status of children in the country into the National Information System. The State Agency for Child Protection is still developing this system.

Under the Child Protection Act, since 2006 the Chairperson of the State Agency for Child Protection has the main obligation for data collection about children in Bulgaria. More specifically, he/she shall create and maintain a National Information System that is regulated by the Implementing Rules and Regulations of the Child Protection Act. This information system must contain information on: a/ children at risk; b/ gifted children; c/ data from the Regional Social Assistance Directorate registries; d/ data from the specialised institutions for children; e/ data from non-profit entities engaged in child-related programmes; f/ children dropped out of the educational system; g/ providers of social services for children; and h/ other data pertaining to child protection issues.89

Under the Rules and Regulations on the Implementation of the Child Protection Act, the National Information System is maintained on three informational levels: municipal, regional and national; data entry on the municipal level is executed by the Social Assistance Departments serving the territory of the respective municipalities; data entry on the regional level is executed by the Regional Social Assistance Departments.90 The entering and maintenance of data into the National Information System is carried out under the following rules: 1. Changes to any of the circumstances subject to entry into the National Information System shall be recorded within three days of their identification; 2. Any manifest errors of fact identified shall be rectified administratively; 3. Data entry and deletion shall be done in a way so as not to affect the integrity of the information pertaining to circumstances already included in the registry; 4. In cases provided for under para. 3, the registry official must indicate the reason and the date of the procedural action.91

According to the State Agency for Child Protection the functioning of the National Information System as of March 2014 is not authorised and does not provide the possibility for electronic data entry with the sake of control of the reliability and the validity of the data.92 The Agency stated that an integrated information system was being currently developed by the SACP. It cannot be established whether the National Information System would meet the

92 Bulgaria, State Agency for Child Protection, Letter No. 05-00-1 to the Bulgarian Helsinki Committee, signed by Ms Eva Zhecheva, Head of the State Agency for Child Protection, 07 March 2014.
recommendations of the UN Committee because Bulgarian legislation does not provide for how the specific nature of the data pertaining to children should be entered (i.e., there is no provision in the law for the collection of disaggregated data).

A specific issue is the problem with the collection and processing of data on children with disabilities. The main part of the problem is the lack of a unified definition of a child with a disability.

6. Para. 10-11: Coordination

Positive Developments: Some attempt for establishment of independent agency responsible for monitoring and promotion of children’s rights was done.

Challenges: No such agency was established and the public discussion about its establishment did not continue.

There is as yet no specialised and independent agency that would be given the responsibility to monitor and promote children’s rights and provide an accessible complaint mechanism for children and their representatives.93 The State, however, did attempt to create such a body and was unsuccessful. Between 2008 and 2012, an interdepartmental working group including representatives of the child protection bodies and the Ombudsman of Bulgaria developed, with broad NGO participation, a law covering all rights of the child.94 The draft provided for the establishment of a Commission on the Rights of the Child - an independent specialised body under the authority of the Council of Ministers responsible for policy coordination, monitoring and control on the rights of the child. The Commission would have been a first-level spender of budgetary appropriations and it would have been in charge of monitoring the respect for the rights of the child in compliance with the Convention and national legislation. Owing to the negative response of the parent organizations to the draft, the latter was not approved by the National Assembly as of 2015.95

Currently, according to Art. 36 of the Child Protection Act, the director of the Social Assistance Department controls the application of child protection measures.96 The Minister of Labour and Social Policy controls the implementation of social policy in general.97 Specialised control over the provision of social services in general, both institutional and community-based and both for adults and children, is exercised by the Inspectorate to the Executive Director of the Social

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96 Bulgaria, Child Protection Act, Art. 36 (1.01.2003).
97 Bulgaria, Social Assistance Act (19.05.1998), Art. 31(1.01.2003).
Assistance Agency. Child Protection Departments are located within the Social Assistance Departments.

7. Para. 20-21: Dissemination of the Convention and Training

Positive Developments: A variety of steps by different government agencies have been taken to disseminate the terms and concepts of the UN Convention on the Rights of the Child in programs administered by these agencies.

Challenges: These steps lack coordination and a comprehensive framework, and do not include any efforts to incorporate human rights education into the curriculum of the country’s schools.

Although a systematic and comprehensive approach to the dissemination of the Convention has not been developed, some steps have indeed been made in this direction by different government agencies:

- Since 2012 the Ministry of Foreign Affairs (MFA) has trained individuals and technical staff in Bulgaria’s consulates abroad on the topics of “Convention on the Rights of the Child” (CRC) and “Child Protection” as preparation of the employees to work with children victims of trafficking for the purposes of sexual or labour exploitation.

- Measures have been taken to promote the CRC and its Optional Protocols among the staff of the Ministry of Interior (MoI) by means of dissemination, trainings and integration in the syllabus of the Academy of MoI. All curricula for training police officers to work with children incorporate the fundamental principle of respecting and ensuring the rights and freedoms of citizens, as well as their dignity. The overall training is aimed at preventing violence against children, including that committed by police officers. The course includes topics on the UN Convention on the Rights of the Child, child abuse, the Coordination Mechanism for Work in Cases of Children at Risk of Abuse and others.

- Measures to promote the Convention by using the peer-to-peer training method have been included in the National Programme for Child Protection (NPCP) between 2008 and 2012.

- Purposeful meetings and trainings on the rights of the child targeting media representatives are planned within the National Programme for Child Protection, focusing annually on certain topics.

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98 Bulgaria, Social Assistance Act (19.05.1998), Art. 5, para. 4 (1.01.2003).
99 Bulgaria, Social Assistance Act (19.05.1998), Art. 5, para. 6.
- In October 2011 the Council for Electronic Media adopted Criteria for assessing content that is adverse or creates a risk of damaging the physical, mental, moral and/or social development of children. Providers of media services are obliged to prevent participation of children in programmes with such content.104

- The Concluding observations on the second periodic report was translated and uploaded on the official web site of the State Agency for Child Protection (www.sACP.government.bg), as well as on the specialised web site dedicated to the topic of commercial sexual exploitation of children (www.stopech.sACP.government.bg)105.

- The Social Assistance Agency is also conducting numerous trainings in child protection issues for social workers working there, which however are not mandatory.106

However, nothing has been done to expand the integration of human rights and child rights’ education into the curriculum of all schools and to shape the learning and social life of schools accordingly, taking into account the Committee’s general comment No. 1 on the aims of education (CRC/ GC/2001/1).107

8. Para. 22-23: Cooperation of Government with Civil Society

Positive Developments: Licensing for service-providing NGOs has been regularized under a standard procedure, and representatives of civil society have been included on the National Council for Child Protection.

Challenges: A lack of standard practices for all agencies with regard to the collection of data about the status of children and elaboration of policies based on this data hinders the development of coordinated policies, and thereby makes effective partnering with the civil sector more difficult. Effective dialogue with NGOs is often lacking.

Some of the achievements relating to how the State is cooperating with civil society are:

- In 2013 an Internal Procedure for Licensing Providers of Social Services for Children was adopted which requires that service-providing NGOs have a partnership agreement with the local Social Assistance Department and the local Child Protection Department in order to obtain their license. After a provider is licensed it can apply for delegated state funding.108

- Representatives of the civil sector have been included in the National Council for Child Protection (NCCP). In 2011 the rules for admitting members from the civil sector were amended,

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106 Bulgaria, State Agency for Child Protection, Letter No. 05-00-1 to the Bulgarian Helsinki Committee, signed by Ms Eva Zhecheva, Head of the State Agency for Child Protection, 07 March 2014.
thus guaranteeing a more transparent and democratic process. A number of agreements have been signed with various NGOs, such as that in support of the activities related to deinstitutionalisation – with LUMOS Foundation, Know-How centre at the New Bulgarian University, etc.\textsuperscript{109}

However, although some positive steps have been made in this respect, there are still a number of challenges that need to be overcome in order to achieve an effective cooperation between the State Body and civil society. The main challenges are that the ministries and agencies dealing with child protection are not legally obliged to collect and process the same data about children. They do not work in a coordinated manner when they develop the child protection policies on a local, regional and national level although much effort was put into this during the last couple of years. Lack of efficient control mechanisms, lack of clarity about the responsibilities, lack of clarity about the funding allocated for certain protection measures, lack of coordination, lack of competence and lack of effective dialogue with NGOs are also challenges for the Bulgarian child protection system.\textsuperscript{110}

9. Para. 24-25: Non-discrimination

Positive Developments: The \textit{National Roma Integration Strategy}, if effectively implemented, will address some aspects of discrimination against Roma children.

Challenges: Bulgaria has not created a Children’s Rights Ombudsperson office. Discrimination against children with disabilities and Roma children continues.

To date, no progress has been reported on the commitment of setting up a special unit at the Protection against Discrimination Commission (PADC) to deal with cases of discrimination against children and there are no indications that activities in this direction have been planned. Bulgaria still \textbf{does not have a children’s rights ombudsperson} to guarantee independent monitoring and control in observing children’s rights, and it is one of just three EU member states not having such a specialised and independent child protection figure. There are still practices of discrimination and unequal treatment of refugee children, children with disabilities and Roma children in terms of their access to education, healthcare and adequate housing and social environment.\textsuperscript{111}


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Children **with disabilities continue to be discriminated** against regardless of where they live (with families or in institutions) because of the traditional medical **mind-set that regards them as “ill”**, as well as the medical assessment of their “reduced capacity for social adaptation”.  


Measures specifically targeting Roma children are exclusively planned under the “Education” priority. The “Healthcare” section attaches particular significance to children and motherhood. These are also addressed under the “Culture and media” priority and under “Rule of law and non-discrimination”. The rest of the measures for ensuring employment and living conditions contribute to the improvement of the situation of children in vulnerable Roma families.  

However, the state report on the implementation of the programme is unclear (as the majority of the statements concern not only Roma children) and the concrete estimates regarding Roma children show low effects. (for more details see Sections 4.4 Allocation of Resources for Health Care, 4.5 Allocation of Resources for Roma Integration and Section 29. Roma children)


**Positive Developments:** The State Agency for Child Protection (SACP) has prioritized child participation in policy making at all levels.

**Challenges:** Several laws governing civil and criminal procedure in matters involving or affecting children are not in compliance with the provisions for hearings contained in the Child Protection Act. The Act itself does not contain detailed provision about the way and the environment in which the children should be informed about the hearings and the outcome of the hearings. With regard to child participation, further progress is constrained by the merely consultative status of the Council of Children and the lack of involvement of children with disabilities and socially disadvantaged children in it.

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10.1 Child Hearings with Children in Civil and Criminal Justice Proceedings

In 2014 the European Union Agency for Fundamental Rights (FRA), conducted a field research (which is yet to be published) in Bulgaria which consisted of 30 interviews carried out with boys and girls aged 8 to 18 from all regions of the country who participated as victims/witnesses in civic (custody, divorce and domestic abuse) and criminal proceedings (theft, murder, early marriages and sexual abuse). Almost half of the children believe that their opinion was heard by the adults who make decisions about their future, but the voices of those who stated that nobody heard them are also very strong. Although none of the children report to have been discriminated against during the proceedings, some of them admit that they failed to understand the questions of the judges and even the purpose of their involvement in the proceeding. Most of the interviewed children do understand what their best interest is and in the cases when their own understanding differs from the court’s decision, they need additional support to understand what the reasons for those discrepancies are. The support system, unfortunately, does not provide them these opportunities.

Although the Child Protection Act is a special law regulating child hearings in administrative and justice proceedings, there are still a number of laws (the Criminal Procedure Code, the Family Code, the Persons and Family Act, the Combating of Antisocial Behaviour of Minors and Adolescents Act) that are not in compliance with the Child Protection Act, in particular, and with the Convention on the Rights of the Child (CRC), in general:

The Criminal Procedure Code (CPC) does not provide for a child friendly procedure for child hearings (which differs from the respective provisions of the Child Protection Act). Under CPC, child-sensitive procedures are only applied in cases of hearings of child witnesses/victims: minor witnesses are heard by a police investigation officer in the presence of a pedagogue/psychologist, and where necessary their parents/guardians are also present. Adolescent witnesses are also heard in the presence of such persons only if the relevant authority (police/investigators/court) finds it necessary. Parents, guardians, psychologists and teachers may ask questions if this is permitted by the interrogating body which hears them (police, investigation authorities or the court).

The Family Code (FC) is in contradiction with the Child Protection Act as it provides that in cases of adoption if the child is a minor (under the age of 14) his or her consent is not required for the adoption procedure.

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116 EU, FRA, Participation of Children in Justice Proceedings, Phase III.
119 Bulgaria, Criminal Procedure Code (29.04.2006), Art. 140, para. 3.
The Persons and Family Act (PFA) stipulates that the legal representatives of minors (e.g. parents or guardians) are required to perform legal transactions on behalf of the minors.\textsuperscript{121}

The Combating Anti-social Behaviour of Minors and Adolescents Act (CABMAA) provides for the right of minors to justify their actions. The chair of the Local Commission for Combating Antisocial Behaviour of Children invites the minor to justify his/her actions if he/she wants to. The minor or adolescent is to be heard in the absence of his/her parent/the persons who replace them if the Commission decides that it is in the child’s interest. However, in the cases of minors the opportunity to pose questions and point out witnesses is available only through their parents/persons who replace them/persons who protect their rights and legal interests.\textsuperscript{122}

10.2 Child Participation

The State Agency for Child Protection (SACP) developed a \textit{four-level mechanism for child participation}. It is designed to encourage collective child participation in the decision-making processes at the school, municipal, regional and national levels. Currently the mechanism is being piloted with the cooperation of UNICEF, the Ministry of Education, Youth and Science (MEYS) and the local authorities in three districts in Bulgaria. Results from the project will include an analysis and recommendations for modifications to the legislation. In addition, the Ministry of Education, Youth and Science started the project “\textit{I Participate and Change}”, which also includes training of children on the topic of active citizenship and their right to participate.

For the purposes of child participation, the SACP elaborated a mechanism and a \textit{charter for child participation}. The charter sets out the requirements for child participation at school, municipal and regional levels in the elaboration of policy papers related to children and youth and the implementation of all activities involving children and youth. However, the 2014 report of the National Network for Children (NGO) warns that the mechanism works at present on a project and pilot basis and that there is no evidence that it could become a sustainable practice. In addition, the report states that children from vulnerable communities are not represented in the project, even at this stage.\textsuperscript{123}

The 2015 report of the National Network for Children states that the analysis of the national child protection programs through 2014, as well as the 2011-2013 and 2014–2016 SACP strategic plans, shows that child participation is recognized as a significant area and is a stated priority in the activities of the SACP. At the same time, it shows that in spite of the development

\textsuperscript{121} Bulgaria, Persons and Family Act (10.09.1949), Art. 4, available in Bulgarian at http://www.lex.bg/bg/laws/ldoc/2121624577.

\textsuperscript{122} Bulgaria, Combating of Antisocial Behaviour of Minors and Adolescents Act (15.03.1958), Art. 20, para. 2, 3, 4, available in Bulgarian at: http://lex.bg/bg/laws/ldoc/2123897345.

of the local councils and the invested amount of efforts in this, the strategic focus is mainly on the Council of Children where 75% of the 2011-2013 activities have been concentrated, the trend continuing with the ones in the current 2014-2016 plan.\textsuperscript{124}

The Council of Children still faces the general difficulty of not being part of the Structural Regulations of the SACP but serving only as a consultative body under the SACP Chairperson, which is regulated in the Council of Children’s Regulations alone. This results in significant functional and resource dependency and prevents the Council from exercising its functions adequately with regard to and including the local councils.\textsuperscript{125}

In 2014 the operational implementation of the provisions in the SACP Strategic Plan with regard to its own specific work on child participation continued to be carried out by means of the “Encouraging Child Participation by Strengthening the Role of the School Councils at the School, Municipal and National Levels” project implemented by “Partners - Bulgaria” in partnership with UNICEF – Bulgaria and the SACP. The project continued through the 2014-2015 school year; the key challenge being how to turn the work of and with the councils into a starting point for the development of an institutionally supported child participation programme across the country.\textsuperscript{126}

\textbf{11. Para. 28-32: Torture or other cruel, inhumane or degrading treatment or punishment and Corporal punishment}

Positive Developments: A national help line for children was launched and has been widely used to report abuse and negligence.

Challenges: Serious abuse of children, including abuse resulting in death, continues to occur at alarming rates in a variety of institutional settings into which children are placed.

\textbf{11.1 National Helpline}

As a step towards the implementation of Bulgaria’s commitment to take action on and prevent the ill-treatment of children by improving the mechanisms for reporting such instances, the \textbf{Bulgarian National Helpline for Children} was launched on 14.10.2009. The hotline offers information, counseling and help to both children and concerned adults for a huge spectrum of problems. It uses the harmonized European number 116 111 which functions through a call-centre at the State Agency for Child Protection (SACP). The Helpline is financed and monitored by SACP and is currently run by the Animus Association Foundation, an NGO. The Helpline

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has coverage all over the country and is free of charge for all callers from Bulgaria. Its service is offered on a 24-hour basis.\textsuperscript{127} As of October 2014 the hotline had registered over 440,000 calls and of those calls over 1,600 were reports of physical and psychological abuse as well as of negligence.\textsuperscript{128}

One area that the State still fails to show effort in is on the issues of promoting non-violent, positive, participatory methods of childrearing and education and reinforcing knowledge among children of their right to protection from all forms of corporal punishment. A number of NGOs recognize the issue and make efforts in raising it and making it recognizable by the society.\textsuperscript{129}

\textbf{11.2 Abuse and death cases in institutions}

On 28 April 2015 the Bulgarian Helsinki Committee (BHC) submitted a report to the chairperson of the State Agency for Child Protection urging the agency to open an investigation into the extremely high number of deaths of children discovered in the institutions for medico-social care for children (IMSCC), children from 0-3 years of age who are deprived of parental care and/or children with disabilities. Based on the information requested from the BHC about all of the IMSCC’s that are still open in Bulgaria (29 total, all of them being under the governance of the Ministry of Health), it became clear that there were 292 deaths during the period of June 2010 – 31 December 2014.\textsuperscript{130}

There is multiple data indicating abuse of children in social care homes, detention centres, socio-pedagogical boarding schools (SBS) and correctional boarding schools (CBS).\textsuperscript{131} Children are reluctant and not very likely to report instances of abuse because of fear of retribution and because they do not have faith in the effectiveness of the system.\textsuperscript{132} Cases when there is evidence of unlawful use of force are rarely subjected to proper investigation.\textsuperscript{133} Many children are victims of physical and mental torture by the employees of the institutions.\textsuperscript{134} The level of abuse among the children themselves is also very high.\textsuperscript{135} There are reports of instances of sexual

\textsuperscript{127} http://www.animusassociation.org/?page_id=146&lang=en.
\textsuperscript{128} http://sacp.government.bg/novini/2014/10/14/nad-440-000-obazhdaniya-sa-prieti-za-5-godini-na-n/
violence between children. Reporting of abuse in institutions is very difficult due to the lack of unbiased and independent point people on staff.

11.2.1 Institutions Belonging to the Criminal Justice System

When children are detained on criminal charges they are often housed under inhumane and degrading conditions. The area in the cells is often smaller than the required minimum of 4m², the cells often lack ventilation and natural lighting and the children have no free access to bathrooms. Most of the detention facilities do not have the facilities that allow children to spend time in the open air or to engage in any kind of physical activities. The juveniles sent to detention centres and police departments report a high level of violence and abuse on the part of the wardens and the police officers.

11.2.2 Institutions Belonging to the Juvenile Delinquency System

The conditions in institutions for placing children with anti-social behavior (Socio-pedagogical Boarding Schools (SBS) and Correctional Boarding Schools (CBS)) are similarly inadequate. Many of the children sent to SBS and CBS are given clothes that do not fit them, and lack access to proper sanitation. The system of disciplinary action in cases when children violate the internal rules of the SBS and CBS is quite arbitrary; the children are not afforded legal or any other help from a trusted individual and have no right to appeal the imposed disciplinary measure. Most disciplinary actions are not documented and many of them are examples of cruel and degrading treatment of children, such as: punishment involving physical beatings, solitary confinement, imposing of physical exercise (such as pushups, duck walks and squats) as a form of punishment, limiting rations, etc. In the Homes for the Temporary Placement of Minors and Juveniles (HTPMJ) there are rooms that are specifically designed for punishment via

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solitary confinement for up to three days.\textsuperscript{146} The number of complaints of children from physical and mental abuse, as well as other evidence of such abuse is very high in CBS and SBS.\textsuperscript{147} The majority of these cases have to do with violations on part of the boarding schools’ staff who beat the children with paddles, sticks and other objects; slap the children across the face, kick them, scream at them and insult them (often using ethnic slurs).\textsuperscript{148} There are recorded cases of sexual abuse between children, including gang rape of a minor.\textsuperscript{149}

12. Para 33-34: Family Environment

Positive Developments: Allowances for support of the families with children at risk have been increased in 2013.

Challenges: The official recognition of a need for a guaranteed minimum package of services for families and children at risk has been dropped from the 2013 \textit{National Program for Protection of the Child}, and as a general matter child protection services aiming at supporting family environment of the child remain significantly underfunded.

The 2011 and 2012 \textit{National Programs for Protection of the Child} estimated that there was a need for a minimum guaranteed package of services to be provided to families and children at risk (including children with disabilities). However, this has not been achieved in practice and this measure was not included in the National Program for 2013.\textsuperscript{150}

Standards for social services, universal allowances for children, pocket money for students with disabilities, and professional foster care salaries have been increased and an attempt to differentiate the funding for residential services has been made in 2014. However, no standards for services on prevention of abandonment, early intervention and support to families at risk have been adopted.\textsuperscript{151}

The authorities have also failed to increase the knowledge and skills of the health professionals who are interacting with children and families and providing appropriate and timely support to children at risk.\textsuperscript{152}

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Although the Government has taken some positive steps towards increasing the general financial support to vulnerable groups of the population, it still needs to do more in regards to the child protection measures: setting up a minimal package of activities in taking protection measures, prevention of abandonment, reintegration, kinship care, foster care and adoption.\(^\text{153}\)

After his visit to Bulgaria in 2015, the Commissioner for Human Rights of the Council of Europe expressed his concern at the allegations that the socio-economic background, the ethnic origin and/or the disability of the child are sometimes part of the reasoning in the decision to separate a child from his/her parents and place him/her in a social or medical care institution. He states that in Bulgaria evidence shows that the primary reason for admission to institutions is poverty.\(^\text{154}\) The Commissioner is seriously concerned that Roma children are much more vulnerable to separation from their parents and ensuing institutionalisation than other children. For instance, it was reported that single Roma adult mothers or Roma girls who give birth before the age of 16 may be targeted for child removal by child protection departments. Concerning more particularly the placement of children on the basis of their disabilities, there are still cases where medical staff have pushed parents to abandon their children born with disabilities and place them in a specialised institution under the pretext that this would be the only viable solution.\(^\text{155}\)

The European Roma Rights Centre filed a collective complaint against Bulgaria under the Revised European Social Charter. The ERRC claimed that the 2006 and 2008 amendments to the Bulgarian Social Assistance Act, which lowered the maximum time periods for which most unemployed persons of working age can obtain monthly social assistance benefits, deprives individuals of access to types of social welfare support. Under the Social Assistance Act of 1998 (as amended in 2008) it is prescribed that social assistance benefits can be received for 12 months.\(^\text{156}\) Further, the ERRC claimed that these amendments would have a disparate and


\(^{156}\) Bulgaria, Social Assistance Act, Art.12c. (New, SG No. 18/2006, effective 1.07.2006) (1) (Amended, SG No. 58/2008) (2) Rights to monthly social benefits shall be re-established upon the expiration of 12th month of its termination under terms and procedure, prescribed by the Regulation on the Implementation of this Act. (3) The provision of Paragraph (1) shall not apply in the cases under Art. 12b, Paragraph (4). 14. Certain categories of persons are not affected by the 12 month limitation period foreseen in the Social Assistance Act, and receive social assistance and health care for an unlimited duration: Art. 12b. Paragraph (4) 1. persons taking care of children aged under 3 years: (a) mothers (female or male adopters); (b) single parents; (c) guardians;
unjustified effect on Roma and women, amounting to a violation of Article 13 of the Revised European Social Charter, read alone or in conjunction with Article E (non-discrimination clause). The European Social Committee held unanimously that there was a violation of Article 13§1 of the Revised Charter and by 8 votes against 6 that it was not necessary to examine whether there had been a violation of Article E of the Revised Charter read in conjunction with Article 13§1.157 As a result of the decision of the Committee the Bulgarian legislation was amended so that the persons entitled to social assistance under Art.12 of the Social Assistance Act shall receive monthly allowances without any time limitations.

13. Para. 35-36: Alternative Care

Positive Developments: The Ombudsperson is implementing the National Preventive Mechanism (NPM) to combat mistreatment of children. The children in foster care increase in number.

Challenges: Monitoring under the NPM revealed significant issues with the relocation of children with intellectual disabilities from institutions to family-type centres, threatening the health and life of these children. The professed intention to provide foster care by municipalities, subsidized by the state, has stalled.

The National Strategy for the Child (2008-2018) aims at lowering the number of families giving their children to state care institutions, one of the actions being eliminating the rule that allows children to be placed in institutions due to family poverty. Siblings are not to be separated, when possible. Furthermore, the envisaged measures include a public campaign for raising awareness and engaging civil society in the reintegration of deinstitutionalized children.158

13.1 Ombudsman

As of 2012, the National Preventive Mechanism (Национален превантивен механизъм) started functioning through the Bulgarian Ombudsperson under the UN Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or

2. pregnant women after the first trimester;
3. persons with permanent disabilities or with certified temporary incapacity to work;
4. persons taking care of a sick member of the family or predecessors or descendants up to the second degree of consanguinity;
5. persons taking care of a family member or predecessors or descendants up to second degree of consanguinity who are disabled and need constant attendance;
6. persons suffering from mental diseases diagnosed by the competent authorities.

Punishment.\textsuperscript{159} When acting as a National Preventive Mechanism, the Ombudsperson has the right to exercise constant monitoring on institutions for children with mental disabilities or for children deprived of parental care. The Ombudsperson can access such institutions without prior notice and obtain all information regarding the number and treatment of people residing there by conducting private conversations with residents or with any other person who might have relevant information.\textsuperscript{160} As a result of the findings obtained during the monitoring, the Ombudsperson may issue recommendations to the relevant authorities, which are obliged to inform the Ombudsperson’s office about the measures taken within one month.\textsuperscript{161}

On 31 May 2014, the Ombudsperson issued a statement to the Minister of Labour and Social Policy, the Minister of Healthcare and the State Agency for Child Protection (after performing a monitoring action in two centres) about problems related to the removal of children with intellectual disabilities from institutions and their relocation to family-type centres. The statement points out that the children are not properly prepared for the transition, that they are placed together with young adults which leads to abuse of the younger children, that the staff in the family-type centres is not sufficient and that the health and life of these children are threatened.\textsuperscript{162}

13.2 Foster Care

The so-called unified financial standard (UFS) for foster care was expected to be finalized in 2014 as part of the “I Have a Family, Too” project. It was supposed to make possible the provision of foster care by the municipalities with clear subsidies from the state budget.\textsuperscript{163} This has yet to be achieved and there is no information about the progress of the process. Foster care is both a service and a child protection measure according to Bulgarian legislation. At the same time, the main foster care providers until recently have been the Child Protection Departments (CPD) and they are still a key factor in the quality of the service in spite of their dual role as placement body and service provider. CPD decisions about children are key to the quality of foster care in the light of the needs and rights of children, especially in the process of deinstitutionalisation.\textsuperscript{164}


\textsuperscript{161} Bulgaria, Ombudsman Act (1.04.2004), Art. 28d, para. 1 and 2, available in Bulgarian at: http://lex.bg/bg/laws/lidoc/2135467520.


More than 6,700 children\textsuperscript{165} have been formally raised in foster care by 31 December 2013 in Bulgaria and another 925 children\textsuperscript{166} were placed in foster care between January and September, 2014. No significant changes have been observed with regard to this measure in 2014. It is not clear how many foster families get support since there is no information on this.\textsuperscript{167}

\textbf{14. Para. 37-38: Adoption}

Positive Developments: The number of adoptions of children with special needs has been growing since 2010.

Challenges: Adoption is still poorly accepted in Bulgarian society, and this is reflected in the lack of coordination among state agencies, the lack of uniform standards and support services for adoptive families, and the failure of Bulgarian law to conform to the recommendation of the UN Human Rights Council as regards adoption secrecy. Extraordinarily lengthy bureaucratic delays in listing children with special needs for adoption impede placement of these children into families.

As of 2015, the process of adoption in Bulgaria is not a state priority; it is complicated, confusing and not coordinated among the numerous agencies. The poor practice of disclosing the adoption to the children inappropriately and by the wrong people deeply hurts them and has long-term effects on their mental and emotional development.\textsuperscript{168} The research of the Bulgarian Association of Adopted and Adopters carried out among adoptive parents, shows that\textbf{ Bulgarian society is still discriminating against and neglecting adoption.} This has a negative effect on the overall situation of the adopting families by putting them in isolation. There is no standard for prospective adopters’ trainings, no support services for the child and the adopters during the post-adoption period; the work with families is not of mandatory or preventative nature.\textsuperscript{169} A key factor for successful adoption is building the sensitivity of the adopters towards the past of the child, the traumas and the effects of institutionalisation. This is possible to achieve only through intensive work with the family. The monitoring done by the Child Protection Departments is often formal and does not provide support; the social workers have not been trained to work with adopters and adopted children. There is no practice of collecting, processing and

\textsuperscript{166} Bulgaria, Social Assistance Agency, Letter outgoing N63-146 dated 24.20.2014, about Providing information on the implementation of the activities and policies for children and families in Bulgaria in relation to the preparation of the “Report Card 2015: What is the Average Government Score for Childcare?”.
\textsuperscript{167} Bulgaria, Social Assistance Agency, Letter outgoing N63-146 dated 24.20.2014, about Providing information on the implementation of the activities and policies for children and families in Bulgaria in relation to the preparation of the “Report Card 2015: What is the Average Government Score for Childcare?”.
analysing statistical data and information about the problems in the adoptive families, abuse, bad school results, deviant behavior, etc. There are no measures to prevent adoption breakdown.\textsuperscript{170}

In spite of the recommendation by the UN Human Rights Council to Bulgaria in the UPR report from 2010: “To introduce legislation prohibiting the secrecy of adoption and guarantee the right of the child to know their origin” the secrecy of adoption is still legally regulated and practiced.\textsuperscript{171} The origin and family relations of the child are kept in secrecy or thoroughly deleted thus infringing their rights enshrined in Art. 8 of the UN CRC, i.e. the right to preserve his or her identity, including nationality, name and family relations. Birth origin of the children adopted under the conditions of full adoption has its legal meaning in a number of occasions including the assessment and recognition of obstacles to concluding matrimony between relatives next of kin, brothers and sisters, as well as other relatives who are collateral kinsmen up to the 4th level (Art. 7, Par. 2, I. 1 and 2 from the Family Code).\textsuperscript{172} The consent of the child under the age of 14 is not required for the adoption procedure under Bulgarian legislation.\textsuperscript{173}

In practice there are no provisions on the responsible authority, type of procedure and stage at which an assessment of the obstacles to concluding matrimony is made. This raises the question whether such an assessment is made at all. The procedure of the only legally settled provision for disclosure of birth origin (Art. 105 from the Family Code) is slow and requires court proceedings.\textsuperscript{174}

Despite the fact that the number of the adopted (mostly abroad) children with special needs has been growing since 2010, this exit is also difficult for children with severe disabilities, even in infant and early age. The Bulgarian Helsinki Committee (BHC) visits in IMSCC in 2014 did not reveal a single case of adoption in Bulgaria of a child with Down’s Syndrome, severe cerebral palsy or facial malformations.\textsuperscript{175} According to information provided by the Ministry of Healthcare, a little over 80\% of the children adopted in Bulgaria are healthy and under age 3. The trend in foreign adoptions after 2010 is the opposite: almost 80\% of all internationally adopted children are over the age of 3 and almost all have a special need.\textsuperscript{176} The legislative
changes were decisive for the increase in “little emigrants”. The Family Code was amended in 2009 by explicitly stating that if within 6 months the parents, without a valid reason, fail to ask that the placement be terminated and the child be returned to the family, the child may be given for adoption without their consent. The provision in Article 21 of Ordinance No. 13 of 30 September 2009 gave the start to the application of a special procedure on international adoptions, including keeping separate statistics on the adoption procedures of children with special needs. The largest group of children adopted under the special protection measures went to the United States. The peak was reached in 2013, when 76% of all international adoption procedures for the United States were under the special protection measures.177,178

Serious disabilities are not the only barrier to the adoption of children from the institutions, however. There are also subjective reasons, such as delayed listing and procedural delays. By 29 August 2014, the Ministry of Justice’s official registry of special adoption measures for children with health problems, special needs or aged over 7 years included the profiles of 1,165 children.179 Many of them did not make it to the registry before reaching the age of 12 or 13 years, in some cases after turning 16 or even months away from turning 18, when they stand no chance to find a family. For example, out of 47 children’s profiles published on the Ministry of Justice’s website, 18 (40%) are of children aged above 12 years, three of them are over 15 years (two girls, one age 17 years and 4 months, one is 16 years and 9 months, and one is 15 years and 3 months).180 In some cases, the listing in the adoption registries has been delayed greatly. The Bulgarian Helsinki Committee (BHC) established several specific cases in which the inscription in the adoption registry of two boys with severe health problems was delayed by eight years by the Regional Social Assistance Department in Stara Zagora. At the time of the monitoring, the children were 12 years old. A case in which the listing of a 6-year-old orphaned boy with severe special needs was delayed by two years was established in the Regional Social Assistance Department in Sofia. More investments are needed in abandonment prevention services and foster care which are key to the provision of adequate support to the children and families at risk and to close the “entrance” to the system.181

15. Para. 39-40: Children Without Parental Care Living in Social Care Institutions

Positive Developments: Bulgaria has adopted a National Strategy for the Deinstitutionalization of Children, public support for deinstitutionalization has increased,
and implementation measures have reduced the number of institutionalized children and increased the number of community-based services.

Challenges: Funding for such implementation has been primarily through EU Human Resources Development Operational Programme grants and not the state budget, limiting the overall programme to measures within the scope of the EU grants. The finances saved by closing institutions are not limited to use in the alternative system but leak into the general budget, leaving alternatives for institutionalized children underfunded. There is evidence that the need to show numbers of children transferred into alternative placement models is overcoming the readiness of these alternative models to properly address the individual needs of the children transferred. Effective coordination mechanisms for the implementation of deinstitutionalization strategy need serious further development especially in terms of full involvement of child rights NGOs, service providing NGOs and municipal authorities. The Child Protection Departments lack capacity to fully implement their duties in the process. Children in institutions in which they are deprived of their liberty have not benefitted from deinstitutionalization strategies and suffer many violations of their rights. The alternative services provided for deinstitutionalized children are not alternative in practice as some of them are designed and function as small institutions.

In 2010 the National Strategy “Vision for Deinstitutionalisation of Children in the Republic of Bulgaria” (Национална стратегия „Визия за деинституционализация на децата в Република България”) was adopted. Actions include deinstitutionalisation and gradually substituting institutions for professional and voluntary foster care, adoption, reintegration in the family, or living with relatives. Since a big number of children living in institutions have families, the Deinstitutionalisation Strategy aims at encouraging contact between children in institutions and their families by placing children at institutions close to their family home and supporting interaction between the child and their family.

From 2010 – 2014, child protection measures aiming at deinstitutionalisation have been covered mainly by the following projects funded under the EU Human Resources Development Operational Programme, which is administered by the Social Assistance Agency. The following financial schemes have been available:

- Double-component operation scheme “Let’s Not Abandon Even One Child” which aims at the realisation of a sustainable model for the deinstitutionalisation of children with disabilities, placed in specialised institutions and which consists of two different components: Component 1:


Planning of measures for deinstitutionalisation with the beneficiary being the State Agency for Child Protection; and Component 2: the establishment of social services in the community.;

- Double-component operation scheme “Chance for a Happy Future” which aims at the realization of a sustainable model of the permanent deinstitutionalisation of children from 0 to 3 years old, placed in the Homes for Medico-Social Care by providing integrated health and social services for support of families and prevention of the risk for child abandonment. The two components of the programme are as follows: Component 1: Preparation for the restructuring of the Homes for Medico-Social Services; and Component 2: Establishment of innovative integrated services for the deinstitutionalisation and prevention of the abandonment of children between 0 and 3 years old.;

- Component 1 of the “Life in the Community” Operation Scheme aims at guaranteeing the right to live in a community of people, leaving the Homes for Children Deprived of Parental Care by providing access to social services in the community;

- Operation “Accept Me” Scheme implemented by the Agency for Social Protection and 82 partner municipalities and which aimed at the realization of substitute family care for children placed in specialised institutions and children at risk of abandonment. Within the framework of the operation a new decentralised approach to the provision of foster care on a local level was adopted.

15.1 NGO monitoring of the Deinstitutionalisation process

15.1.1 Children from Ages 0-3 and Children with Disabilities

The process began with the Childhood for All project in mid-2010 with the ambition to first transfer the most vulnerable group of 1,797 children with disabilities from the institutions for children with developmental disabilities (ICDD) and children over three years of age from the institutions for medico-social care for children (IMSCC). Gradually, five projects were initiated in 2012 as part of the implementation of the Vision on the Deinstitutionalisation of the Children in the Republic of Bulgaria National Strategy. In 2010, it was planned that the children from ICDD and IMSCC would be transferred to 149 family-type (residential) accommodation centres (FTAC), 36 sheltered houses, one day care centre for children with disabilities and eight social rehabilitation and integration centres. All these facilities were to be built under the Childhood for All project in 81 municipalities nationwide with a total capacity of 2,076 places. The initial plan was to have all children transferred by the end of October 2014. The map of

community-based services was updated in 2014: the construction of 160 FTAC, including 37 for healthy children, was planned. At the start of the reform in 2010, there were 137 childcare institutions (IMSCC, ICDD and the third type of residential childcare institution – institutions for children deprived of parental care, ICDPC) with a total of 5,965 children living in them. By 31 December 2014, the total number of children and adolescents living in institutional care across 95 childcare institutions was 2,218:

- 925 children in 29 institutions for medico-social care for children (IMSCC);
- 1,235 children and young people in 47 institutions for children deprived of parental care (ICDPC). Nine of them house 196 children aged 3 to 7 years and 38 of these institutions house 1,039 children aged 7 to 18 years and 78 young people over 18;
- 508 children and young people in 19 institutions for children with disabilities (ICDD), of whom 181 children and 327 young people over 18.

For one-third of the children and young people from the target group of the *Childhood for All* Project (children and young people with disabilities in ICDD and the only institution for children with physical disabilities (ICPD) and children aged over 3 years in IMSCC) who have “left” the institutions, the reform is actually a dead end. According to official statistics, between the start of the project on 1 June 2010 and 31 January 2015, the number of children and young people with disabilities placed in ICDD/ICPD and that of the children above 3 years in IMSCC has been reduced by 668.

Where did these children go?

- In a family environment: 390 (almost 60%). Of them: adopted – 272 children; reintegrated into their biological families – 61 children (including 2 unsuccessful reintegrations where the children had to be returned to the institution); in foster care – 55 children; left because of coming of age – 2.

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186 Information provided by SACP to BHC on 27 January 2015 under a request for access to public information, ref. No. 14-00-1/12.01.2015; information provided to BHC by SAA, ref. No. 05-14 of 29.01.2015; information provided by the Ministry of Health on 5 February 2015 on request by BHC; database of the Childhood for All project.
187 1,130 children in 29 IMSCC at the end of 2013. Data provided to BHC by the Ministry of Health on 5 February 2014: “Number of children by 31 December 2014: – 925 in residential care, 50 prematurely born infants in special wards and 716 children from families using the services of the day care centres daily, hourly and weekly. No IMSCC were closed in 2014”.
188 1,492 in 51 ICDPC at the end of 2013. The following ICDPC were closed down in 2014: ICDPC in Popovo, ICDPC St. Ivan Rilski in Sofia and ICDPC Rada Kirkovich in Plovdiv. The ICDPC in Borovan was closed on 1 January 2015.
189 1,144 children and young people in 23 ICDD and 1 ICPD at the end of 2013. The quoted information is provided by SACP on 27 January 2015 on BHC request for access to public information No. 14-00-1/12.01.2015. Two ICDD and one ICPD were closed in 2014: ICDD in Targovishte, the ICDPC in Kermen and the ICPD in Lukovit.
190 Source: SACP, database of the Childhood for All project.
• Transfer to another institution: 88 (13.1%). Of these: to a social educational professional centre - 6 young people; to ICDPC - 38 children; to institutions for adults with developmental disabilities - 44 young people;  

• To residential community-based services: 79. Of these: to other FTAC - 51 children; to sheltered houses - 22 young people; to transient homes - 6 children;  

• Death cases: 111 (16.6%).

The analysis of these figures reveals that for 199 of the 668 children and young people that “left” the institutions, deinstitutionalisation did, in fact, not take place. According to the “black statistics” of deinstitutionalisation, for 1 out of 3 children (29.7%) the “exit” from the institution was either death or transfer to another institution. In four years of reforms, only 469 of the initial target group of 1,797 (26%, 1 out of 4) children in ICDD/ICPD and in IMSCC who had to leave the institutions as part of the Childhood for All Project have really left them. By 5 February 2015, the number of children and young people of the initial target group who were planned to be placed in the new residential community-based services, but who are still living in the institutions was 602 (439 in 19 ICDD and 163 in 25 IMSCC). The Commissioner for Human Rights of the Council of Europe also underlined that the initial priority on deinstitutionalisation of children with disabilities has diminished to give way to an increased focus on children deprived of parental care, with a risk that children with disabilities are left behind in the process.

15.1.2 Children Deprived of Liberty Placed in Institutions

Within the Children Deprived of Liberty in Central and Eastern Europe: Between Legacy and Reform project, in 2014 the Bulgarian Helsinki Committee (BHC) conducted 57 visits to a total of 11 different types of custodial sites, which accommodate minors and adolescents and function under the authority of five different ministries. The visited institutions belong to the criminal justice system, the juvenile delinquency system, the child protection system, as well as institutions for migrants and asylum seekers. A total of 169 in-depth interviews were conducted

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195 Information provided to BHC by SACP on 27 January 2015 on access to information request No. 14-00-1/12.01.2015.
with children deprived of their liberty. The interviewed children are Bulgarian nationals and foreign citizens.\textsuperscript{197}

Table: Type of Institutions and Number of Visits and Interviews

<table>
<thead>
<tr>
<th>Type of Institution</th>
<th>Institutions visited</th>
<th>Number of visits</th>
<th>Conducted interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutions belonging to the criminal justice system</td>
<td>23</td>
<td>26</td>
<td>25 (2 girls)</td>
</tr>
<tr>
<td>Reformatories</td>
<td>2</td>
<td>4</td>
<td>22 (2 girls)</td>
</tr>
<tr>
<td>Detention facilities</td>
<td>10</td>
<td>11</td>
<td>3 boys</td>
</tr>
<tr>
<td>District police departments (DPD)</td>
<td>6</td>
<td>6</td>
<td>None</td>
</tr>
<tr>
<td>Border police departments (BPD)</td>
<td>5</td>
<td>5</td>
<td>None</td>
</tr>
<tr>
<td>Institutions belonging to the juvenile delinquency system</td>
<td>12</td>
<td>16</td>
<td>92 (30 girls)</td>
</tr>
<tr>
<td>Correctional boarding schools (CBS)</td>
<td>4</td>
<td>6</td>
<td>55 (21 girls)</td>
</tr>
<tr>
<td>Social-pedagogical boarding schools (SBS)</td>
<td>3</td>
<td>3</td>
<td>33 (8 girls)</td>
</tr>
<tr>
<td>Homes for temporary placement of minors and adolescents</td>
<td>5</td>
<td>7</td>
<td>4 (1 girl)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(HTPMA)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutions belonging to the child protection system</td>
<td>9</td>
<td>9</td>
<td>28 (16 girls)</td>
</tr>
<tr>
<td>Homes for children deprived of parental care (HCDPC)</td>
<td>5</td>
<td>5</td>
<td>21 (10 girls)</td>
</tr>
<tr>
<td>Shelters for neglected children</td>
<td>4</td>
<td>4</td>
<td>7 (6 girls)</td>
</tr>
<tr>
<td>Institutions for refugees, asylum seekers and migrants</td>
<td>5</td>
<td>6</td>
<td>24 (6 girls)</td>
</tr>
<tr>
<td>Special homes for temporary placement of foreigners (SHTPF)</td>
<td>2</td>
<td>3</td>
<td>8 (2 girls)</td>
</tr>
<tr>
<td>Transit centres (TC) and registration and reception centres (RRC)</td>
<td>3</td>
<td>3</td>
<td>16 (4 girls)</td>
</tr>
<tr>
<td>Total: 11 types of institutions</td>
<td>48 institutions visited</td>
<td>57 visits</td>
<td>169 (54 girls)</td>
</tr>
</tbody>
</table>

The monitoring and the interviews led to the following key findings:

- Children often face institutionalised discrimination based on their ethnicity, social status, sexual orientation, mental health and/ or physical disability.\(^{199}\)
- Children from vulnerable groups are overrepresented in closed institutions - these are children from ethnic minorities (Roma), poor children and children with special needs.\(^{200}\)


• Children do not have sufficient understanding of the nature and purpose of the proceedings for institutional placement. They often do not have access to documentation regarding their case.201
• Upon placement, children often do not receive a copy of the rules governing the institution.202
• Children, placed in closed institutions, have inadequate individual care plans.203
• In some of the monitored institutions, children do not have access to education. In other institutions, education is offered within the institution but it is of very low quality. Furthermore, a disproportionate amount of children in closed institutions are illiterate, requiring special attention, which is often non-existent or insufficient to have a positive effect. Access to professional or vocational training is also limited.204
• There is a lack of structured, organised activities during leisure time that meet a child’s personal needs and interests. Adequate space, installations and equipment for leisure activities are lacking.205
• Where available, remunerated work opportunities are scarce. Children often do work that is not officially regulated.206
• There is a lack of aftercare services, including a system of tracking children leaving the criminal justice and juvenile delinquency institutions.207
• Contacts with the wider community are limited, which leads to social isolation and no possibilities for integration and resocialisation. In addition, children also have limited contact with their families because visits and vacations are rare. Quality communication is further hindered by the lack of privacy of correspondence, telephone communication or received parcels.208
• The opinion and wishes of the child are often not taken into account.209

For more details see the Section, “Administration of Juvenile Justice”

In December 2014, the Coalition *Childhood 2025* (a group of over 120 child-protection NGOs) issued a statement, *Keeping the DI momentum in Bulgaria: need to ensure effective participation of all stakeholders and focusing on children’s rights and needs rather than buildings and EU projects’ deadlines,* which pointed out the key achievements and challenges in the process of deinstitutionalisation:

**Key achievements:**
- A significant reduction of the number of children placed in specialized institutions: 3,592 children in 2013 compared with 6,899 in 2010;
- A significant increase in the number of community-based services developed and the number of prevented, reintegrated or placed with extended family children;
- A significant increase of the foster carers and the number of children placed – 1,943 foster parents at the end of 2013 compared with less than 100 in 2010;
- Approximately 20 homes for children were closed following the approval of the strategy, 2 of which are for infants;
- Developed mechanisms for management and co-ordination of the process at the national level;
- Increased public understanding and support for the deinstitutionalisation process and reform.

**Key challenges and recommendations to address them:**
Despite these achievements, deinstitutionalisation in Bulgaria is in its early stages, far from secure and complete. Furthermore, conditions and challenges at the national level risk the deceleration or halting of the process:
- The process currently is focused only on the 5 EU funded projects and there is a need to revise the Action plan to address the comprehensive objectives of the Vision and set-up an effective management and co-ordination mechanisms at all levels.
- Improve dialogue and involvement of all stakeholders – Coalition “Childhood 2025” and NGOs have called for renewal of the Inter-governmental Working Group and ensuring their participation in it as well as the pilot projects management and co-ordination units. There is need for this group to not only improve its representation as already suggested but also to move from project to process management of deinstitutionalisation.

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**210** Bulgaria, National Network for Children, *Keeping the DI momentum in Bulgaria: need to ensure effective participation of all stakeholders and focusing on children’s rights and needs rather than buildings and EU projects’ deadlines,* available in English at: Coalition_DeI_statement_Dec2014_FIN.docx

**211** The inter-governmental working group for management and coordination has been created according to the Action Plan for the implementation of the national strategy Vision for the De-institutionalization of the Children in Bulgaria. The group manages the overall implementation of the Action Plan and manages and evaluates the implementation of the specific actions and projects in the framework of the Action Plan. The group consists of high-level representatives of all ministries (deputy ministers) and state institutions involved in the DI process and takes the political decisions.
• **Financial sustainability of the alternative system is not supported** with the saved finances from the reduced capacities or closures of specialised institutions as this money is lost in the general budget rather than invested in children’s policies and new services. There is no **mechanism for ring-fencing the funds for** which development should be prioritized in order to ensure sustainability of the developed services and the EU investments.

• **The child protection system’s capacity remains a major challenge for reform** with the relatively low number of social workers, the lack of standards about social work in terms of workload and number of cases per social worker (there are places where social workers have to deal with more than 100 cases per person) and with the lack of training, support and decent payment.

• **Small Group Homes, being the major alternative for the institutionalised children with disabilities, are underfinanced. The methodology for their funding, approved last year as part of the EU project** should be reviewed urgently because the current situation is one where children are being moved with the purpose of filling the capacity of the new services and securing funding for them, as opposed to guaranteeing the best interests of each individual child. If this does not happen the children will once again spend their days inside one building not socializing and with no chance for individual care and development. This would represent a form of re-institutionalisation as opposed to deinstitutionalisation, i.e. a grave misuse of the European funds and a replacement of the will of the European community.

• **Worrying signals come from the attempts to plan and regulate the integrated services** to be developed as part of the restructuring and closure of eight infant homes. One of these services is supposed to meet the needs of children with severe disabilities and there’s no clarity how the service is to be developed and implemented which jeopardizes the closure process.

• **It’s not clear what the plans of the Ministry of Health are regarding the deinstitutionalisation of the remaining 20 infant (DMSGD) homes.**

• **The NGOs should not be excluded from the deinstitutionalisation process which was the case so far and should be part of the development of new operations and schemes for the period 2014 – 2020.** Currently all deinstitutionalisation projects are being implemented by the state as service provider rather than policy regulator and controller. NGOs are the pioneers of new services and models and their expertise can only support and improve the deinstitutionalisation policy development and implementation. **Stimulation of working in partnership between local authorities and the civil society** should be considered in the planning of the 2014 – 2020 programme period. **The role and capacity of Municipal administrations** to plan, manage, contract and monitor a range of community based services for children and families at risk is still not considered a priority topic by the state administration and this is negatively influencing the Deinstitutionalisation process. In addition, the National Network for
Children concluded that there is an alarming practice of mere mimicry of deinstitutionalisation in closed institutions, especially in small towns, where several new services for residential care are being opened in the same building of the closed institutions.212

After his visit in February 2015 the Commissioner for Human Rights of the Council of Europe pointed out also that municipalities’ resistance to deinstitutionalisation and delays due to bureaucracy are obstacles slowing down the deinstitutionalisation process. In addition, there is still not enough co-ordination both among ministries and with local actors.213 According to the Commissioner’s report NGOs also consider that they have been increasingly excluded from the discussions at governmental level and have called for an intensification of the dialogue with the authorities.

16. Para. 41-42: Abuse and Neglect

Positive Developments: A number of national initiatives in the area of protection of children from violence have been implemented and the number of annual cases of abuse is stable.

Challenges: Protection of children in institutional environments, including schools, lags behind protection of children from domestic abuse. In the first decade of the current century 238 children died in institutions for the intellectually disabled (aged 3 to 18); experts estimate that 75% of these deaths were avoidable. In the institutions for medico-social care for children (aged 0 to 3) 292 children died during the period of June 2010 – 31 December 2014. The system of Crisis Centres suffers from a number of failings of both mission definition and organization, with the result that these Centres do not really represent specialised centers of care to the most vulnerable children suffering an emergent crisis.

In 2012 the National Plan for the Prevention of Violence against Children was developed, covering domestic violence, ICT and cyber bullying, and school bullying. It includes measures to raise public awareness towards violence against children, to promote positive parenting, and to train professionals working with children how to address and report violence.


The measures envisioned include a national phone line\textsuperscript{214} for reporting child abuse and the development of a mechanism for addressing violence against children by institutions, including the creation of crisis centres where abused children will be placed temporarily. The plan includes trainings for professionals (work psychologists, and police officers) on how to address violence towards children.\textsuperscript{215} In terms of preventive measures, the plan includes school classes aiming at educating children about violence and the protection available to them, as well as public campaigns to increase intolerance towards violence against children.\textsuperscript{216}

On 28 March 2013, a *National Programme for the Prevention of and Protection from Domestic Violence* was adopted by the Council of Ministers.\textsuperscript{217} The Programme aimed at adopting a National Coordination mechanism to help and support *domestic violence victims* by the end of June 2013. The mechanism was expected to improve the coordination between all relevant institutions implementing legislation related to domestic violence. In 2014 the mechanism was published by the Animus Foundation but it is unclear whether it is applied by the relevant authorities.\textsuperscript{218}

Also in 2012, the State Agency for Child Protection (SACP) proposed amendments to the *Criminal Code* recognising that a crime against a child represents the highest level of public danger. The SACP proposed the following changes: probation to be abandoned as a sanction for crimes against children; the lower limit of punishments for crimes against children to be raised; deprivation of rights to work for persons who while performing their working duties committed a crime against children.\textsuperscript{219}

Currently there are several *reporting mechanisms* for child victims of abuse and neglect, as follows:

1. The National Phone Line for Children 116 111, which works 24 hours per day and is completely free of charge;\textsuperscript{220}
2. The special website of the SACP for sexual exploitation and violence against children prevention – [www.stoppech.sacp.government.bg](http://www.stoppech.sacp.government.bg) which has an option for reporting and where in the 2012 – 2013 period 374 reports were recorded;


\textsuperscript{220} Bulgaria, National Phone Line for Children (Национална телефонна линия за деца), available at: [http://116111.bg/](http://116111.bg/).
3. Bulgarian Line for Online Security 124 123, which also can be reached through Skype and e-mail;\textsuperscript{221}
4. Online Hotline for Combatting Illegal and Harmful Content on the Internet;\textsuperscript{222}
5. National hotline for missing children 116 000.\textsuperscript{223}

The trend in the number of abuse cases is stable with 2,000 to 3,000 cases per year. The information provided by the police differs from the one provided by the SACP due to a variety of factors.\textsuperscript{224}

A particular development in the field of child protection from violence is 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 Mechanism) (Координационен механизъм за взаимодействие при работа в случаи на деца, жертви или в риск от насилие и за взаимодействие при кризисна интервенция).\textsuperscript{225} The mechanism aims at improving cooperation between these institutions and provides a list of actions and measures that each of them should undertake in case of a signal that a child is in need of protection under the Child Protection Act\textsuperscript{226} or in the case of a crisis situation (acts of violence, terrorist attacks, and natural disasters).\textsuperscript{227} The Mechanism was established following an agreement signed by the ministers of Labour and Social Policy, the Interior, Education, Justice, Foreign Affairs, Culture, Healthcare, the Chairperson of the State Agency for Child Protection, the Director of the Social Assistance Agency, and the Chairperson of the Managing Board of the National Association of Municipalities.\textsuperscript{228} They all undertook the responsibility to appoint teams to work on ‘hot cases’ – cases that have to be acted upon during holidays, weekends and beyond their normal working hours. SACP proposed that this mechanism should be provided for in legislation. The chairperson of the SACP elaborated internal rules for coordination among the child protection bodies to work on cases of crisis intervention.\textsuperscript{229} The work of the mobile teams for crisis intervention was organised, members of the teams were appointed and guidance for fast and

\begin{footnotesize}
\textsuperscript{221} Bulgaria, Bulgarian Line for Online Security (Българска линия за онлайн безопасност), available at: \url{http://www.blob.bg/}.
\textsuperscript{222} Bulgaria, Online Hotline for Combatting Illegal and Harmful Content in the Internet (Онлайн гореща линия за борба с вредното и незаконно съдържание в българското интернет пространство), available at: \url{http://web112.net/}.
\textsuperscript{223} Bulgaria, National hotline for missing children (Национална гореща линия за изчезнали деца), information available at: \url{http://centrenadja.org/hotline.html}.
\textsuperscript{225} Bulgaria, Coordination Mechanism for Cooperation in Cases of Children Victims of or at Risk of Violence and for Cooperation in Cases of Crisis Intervention (Координационен механизъм за взаимодействие при работа в случаи на деца, жертви или в риск от насилие и за взаимодействие при кризисна интервенция), 2010, available in Bulgarian at: \url{http://sacp.government.bg/media/cms_page_media/19/KM-nasilie%20(1)_1.doc}.
\textsuperscript{227} Bulgaria, Coordination Mechanism for Cooperation in Cases of Children Victims of or at Risk of Violence and for Cooperation in Cases of Crisis Intervention (2010), p. 2.
\textsuperscript{228} Bulgaria, Agreement for Cooperation (Споразумение за сътрудничество), signed on 15 March 2010, available in Bulgarian at: \url{http://sacp.government.bg/deinosti/sporazumenie-deistvia-deca-risk/}.
\textsuperscript{229} Bulgaria, State Agency for Child Protection, Procedure in cases of crisis intervention (Процедура при кризисна ситуация), (no date of adoption of the document is available), available in Bulgarian at: \url{http://sacp.government.bg/media/cms_page_media/19/Kriza.doc-3_1.doc}.
\end{footnotesize}
effective actions was provided to them. Monitoring was performed to research the implementation of this mechanism. The 2010 monitoring showed that 95% of all authorities responsible for the protection of children issued orders to appoint their representative but only 36% of them included this responsibility in the job descriptions of their officials. However, the research revealed that many of the local departments were waiting for instructions and guidance from the central authorities in terms of operational organisation which is fully in their powers and responsibilities; that some of the local members of the teams were formally appointed; that the work of the local teams needs to be strengthened through trainings, exchange of practices, and financial and material resources.230

A thematic inspection by the State Agency for Child Protection carried out in May-June 2012 on the effective forms of work and addressing violence against children in institutions for children deprived of parental care, established 46 cases of violence in these institutions.231 The Agency visited a total of 51 institutions for children deprived of parental care. The inspection established that often violence between children was not paid due attention and that cases of verbal abuse and aggressive behaviour among children were underestimated. The study showed that only in rare cases was there good functioning of the Coordination Mechanism for Cooperation in Cases of Children Victims of or at Risk of Violence and for Cooperation in Cases of Crisis Intervention. Moreover, the need for developing prevention services and rehabilitation of children victims of violence was established. 232

In his report after the visit in February 2015 the Commissioner for Human Rights of the Council of Europe expressed his concern about the serious abuses including physical and psychological violence reportedly perpetrated among children living in institutional care and also by staff members against these children. However, according to information from the Bulgarian authorities, there has been only one prosecution in the period 2013-2014: a pre-trial proceeding was initiated against an unknown perpetrator under Article 123 of the Criminal Code (death by negligence) for the death of a child at the “Home for Children with Mental Retardation” in the town of Berkovitsa in 2014. The investigation has not been completed so far. Children in institutions are also still reported to suffer from neglect and disproportionate and inadequate punishment.233

232 Bulgaria, State Agency for Child Protection, Coordination mechanism for interaction in the work on cases of child victims or at risk of abuse and interaction in crisis intervention (Координационен механизъм за взаимодействие при работа в случаи на оцелятелство в риска от насилие и за взаимодействие при кризисна интервенция), 15 March 2010, available in Bulgarian at: http://sacp.government.bg/media/cms_page_media/19/D0%9A%D0%9C-nasilie%20(1)_1.doc.
16.1 Children Victims of Abuse at School

Psychological counseling and support come up as a leading topic in the discussions regarding care provision in the cases of child abuse and emerge as an urgent task of the state. Unfortunately, there is still no clearly outlined national policy on psychological service provision in education. The work of the National Mobile Group for Psychological Support was stopped with a decision of the Minister of Education and Science in 2014. It used to meet the need of interaction in crisis or child abuse cases and to provide support to schools in response to the growing needs of the students. This had a negative effect on the education system and made it uncertain in case management, especially in the areas where there are no school psychologists and pedagogical advisors or there is a shortage of psychologists from the resource centres for children with special educational needs.234

16.2 Abuse in Institutions for Children with Intellectual Disabilities

The practice shows that some children with intellectual disabilities placed in institutions are not protected from the risk of injuries and death. Even if the prosecutors carried out an investigation, their protection is not guaranteed. The Supreme Cassation Prosecution Office and the regional offices of several authorities like the Ministry of Healthcare, Ministry of Education, Youth and Science, State Agency for Child Protection, Ministry of Labour and Social Policy and the Bulgarian Helsinki Committee (BHC) carried out joint, on the spot, investigations in all institutions for children with intellectual disabilities in the country during 2010. There were 238 child deaths between 2000 and 2010. In the opinion of BHC’s experts, at least three quarters of those deaths were avoidable: 31 children died of starvation (systematic malnutrition); 84 from neglect; 13 due to poor hygiene; six in accidents such as hypothermia, drowning, suffocation; 36 died because they were bedridden; and two deaths were caused by violence. Moreover, during the inspection it was found that violence, binding and treatment with harmful drugs continue to be widespread practices in care homes for disabled children in Bulgaria. At the time of the inspection, there were 103 children, who were malnourished and at a real risk of death by starvation in institutions.235 On 1 June 2011, the Bulgarian Helsinki Committee (BHC) and the Deputy Chief Prosecutor in Bulgaria held a press conference, “Care Homes for Children Eight Months Later: Substantial Deficits, Significant Attainments – Questionable Justice”, to announce the results of the investigation of death and injury cases in institutions for children with intellectual and psychosocial disabilities.236 During the press conference the Deputy Chief

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236 Bulgaria, Bulgarian Helsinki Committee. Joint investigation between the BHC and the Prosecutor’s Office carried out in all homes for mentally disabled children in Bulgaria (Съвместни проверки на БХК и Прокуратурата в домовете за деца с
Prosecutor at the time, Galina Toneva, announced that the Prosecutor’s office initiated 248 pre-trial proceedings on death and injury cases. The bulk of the proceedings are for “unknown perpetrators” (meaning that the prosecutors were not able to estimate who the actual perpetrators were). According to the BHC “the prosecutors have issued a number of investigation cases on the failure to treat a child’s abscess; to provide specialised dental care to a child; to a child abused by means of ill appointed tranquilisers; cases of sexual abuse, hypotrophy and pneumonia-related deaths; and bodily damage.” The BHC highlighted that over 60% of the notified prosecutorial decrees were subject to further investigations. At present, the Prosecutor’s office has terminated all pre-trial proceedings. The BHC filed applications to the European Court of Human Rights regarding three of the most severe cases.237

16.3 Crisis Centres

According to the Social Assistance Agency as of September 2014, Bulgaria operates 15 crisis centres for child victims of violence or child victims of trafficking with a total capacity of 155 places.238 As laid out in the Rules for the Implementation of the Social Assistance Act, the crisis centre is a residential social service.239 The beneficiaries of this service are individuals who are victims of violence, trafficking or other forms of exploitation, and who are placed in a crisis centre for a period of up to six months. All residential social services share the same legislative background, which means that there are no legal provisions governing specifically crisis centres, apart from the legal definition of the term “crisis centre”.240

Moreover, a crisis centre is defined as a type of social service that has to meet the “daily needs [of the client]”241, which inaccurately substitutes its purpose of a place for crisis intervention. Due to the lack of social services that provide for the meeting of the “daily needs [of the children]”, crisis centres (as well as shelters for neglected children) house not only victims of violence but also other children merely due to their social status. It appears that placement in a crisis centre, in fact, may not necessarily proceed from a crisis situation or as a consequence of a potential considerable risk for the child. Hence, the specialisation of the institution is ignored and children are placed in a crisis centre simply because they have nowhere else to go.


240 “Crisis centre” is “a set of social services for persons who are victims of violence, trafficking or other forms of exploitation, whose services are provided for a period of up to six months and are aimed at providing individual support, satisfying daily needs and ensuring legal consultation to the beneficiaries or social and psychological support in cases of emergency intervention including by means of mobile teams for crisis intervention”. Ibid, Supplementary provisions, § 1(1)(25).

241 Ibid.
The lack of crisis centre specialisation, and/or failure to observe it where there is such, prevents the actual separation of child victims from children who are in conflict with the law. In March 2012, the State Agency for Child Protection and the Social Assistance Agency adopted a Methodology Handbook for the provision of the “crisis centre” social service (hereinafter: Methodology Handbook)\(^{242}\), which was an attempt to establish the requirements for setting up and operating crisis centres and defining their specialisation for:

- child victims of domestic violence;
- child victims of trafficking in human beings;
- children with deviant behaviour, children involved in begging and children in conflict with the law.

Despite the good practices described in it, the Methodology Handbook cannot be implemented in reality. In the few cases where centre specialisation has actually been undertaken, the Social Assistance Departments (SAD), judges and district courts have no obligation to observe this specialisation and, as a result, children of the aforementioned three categories are still being placed in the same institutions.\(^{243}\)

Most crisis centres do not employ medical staff although children placed there often need more than psychological and social work to overcome emotional crises and past trauma. If the crisis centre has not signed a civil contract with a medical doctor, the child’s address registration needs to be changed and a general practitioner temporarily selected.\(^{244}\) Not all residential areas where the crisis centres are located have 24-hour access to a medical doctor. If needed, emergency medical service is sought from the closest town.

Crisis centres may sometimes turn into facilities housing children with serious health problems.\(^{245}\) This situation requires specific material conditions and staff, which are not available at the crisis centres. Over the years, there have been cases of children with infectious diseases such as hepatitis B and syphilis, children suffering from drug addiction, as well as pregnant girls.\(^{246}\) At some centres, until blood test results arrive, the newcomer spends the nights isolated from the other children.\(^{247}\) The availability of dental care at most crisis centres is also a

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particularly problematic area. In most cases dentists provide their services on a pro-bono basis.

Many children placed in crisis centres have previously never attended school or, if they have, their certified level of schooling does not correspond to their actual level of knowledge. In many cases, however, children subject to compulsory education do not attend school. At the end of November 2013, 29 children were not attending school, corresponding to one third of all resident children at the time of the research.

Crisis centres have a restricted regime. Leaving the crisis centre without permission is considered an attempt to run away. Telephone calls, as well as visits, always take place in the presence of a social worker who keeps a record of the conversation/meeting. All these institutions are of the closed type, the child not being entitled to leave them. For instance, in the case A. and others v. Bulgaria, the Court found that placing a child in a crisis centre amounted to a deprivation of the child’s liberty under Article 5 of the ECHR.

Due to the uneven distribution of crisis centres throughout the country, child protection bodies sometimes place children in crisis centres far from their normal living environment.

Regarding children placed outside their family environment, the Child Protection Act and supplementary legislation contain no provision allowing disciplinary punishment. According to the Social Assistance Agency, the disciplinary practice and the procedure for filing complaints and signals by children placed in crisis centres are provided for in the Ordinance on the Criteria and Standards for Social Services provided to children. The service provider should ensure free and unimpeded submission of complaints and signals by children as well as develop a procedure for protection from violence, misconduct and discrimination. Furthermore, the provider exercises internal control on the work of the staff and the quality of the care provided. Thus, for

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257 Information received from the Social Assistance Agency under APIA with Ref. no. RD-04-109 from 05 September 2014.
example, each crisis centre has developed and adopted their own set of rules for disciplinary practices. This contravenes international standards.

Running away and breaking the rules of the crisis centre are the severest types of misconduct (although breaking rules may be a sign or a symptom of crisis). The limitations imposed after establishing a violation of the rules often deprive the children of the opportunity to participate in activities in the crisis centre or in another outside event, or of access to television. Different types of measures may be imposed: 1) punishment through labour (the child is additionally included to the timetable for cleaning the common and sleeping premises), 2) punishment through solitary confinement (the child is forbidden to leave their space in the bedroom), 3) punishment through school non-attendance, 4) banned access to television.

17. Para. 43-44: Children with Disabilities


Challenges: Bulgarian legislation does not contain a standard definition of a child with a disability, leading to a lack of reliable data on which to base policy and activities against discrimination of some disabled children in areas such as education, healthcare and access to services. The related lack of a national register of children with disabilities hinders both the delivery and evaluation of services for them. Children with chronic and neurological diseases are at particular risk from the inability of the government to plan for their long-term needs. Children with disabilities still lack full access to quality education. The draft of the new Public Education Act was not approved by the Parliament and thus identified problems with the education of children with disabilities were not addressed in legislation.

17.1. Definition of “a child with a disability”, access to services, non-discrimination

The Bulgarian legislation on children with disabilities is based on the rights and principles as outlined by the UN Convention on the Rights of the Child (CRD) and the Convention on the Rights of Persons with Disabilities (CRPD). However, the current national legislative framework is incomplete, which is a major contributing factor to its ineffective implementation in practice.

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258 Methodology for the organisation of work in the provision of social services adopted by Crisis Centre “Vyara, Nadezhda, i Lyubov” – Sofia, Art. 18 – 18.1: 18. Every member of the personnel of the Centre encourages socially acceptable behaviour of the child. Where behaviour is deemed unacceptable, staff members shall undertake measures in accordance with the Guidelines for Incentives and Punishments document approved by the director. 18.1. In the application of the Guidelines for Incentives and Punishments, personnel at the crisis centre shall observe the following basic principles: (a) individual approach to determine and apply incentives and punishments at the crisis centre in accordance with the age, ability to understand and the individual needs of the child; (b) respect for the personality of the child and consideration for their dignity; (c) punishments shall not contain physical force or inflict pain or injury; (d) respect for the opinion of the child and inclusion of the child in the process of determining the level of the incentive or punishment; (e) common action by members of the personnel at the centre in determining incentives, the level, duration and cancellation of the punishment; (f) publicity of the incentives and punishments.

There is no unified definition of a “child with a disability”, which hinders the compiling of reliable data and the drafting of relevant policies. Overall, the Bulgarian legal framework does not contain sufficient safeguards for the rights of children, especially regarding the right to be heard (the existing legal procedures are not adapted to the needs of children with disabilities) and the right to inclusive education (legislation fails to provide for funding to secure an accessible environment, individual programmes and specialised training, as well as adequate payment for staff).

Access to social services is not ensured to all children with disabilities, as some of the services and allowances are available only for families and children with an extremely low income, only for severely disabled children and after a very complicated and clumsy procedure. Early intervention and assistance are still not developed and access to healthcare and social services is scarce and inefficient.

Children with disabilities in Bulgaria are not fully protected from discrimination and do not enjoy an equal opportunity to be involved in all aspects of social life because of a lack of detailed legislation and mechanisms to ensure inclusive education, full participation in any children-related activities and policy making and full acknowledgement and prosecution of discrimination-related violations/crimes against them. In order to enhance the protection of children with disabilities, first and foremost, Bulgarian legislation should provide a clear and consistent definition of “disability” to serve as a foundation of legislative acts to specifically address the needs of children with disabilities.

17.2 Healthcare of Children with Disabilities

The Ministry of Health (MoH) does not currently maintain a register of children with disabilities and has neither information about their rehabilitation, nor ways to measure its effectiveness.260 A register would help align the data used by various ministries involved and help them in analyzing activities and planning their policies. The lack of a proper approach and a system for recording and reporting data for diagnosis and rehabilitation of children with disabilities is alarming as it shows a misunderstanding of the scale and impact of this issue. There is no data on the total number of children diagnosed with disabilities, their distribution by social groups and municipalities so as to help planning and drafting of effective policies and practices for these children and their parents.261

By December 2013, the number of psychologists in schools had risen to 1,180 compared with 786 psychologists in 2012. However, the number of child psychologists and psychiatrists

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remains extremely insufficient, as there are no specialists in the education system for implementation of comprehensive mental health programmes.\textsuperscript{262} There is a lack of a comprehensive approach and cooperation between different institutions and structures that care for the mental health of children. \textbf{There is no link between the work of school psychologists, child psychologists and psychiatrists:} the establishment of such a coordination is a must so that mental and eating disorders can be identified at an earlier stage and the child and family have the opportunity to receive the necessary specialised assistance.\textsuperscript{263}

As mentioned above, at present the MoH does not have any information on how many children are in need of specialised mental health care, what their distribution in the country is and the type of their illness. Child psychiatrists are mainly in the capital Sofia and in some regional centres such as Varna, Rousse, Pleven, Targovishte and Kyustendil. Still, whole areas of the country do not have an active child psychiatrist, which is becoming a serious problem given the large number of children and adolescents leaving the institutions for children and youth who have experienced mental distress and are in need of specialised support and assistance.\textsuperscript{264}

According to the National Health Insurance Fund regulations in Bulgaria, \textbf{rehabilitation of children with disabilities} can be covered financially by seven different clinical paths in hospitals depending on the main disease resulting in the need of rehabilitation. One can also be provided by out-patient care and health insurance. Early diagnostics of neurological diseases during the pre-, peri- and post-natal period of the child’s development is essential in view of the potential of timely treatment. The total number of children diagnosed with neurological diseases in 2014 is 23,828, compared to 24,578 in 2013 and 24,387 in 2012.\textsuperscript{265} Children born with neurological diseases need to be referred to specialised hospitals where a team of professionals develops and carries out a programme for thorough diagnosis, treatment and complete medical and pedagogical rehabilitation; controls its implementation; and trains parents to make them part of the rehabilitation team. \textbf{There is an urgent need for a single register of children with chronic and neurological diseases.} It would make it possible for proper, long-term planning of the funds needed for medical and social activities with these children. Currently, the Ministry of Health has no such information and register. According to the regulations on using the service pack covered by the Health Insurance Fund, children with cerebral palsy are entitled to 120 days of rehabilitation on an annual basis scheduled by the doctor. Rehabilitation is available in 57 hospitals and 17 Homes for Medical and Social Care for Children and is funded by the Health Insurance Fund. Specialised rehabilitation centres are insufficient to meet the needs of the large


number of children with disabilities. However, an NGO monitoring of all homes for medico-social care for children carried out in 2013 and 2014 revealed children in shocking conditions in these homes: no respiratory rehabilitation is carried out for bedridden children despite the fact that this is a proven prevention tool for hypostatic pneumonia, the number one cause of death among children in the institutions; the children with the most severe disabilities have significant psychomotor retardation, delayed growth in height and weight, adinamia, forced lying position accompanied by pressure injuries, deformations of the musculoskeletal system, joint contractures and muscle hypertrophy. (for details see Section 16.2 Abuse in Institutions for Children with Intellectual Disabilities)

18. Para. 45-46: Health and Health Services

Positive Developments: A National Program and Action Plan on maternal and child health has been adopted. An US NGO awarded a three-year grant to a competent NGO to test new practices in this area. The Ministries of Labour and Social Policy and of Healthcare have made progress in building an infrastructure for early intervention centres for children at risk of disability. The Ministry of Health has improved access to prenatal care for all women. A Child Psychiatry medical standard has been adopted.

Challenges: As a result of the combined effects of poverty, lack of information and geographic and social isolation, Roma mothers and young children continue to lack access to maternal and child health care, resulting in early births, extremely low rates of immunization against childhood diseases and very high rates of dental disease in children. In the area of child mental health, Bulgaria has still not implemented psychiatry reforms adopted as part of EU accession, and therefore ranks last in Europe on mental health care standards.

18.1 Maternal and Infant Health

The National Programme for Improving Mother and Child Healthcare 2014-2020 and the Action Plan were passed in 2014.

Roma mothers and children face health risks that are strongly correlated to their low economic status. Forty-two percent of Bulgaria’s Roma experience malnutrition, as compared to 6 percent

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for the non-Roma. Poverty also sharply impacts the infant mortality rate, which peaks in regions with concentrated Roma populations. **Unmonitored pregnancies and early births are common among Roma women. Twelve percent of children aged 0-3 have no access to basic qualified medical service (i.e., pediatricians and general practitioners), and the majority of these children are Roma.** Bulgaria has yet to develop a comprehensive model that would address these risks, provide access to health services, and develop the knowledge and skills needed by Roma parents to improve maternal and infant health outcomes.

In the fall of 2014, the Trust for Social Achievement (TSA) identified a non-governmental organisation that has been working in the field for more than 10 years and has demonstrated success in the area of maternal and infant health. They awarded the Equilibrium Association a three-year grant called “Confident Parents for Successful Children” to test new practices that could bring a measurable impact to the community it serves. This project aims to enhance parental skills for parents of children aged 0-3, to improve access to health services, and to educate young women on family planning and healthy reproductive choices. The Equilibrium Association is also helping pregnant women and parents better understand how to access health services and is providing parents with guidance on how to stimulate the psychological, social and emotional development of their children aged 0-3. In the short time since the project’s launch, 35 families from two segregated Roma neighborhoods in Ruse have taken part in group sessions and have made use of events organized by the team’s mobile resource library, which includes toys and books suitable for children. During these sessions, parents not only play with their toddlers—making crafts from scrap materials and reading books—but they also participate in parenting skills development trainings. The most marginalized families are also receiving material support, including infant essentials such as diapers, baby food, clothes, strollers, etc. Health mediators and project staff are making home visits to mothers in need of additional guidance in the care of their newborns. Because most of the mothers are unemployed, they do not have social and health insurance. Still, the team provides Roma families with access to maternal and child healthcare through active referrals to local general practitioners, pediatricians, and maternity wards. By promoting proper medical care, they have succeeded in averting irreversible health damages for high-risk pregnancies and seriously ill children in both marginalized neighborhoods.

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270 UNICEF Bulgaria, *Children and Women in Bulgaria – 2011, Situation Analysis.* (not published). They have written in their annual report for 2012 that they have distributed it widely among partners.
18.2 Vaccination

When it comes to vaccinating, another key reason for the spread of infections diseases in Roma neighborhoods and mostly among the Roma community is the lack of any vaccination activity through the community. It is also important to be mentioned that most Bulgarian Roma are not aware that their children should be vaccinated, and those who are cannot afford vaccinations. There were numerous national plans for vaccination of Roma and different regions in the country had been covered. For example, in May 2010 it was announced that in the municipality of Burgas, the Regional Inspectorate for Protection and Control of Public Health would undertake a vaccination campaign against polio. It covered the children of parents who do not have family doctors (GPs), as well as those with personal physicians. The minors who were vaccinated were 0-5 years old. The participants in the campaign kept on informing Roma families that they need to check with their GPs whether their child had missed a vaccination, since according to doctors, even one missed vaccination can lead to infection.\textsuperscript{275} In their study \textit{Health and the Roma Community}…, the authors described Bulgaria as the third of all seven countries with the largest proportion of unimmunized minors (29\% of the surveyed). The same survey show results that girls are most often left unvaccinated than boys.\textsuperscript{276}

18.3 Dental Health

From a survey conducted with 814 participants in 2008, it becomes clear that the frequency of visits to the dentist among Roma in Bulgaria averages once per year. Another 30\% of the participants answered that they have never been to the dentist.\textsuperscript{277} In the same study the author explains the factors for poor mouth hygiene in the Roma community, as well as reasons for dental problems among young Roma citizens such as children and teenagers (0-15 years old). Around 25\% of Roma children-participants surveyed in 2008 already have cavities and pulpitis, where 12.5\% of the children aged 0-9 and 28\% of those aged 10-15 already have pulled permanent teeth out. In the same research, results show that Roma girls are less likely to undergo dental health treatment, whereas boys from the same community undertake radical steps and pull the tooth out.\textsuperscript{278}

\textsuperscript{275} Bulgaria, Etnosi, (18 May 2012), A campaign to vaccinate Roma children against polio started in Burgas („В Бургас започна кампания за ваксиниране на деца от Ромски квартали срещу детски паралич”), available at: http://etnosi.wordpress.com/2010/05/18/%D0%B2-%D0%B1%D1%83%D1%80%D0%B3%D0%B0%D1%81-%D0%B7%D0%B0%D0%BF%D0%BE%D1%87%D0%B2%D0%B0-%D0%BA%D0%B0%D0%BC%D0%BF%D0%B0%D0%BD%D0%B8%D1%8F-%D0%B7%D0%B0-%D0%B2%D0%B0%D0%BA%D1%81%D0%B8%D0%BD%D0%B8%D1%80.


\textsuperscript{277} Bulgaria, Ilona Tomova, Stanislava Nikolova, (2011), \textit{In the mirror of diversity: health status and access of Roma to healthcare}, p.144-6.

\textsuperscript{278} Bulgaria, Ilona Tomova, Stanislava Nikolova, (2011), \textit{In the mirror of diversity: health status and access of Roma to healthcare}, p.144-6.
18. 4 Measles Outbreak

One of the many examples for the unmet needs of Roma in the area of health is the measles outbreak in the end of 2009. An informal communication from the Regional Inspectorates about the ethnic origin of measles patients in Bulgaria for the time period 2009-2010 shows that nearly 90% of all affected were Roma, varying from 39% in one of the regions to 100% in another. The total number of persons affected by the illness was 24,047, of which 21,470 were Roma. The epidemic ended with 24 deaths, of which 22 were from the Roma community.

This epidemic was the most intensive one in the country since an outbreak in 1973-1974 where nearly 90,000 people were affected. The Sliven municipality was one of the regions most affected by the epidemic. Research undertaken by the Bulgarian Helsinki Committee at the end of 2010 showed that even though Bulgaria is among the countries with the highest immunization rates in Europe (95-96% of the population registered with a GP and insured), this does not mean that most of Roma citizens had been immunized against measles. The study conducted by BHC researchers had two parts – collecting information on the factors for this epidemic outbreak, as well as medical and statistical analyses, including reviewing the medical history in hospitals where the numbers of measles patients had been the largest. From the information disclosed in the report, it becomes clear that most of the affected Roma had not been immunized against measles, mainly because they do not have a GP, they do not have medical insurance or they are not well informed about the mandatory immunizations (due to the lack of sufficiently trained health mediators in the community, who should be able to explain how immunization works, what are the procedures etc.).

18. 5 Early Intervention

In 2012, a Social Inclusion Project was implemented by the Ministry of Labour and Social Policy (MLSP), and consisted mostly of construction work and building the appropriate environment for early intervention for prevention of disabilities through training of medical professionals, direct work with disabled children and their families after birth, rehabilitation and consultations in special centres, as well as training and mobile work with children in their homes. In 2013, centres for early intervention for children aged seven and below were set up in district cities, but

the majority of them did not start functioning because of a lack of funding. However, the Ministry of Healthcare plans to open early intervention centres for children aged three and below and has started public discussions about this. The physical rehabilitation services that are currently available are insufficient and the Ministry of Healthcare does not monitor their activities. Although partial progress had been achieved in 2014, no standards for services on prevention of abandonment, early intervention and support to families at risk have been adopted.

18. 6 Pregnant Women from Vulnerable Groups

The Ministry of Health has provided for legal and financial mechanisms for access to healthcare of all pregnant women regardless of their health-insurance status. Unfortunately, not all pregnant women (due to poverty, illiteracy or health ignorance reasons) make use of the services of the system. The state provides the pregnant women, who are not insured against health risks, with the following: one free obstetrician medical check consisting of ultra-sound and clinical examinations; midwife’s assistance during childbirth in a hospital chosen by the pregnant woman. The work of the health mediators also contributes to improving the access of marginalized communities to healthcare. Health mediators organise and support the doctor’s visits for observation of ethnic minority pregnant women without health insurance. With regard to the implementation of the Health Strategy for Disadvantaged Persons from ethnic minorities, the health inspectors from the Regional Health Inspectorates and the health mediators have organised a number of discussions, trainings and campaigns on prevention of unwanted pregnancy, the significance of vaccinations, and seminars with medical professionals from kindergartens and schools, teachers, educators, etc. during the first half of 2014.

18.7 Child Mental Health

The reform in psychiatry adopted by the State in 2007 has not been implemented following Bulgaria’s EU accession in spite of the commitments and the existence of strategic documents for healthcare reform. As a result, Bulgaria ranks last in Europe on mental health care as indicated in the report of The Economist Intelligence Unit. The development of a ‘Child Psychiatry’ medical standard in 2014 marks the main progress in the area of children’s mental health. The standard is to be discussed and accepted by leading medical professionals in the area and approved with an ordinance issued by the Minister of Health. The approval of the standard is

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expected to achieve the following objectives: early diagnostics and effective treatment, consultation and methodological support for the medical and non-medical specialists working with children; increasing the expert work of the Labour Expert Doctors’ Panel system, social care and education on children’s mental health issues. The Ministry of Health approved a paper called “Measures for Improving Care in Support of Autistic People and Their Families” in June 2013. The paper is accompanied by an Action Plan consisting of the following directions: “screening of autism”, “early diagnostics”, “early intervention”, “provision of integrated services”, “raising the awareness of the society and health professionals on the issues and potential of people with autism”, “staff training and qualification”, and “partnership with other countries/ international cooperation“. NCPHA took part and organised five events on the topic of autism in 2014. Hundreds of participants and service users, parents of children with autism, NGO members, etc. were involved in the events. The aim of the events was raising public awareness on the issues of autism and improving the quality of care and life of children with autism. NCPHA supported training for sensor integration specialists delivered by an NGO between June – September 2014.  

19. Para. 47-48 and 49-50: Adolescent Health and Drug, Tobacco, Alcohol, and Other Substance Use

Positive Developments: A variety of efforts have been made in the area of prevention of childhood diseases, family planning and prevention of childhood pregnancy.

Challenges: Most of these efforts are the result of separate projects, and there is neither coordination nor systematic analysis that would lead to their sustainability and ability to be taken to larger scale. Health education in schools is lacking, resulting in high rates of teenage pregnancy and abortion.

The lack of a comprehensive national programme with ear-marked funding to provide a systematic and integrated approach to the prevention of early childbirths and abortions, to encourage family planning development and access to quality survives and modern contraception, and to awareness-raising and provision of health education, results in inconsistency of the implemented activities, unclear distribution of responsibilities and lack of sustainability of the achievements.  


spite of the high levels of child deliveries by mothers aged 15-19, the high rate of abortions and increased maternity mortality rate, as well as the efforts made since 2008.289

The *National Child Protection Programme* for 2014 provides for four operational objectives; one of them being ‘Prevention of Risky Behavior and Health Promotion among Children’ in the implementation of the strategic aim ‘Development and Promotion of Appropriate Services for Children and Families in the Healthcare System’. A number of campaigns and activities such as awareness-raising on the ill-effects of active and passive smoking, healthy diet, prevention of unwanted pregnancy, etc. have been planned and implemented to achieve this objective. The analysis shows that efforts have been made in preventing child diseases; however there is no evaluation of the effectiveness of the activities. The number of activities is also insufficient to take in all the children.290

The negative consequences of a lack of systematic health education in school strongly affect girls, and there are a number of early pregnancies and births even at school age. According to the State Agency for Child Protection (SACP), in 2014 there were over 7,000 births by girls under 18 years old. This is over 11% of all births in the country. On the other hand, 10% of abortions are carried out by underage and juvenile girls. Often there are cases of criminal abortions of minors done without the knowledge of their parents and in violation of the law – a practice that poses serious threats to the girls’ health.291

20. Para. 51-52: HIV/AIDS

Positive Developments: A large number of projects directed at combatting AIDS have been implemented.

Challenges: The lack of a comprehensive, adequately resourced national policy of health education for children impairs the success of these and other initiatives.

As of 31 December 2012 18 NGOs working in the sphere were financed under the Global Fund to Fight AIDS, Tuberculosis and Malaria which covered 18 regional cities in Bulgaria and which conducted numerous awareness raising and general prevention activities. The Ministry of Healthcare launched the anti-AIDS campaign “Life is priceless” directed towards children in

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schools. No information is available about the number of participants. The Campaign was launched in 2003 and is still ongoing.²⁹²

Despite the large number of initiatives, campaigns and projects carried out by the schools in recent years, the lack of a coherent and consistent policy of health education for adolescents and a lack of real commitment by the Ministry of Education, Youth and Science (MoES) to conduct a modern comprehensive programme remains an obstacle.²⁹³

The Program for TB prevention and HIV prevention operated by the Ministry of Education, Youth and Science has a special component for the Roma community and Operational goal 7 “Limiting TB in Roma community and groups of risks”.²⁹⁴ It is implemented by regional level NGOs. In 2013 the coverage of this component decreased to only several districts.

21. Para. 53-54: Standard of Living

Positive Developments: A pilot programme for the creation of modern housing for Roma people was initiated in three municipalities. A number of initiatives aimed at reducing child poverty have been inaugurated.

Challenges: Public housing supply is inadequate to meet the need of poor families; this is an especially acute issue for Roma families because of the added impact of involuntary evictions in violation of European law.

21.1 Housing

The National Child Programme for 2014 does not specify measures and activities or agencies involved in providing real access to quality housing (own or rented) with the view to child welfare in the family context. Besides, the Programme is not linked with key strategic documents in the housing field, the main one being the National Housing Strategy. This results in the lack of consistency and a sporadic inter-sectorial approach of work distanced from the needs of the target group and strengthening the feeling of the families, especially the vulnerable ones, that there is no adequate state housing policy.

The *National Program for Improving the Living Conditions of Roma* has not been implemented since 2009. In 2011 the Minister of EU Funds initiated the pilot scheme “Support for Ensuring Modern Social Houses” funded with BGN 16 million by the Regional Development OP. Initially, four municipalities were approved to take part in the scheme: Burgas, Devnia, Vidin and Dupnitsa. After the reaction of the ultra-nationalists, the mayor of Burgas withdrew their participation. As of the end of 2013, implementation in the other three municipalities was in the preparatory stage.295 No other targeted measures have been implemented.

The available municipal housing is totally insufficient to meet the housing needs even of the persons filed for housing in line with the Regulation on the Terms and Conditions for Identifying Housing Needs, Accommodation and Selling Municipal Housing. The natural disasters in 2014 and the forced demolition of illegal Roma houses within the territory of the Stara Zagora municipality and of Block 20 in Yambol some years earlier highlight the need to increase the number of available social housing to meet the housing needs of the identified families.296

### 21.2 Forced Evictions

In 2014, no measures were undertaken toward the implementation of the ECHR judgment in Yordanova and Others v. Bulgaria from April 2012, where the Court established a violation of Article 8 of European Court of Human Rights (ECHR) in connection with the attempt to evict Roma from their homes in Sofia.297 On the contrary, during the year the practice of involuntary evictions of Roma continued.298 Home ownership is one of the greatest challenges facing the Roma, of which nearly three-fourths live in segregated neighborhoods.299 Roma are nearly evenly divided between isolated villages and crowded shanty towns on the outskirts of the city.300 Illegal neighborhoods not only restrict property ownership and exacerbate poverty, but also pose serious health and safety issues. 62 percent of Bulgaria’s Roma live without access to basic utilities (running water, sewage, etc.) compared to 18 percent for the non-Roma population.301 Illegal neighborhoods also lack security, and nearly one in 10 Roma report that

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297 There is also a decision of the UN Human Rights Committee in this sense – Naydenova v. Bulgaria.


300 Bulgaria, *Situation of Roma, including access to employment, housing, health care, and education; state efforts to improve the conditions of Roma (2009-September 2012)*: [http://www.ecoinet/local_link/231231/339702_en.html](http://www.ecoinet/local_link/231231/339702_en.html).

they are afraid of being forcibly evicted from their homes.\textsuperscript{302} Low levels of health and safety, together with lack of permanence and stability, have also been linked to a child’s well-being and achievement in school.\textsuperscript{303} A new wave of forced evictions was stared on 29 June 2015 and four Roma illegal houses in the village of Gurmen were destroyed. The other houses are scheduled to be demolished on 13 July 2015. \textsuperscript{304} The children from the houses scheduled for demolishing have stopped attending school a month before that because of the fear of abuse at school.

\textbf{21.3 Other support measures}

The \textit{National Strategy for the Child (2008-2018)} includes social welfare support, promoting responsible parenting and measures to reduce intergenerational poverty, assistance for unemployed parents to find jobs, promoting work-family life balance by providing affordable pre-school child-care and encouraging fathers to take part in raising the children.\textsuperscript{305} \textit{The Strategic Plan of the State Agency for Social Assistance for the period 2014-2016} lists as its main point of action against child poverty the monitoring and promotion of responsible parenting.\textsuperscript{306}

According to a recent change in the Family Assistance for Children Act, since 1 September 2013 children at the age of 5 who are enrolled in preparatory classes at schools are also entitled to receive a monthly social benefit.\textsuperscript{307}

On 6 February 2013, a National Strategy for the Reduction of Poverty and the Promotion of Social Inclusion 2020 (Национална стратегия за намаляване на бедността и насърчаване на социалното включване) was adopted by the Council of Ministers.\textsuperscript{308} One of its main aims it to reduce the number of children living in poverty by 78,000.\textsuperscript{309}

The State Agency for Child Protection also reported about a current project \textbf{providing breakfast or tea} to children in school years 1 to 4 as well as a project providing teaching materials support to the parents in the poor communities. Measures helping families to let their children attend schools were introduced.\textsuperscript{310} The same applies to ensured transportation for children in remote

\textsuperscript{302} UNDP, \textit{The housing situation of Roma communities: Regional Roma Survey 2011}, p. 41.


\textsuperscript{307} Bulgaria, \textit{Family Assistance for Children Act (01.04.2002)}, Art. 7, para 1, item 2 (enforced on 01.09.2013).


\textsuperscript{309} Bulgaria, \textit{Council of Ministers , National Strategy for Reduction of Poverty and Social Inclusion 2020} (Национална стратегия за намаляване на бедността и насърчаване на социалното включване 2020).

\textsuperscript{310} Bulgaria, \textit{State Agency for Child Protection, Written reply 14-00-63} from Eva Zhecheva, Chairperson of SACP, 18 November 2013.
places of residence who attend school in cities other than their places of residence. The SACP reported that in the 2012-2013 academic year, BGN 27,440,009 (€14,071,799) was spent on that so that 62,617 children from age 5 to 18 were involved in this scheme.\textsuperscript{311} In academic year 2012/2013, there were 793 schools set up in the regions undergoing a demographic crisis with 197,517 students (1 to 8 year) enrolled in them, and 44,206 of them used free transport.\textsuperscript{312} The SACP states that it recognises the refugee children, Roma children and the children with disabilities as vulnerable groups who need special protection.\textsuperscript{313}

For more details, see the section “Social Assistance”


Positive Developments: Plans for the implementation of the strategy for decreasing early dropouts and guaranteeing the rights of children with disabilities were passed. The compulsory two year pre-school preparation and other initiatives aimed at equalizing support for school success regardless of a child’s mother tongue have been introduced. A new \textit{Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020)} and Action plan for its implementation were adopted on 12 June 2015. Vocational training has improved.

Challenges: The unique language and cultural needs of ethnic minority children are largely ignored. Roma children are grossly over-represented in the special schools, even when their only “disabilities” are lack of Bulgarian language fluency and poverty. The special schools offer an inadequate level of education for these students. The new \textit{Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020)} and Action plan for its implementation again do not contain concrete disaggregated data about the target group of children, the planned measures seem too unclear and the documents do not point out concrete budgets for implementation of the planned measures. Children with genuine intellectual disabilities are often consigned to residential homes and not integrated into mainstream schools.

22.1 Drop-Outs

The Government passed a \textit{Plan for the Implementation of the 2013-2020 Strategy for Decreasing the Number of Early Drop-outs for the 2014-2015 period}. The Plan aimed to achieve better inter-agency cooperation by uniting the efforts of the ministries, state institutions, citizens and local

\textsuperscript{311} Bulgaria, State Agency for Child Protection, \textit{Written reply 14-00-63} from Eva Zhecheva, Chairperson of SACP, 18 November 2013.
\textsuperscript{312} Bulgaria, State Agency for Child Protection, \textit{Written reply 14-00-63} from Eva Zhecheva, Chairperson of SACP, 18 November 2013.
\textsuperscript{313} Bulgaria, State Agency for Child Protection, \textit{Written reply 14-00-63} from Eva Zhecheva, Chairperson of SACP, 18 November 2013.
governments. It had to pave the way for the operation of a Coordination Mechanism on the municipal, regional and national level. As a result of the delay in passing the Implementation Plan (at the end of October 2014), the practical implementation of the measures were planned to start in the beginning of 2015. The rate of students leaving school to go abroad should not be underestimated since according to the NIS data this is the second major reason for school dropout and it ranks right after family reasons at the primary and junior high school.\footnote{Bulgaria, National Network for Children, \textit{Report Card 2015: What is the average Government score for childcare?} April 2015, p. 33, available in English at: \url{http://nmd.bg/Report Card2015_Engl_web.pdf}.}

The MoES reports on the \textbf{introduction of the compulsory two-year preparation} prior to school entry, provision of all-day education for pupils between I and V grade, the National Programme ‘With Care for Each Student’, ‘Supporting the All-day Education of Primary School Pupils’ module, the National Programme ‘No Absences from School’, and the development of an Action Plan on the implementation of the National Programme on Roma Integration. Essentially, the majority of the above-mentioned activities focus on providing extra support to all children irrespective of their mother tongue. They definitely contribute to the fuller intake of children and their more successful realisation. At the same time, they fail to address in a sufficient way the specific difficulties of the children who do not speak Bulgarian as a first language: poor command of the official language, negative stereotypes and discrimination (against Roma children, in particular), segregation in some schools and classes, insufficient inter-cultural education forms, etc. For instance, the educational forms provided within the all-day education process are a standard continuation of the school day: semi-boarding groups and activities in multiple groups. They are not oriented towards the specific needs of the ethnic minority children (e.g. inter-cultural education activity classes) and thus their effect on the children and students is reduced. Neither were the enlisted activities changed, nor had their effect increased in 2014.\footnote{Bulgaria, National Network for Children, \textit{Report Card 2015: What is the average Government score for childcare?} April 2015, p. 36, available in English at: \url{http://nmd.bg/Report Card2015_Engl_web.pdf}.}

The newly adopted \textit{Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020)} and Action plan for its implementation\footnote{Bulgaria, Ministry of Education, Youth and Science, \textit{Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020)}, adopted on 12 June 2015, available in Bulgarian at: \url{http://www.nccedi.government.bg/page.php?category=35&id=1279}.} contain various measures for educational integration of children from ethnic minorities such as: raising awareness campaigns about the use of educational integration; involvement of parents and local communities and school councils and parents’ organisations in the process; appointment of support teachers; analyzing the needs of minority students to overcome desegregation; planning and gradual realization of desegregation process on municipal level; provision of support to equalize the start of the education of disadvantaged children; ensuring additional education in Bulgarian language; additional work with children at risk to drop out; training of teachers to work with minority children; elaboration of a system for early warning about children at risk to drop out; introduction of leisure activities for the students; introduction of intercultural activities,
introduction of multicultural lessons and teaching materials; introduction of teachers and textbook materials in mother tongue.\textsuperscript{317} All measures seem very unclear in its essence and they do not contain any methods for their implementation or concrete funding. According to the Strategy the share of Roma children at the age 3 to 6 who attend kindergarten is 30, 9 % while the share of ethnic Bulgarian children is over 55 %. As of 2011 the share of Roma children at the age 7 to 15 who do not attend schools was 22,3% while the share of ethnic Bulgarian children was 5.6%.

\textbf{22.2 Education of Children with Disabilities}

In their 2010 \textit{Annual Report}, the Ombudsperson identified that \textit{children with disabilities are not ensured access to quality education}. He recommends that financial resources and a supportive environment and expertise should be provided to ensure that all children with disabilities are able to study and choose the type of education relevant to their abilities and wishes.\textsuperscript{319} He also urges authorities to put more effort into ensuring mandatory pre-school education for all children so as to enable them to have an equal start.\textsuperscript{320} He mediates between parent organisations of children with disabilities and the Ministry of Education, Youth and Science for the drafting of a new Education Act. He insists that all school age children should be enrolled and kept in mainstream schools.

On the other hand, the Ombudsperson’s 2013 monitoring report of care homes for children with intellectual disabilities and homes for medico-social care for children aged three and below (in those homes 50% of the children have disabilities) is very vague. A discouraging statement of the Ombudsperson is, for example, that it is a good tendency that the number of children living in institutions for children with intellectual disabilities who are involved in education is increasing although these children have been entitled to inclusive education since 2002.\textsuperscript{321}

The \textit{National Programme for Guaranteeing the Rights of Children with Disabilities (2010-2013)} was adopted by the Council of Ministers in July 2010.\textsuperscript{322} It included actions on introducing accessible architecture, inclusive education and the integration of children with special educational needs in mainstream schools; training support for teachers, educational professionals


and parents; lowering the number of children with special educational needs under the care of one special pedagogue. However, it should be noted that the Programme did not mention any funding to be allocated for the implementation of these measures.

22.3 Education of Roma Children in Special Schools

Special schools are institutions that accommodate students with special needs, simply because they have difficulties in learning, health or emotional problems. In Bulgaria, there is a large number of special schools taking care of children that are chronically ill, intellectually disabled, blind or visually impaired, hearing and speech impaired, or who have behavioral problems. The number of these institutions decreased somewhat over the past decade due to programs for integration of children with disabilities into mainstream education, but their number is still high. The quality of education in special schools is not satisfactory. They cannot afford the opportunity of professionals teaching the children. In most cases the situation is that children are left behind in these schools due to educational neglect and the indifference of teachers, rather than “mental disability”. What is more, the majority of children attending special schools are being raised in very poor material conditions, especially when it comes to representatives of the Roma community. Due to the lack of financial resources, Roma children frequently do not attend kindergarten or a mainstream school, therefore they are not fluent in the Bulgarian language and cannot meet the requirements for school readiness. On the other hand, schools do not offer preparatory classes for these children, so when they find themselves in first grade with classmates from the non-Roma community, they logically fall behind at school and then are diagnosed with a "mild mental disability".

There is no official data available about the exact number of Roma children, who are enrolled in special schools, however, it is generally believed that they make up to 70% of the overall enrollment. Even though the latest policy of the Ministry of Education, Youth and Science supports the downsizing of special schools, the process is taking too long and the majority of children in special schools are still mostly of Roma origin. However, the newly adopted Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020) reports that the Ministry of Education managed to reduce significantly the number of Roma children in special schools but does not mention concrete estimates of Roma children currently enrolled in special schools. It has been established that the main reason for the high number of Roma pupils in these institutions is not any sign of mental disability or handicap but because special

schools provide children with certain benefits such as free meals, clothing and school materials (i.e. textbooks and school supplies). Some children of Roma origin are sent to these schools because their parents do not have the material comforts to supply them with all they need for school (books, school meals/lunches, help with their lessons etc). According to Professor Evgeni Daynov, who is the director of the Center for Social Practices-Sofia, **Roma children in these schools are victims of social disintegration, rather than actual mental disabilities, as well as the problem with special schools is coinciding with the Roma integration problem**, which only creates more problems to be solved. He also states that in recent years, at least 80% of children in special schools are of Roma origin. Daynov also outlined that this way Roma children in Bulgaria suffer “double isolation” – firstly they are isolated in the Roma districts/neighborhoods and then they are subjected to even greater isolation –enrollment in special schools. 326 According to a study conducted by UNICEF in 2011, many Roma children are sent to special schools and classrooms for children with disabilities mostly because of their language differences. This leads to large gaps in the quality of education received by Roma children and their non-Roma peers.327

Regarding vocational training, partial progress has been made. There are amendments to the Vocational Education and Training Act, increasing the opportunities for acquiring one, focusing on the quality and introducing dual training. Dual training is provided for in the Pre-school and School Education draft law.328

**23. Para. 59-60: Economic Exploitation Including Child Labour**

**Positive Developments: None**

**Challenges: Data collection and monitoring in this area is not conducted by the government.**

The government did not introduce any data collection and monitoring mechanisms for children victims of economic exploitation.

Often, children in social care homes lack access to paying jobs. However, these same children frequently do work within the homes without receiving any form of compensation doing jobs that are not officially documented or regulated.329 There are also cases of labour exploitation of children as there are persons living in the surroundings of institutions for children who use the

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cheap labour of its residents. Children reportedly accept such labour as they often do not receive sufficient pocket money.\textsuperscript{330} 

24. Para. 61-62: Street Children

Positive Developments: Efforts to identify street children and bring them into the social assistance system continue.

Challenges: These efforts need to be taken to larger scale. Clarity needs to be brought to policy regarding anti-social activities engaged in by street children.

According to the Social Assistance Agency, as of 31 December 2014, there were 14 functioning centers for work with street children with a total capacity of 261.\textsuperscript{331} The Social Assistance Agency has given instructions (in 2006, 2007, 2010, 2012) for the organisation of regular rounds within the territory of each social assistance department to identify street children and street begging children. During the period of 1 January 2014 – 31 December 2014, 4327 rounds for identification were conducted for street begging children. In the beginning of 2014, 73 cases of such children were recorded and protection measures were applied to 59 of these children. There is only one unit for mobile work (it is open 24 hours a day) with such children and it was created in September 2010 in Sofia.\textsuperscript{332}

There are no delinquency prevention strategies and practices developed and applied to support children at risk at an early stage. The question of how to treat child pick-pocketing and street-begging – as anti-social behaviors or possible child abuse – is still open.

25. Para. 63-64: Sexual Exploitation and Abuse


Challenges: Sexual abuse cases had been reported during monitoring visits in closed institutions without effective investigation. See Sections 16.2 Abuse in Institutions for Children with Intellectual Disabilities and 11.2.2 Institutions Belonging to the Juvenile Delinquency System.


The SACP reports that at the end of 2012 the deputy-minister of justice set up a working group for amendments to the Criminal Code for transposing and Directive 2011/93/EU on combating sexual abuse and sexual exploitation of children, and child pornography.\textsuperscript{333} The Council of Ministers submitted a draft law for amendments on the Criminal Code on 19 December 2013.\textsuperscript{334} The amendments were adopted by the Parliament on first hearing on 30 January 2014. As of June 2015 the amendments had not been adopted on a final (second) hearing.

A new paragraph 2 in Article 10 of the Child Protection Act provides that “a victim of violence and exploitation, whose age is not determined and for whom a reasonable assumption could be made to be a child, has the right to protection under the Child Protection Act”.\textsuperscript{335}


Positive Developments: Amendments to the Criminal Code were adopted in 2013 that provide a variety of special protections to victims of trafficking, and amendments to the Child Protection Act in 2012 provide several protection measures for children from other dangers to their health and welfare. \textit{National Mechanism for Referral and Support of Trafficked Persons in Bulgaria} was published in 2014 but it is not clear whether it is applied. The \textit{2010 Coordination Mechanism for Referral and Support of Cases of Unaccompanied Children and Child Victims of Trafficking Returning from Abroad} was a definite step forward in coordination and case management work on children victims of violence and trafficking. Implementation of a National Plan for Early Warning of Missing or Abducted Children began in 2013.

Challenges: The signing of the Third Optional Protocol to the UN Convention on the Rights of the Child (regulating the right of children to file complaints) was postponed. Serious problems remain for child victims of trafficking who are referred to a variety of institutional settings, including crisis centres, correctional boarding schools CBSs), social-pedagogical boarding schools (SBSs), and Homes for Temporary Placement of Minors and Adolescents (HTPMAs). All these institutions are ill equipped to provide adequate education services, social and community activities, and health care for these children (as discussed at page 46 above). Placement at CBCs and SBSs is often arbitrary and needlessly prolonged. Serious violations of children’s rights involving physical and psychological violence have been documented. Children victims of trafficking do not benefit from a

\begin{footnotesize}
\begin{enumerate}
\item \textsuperscript{333} Bulgaria, Combatting Trafficking in Human Beings Act (Закон за борба с трафика на хора), adopted on 20 May 2003, para. 1 of the additional provisions, items 2 (adopted on 27.09.2013), available in Bulgarian at: http://www.lex.bg/bg/laws/idoc/2135467374.
\item \textsuperscript{335} Bulgaria, Child Protection Act, Art.10, para. 2 (adopted on 27.09.2013).
\end{enumerate}
\end{footnotesize}
competent guardian who is in position to take care of their best interest. The 2010 Coordination Mechanism for Referral and Support of Cases of Unaccompanied Children and Child Victims of Trafficking Returning from Abroad does not function with the expected efficiency and cannot bind the authorities as it is not a legal act.

26.1 Policy and Legislation Developments

The SACP reports that at the end of 2012 the deputy-minister of justice set up a working group for amendments to the Criminal Code for transposing Directive 2011/36/EU on preventing and combating trafficking in human beings. In March 2013, the Council of Ministers adopted the draft of the legislative amendments transposing Directive 2011/36/EU on preventing and combating trafficking of human beings. The draft amendments were discussed in all relevant commissions at the Parliament and eventually were adopted on 27 September 2013. The amended Article 31 of the Combatting Trafficking in Human Beings Act provides that “victims of trafficking of human beings are entitled to special protection under the Combatting Trafficking of Human Beings Act, including in cases when special protection is already provided to them under a different piece of legislation”. The amended paragraph 1, item 2 of the additional provisions to the Combatting Trafficking in Human Beings Act provides that “exploitation is the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, including begging, slavery or practices similar to slavery, servitude, or the exploitation of criminal activities, or the removal of organs”.

The Combatting Trafficking in Human Beings Act provides since 27 September 2013 that children who have become victims of trafficking in human beings and children of victims of trafficking in human beings shall be provided with education in state or municipal schools in the country, in compliance with the Public Education Act. The same Act in Article 31 also provides that victims of trafficking in human beings shall be granted special protection status under the procedure hereof, and in the cases where they have been granted protection, in their capacity as such, under the procedure of another Act.

Other protection measures envisaged in Bulgarian legislation are for example the Child Protection Act provisions: Article 8, para. 5 (1 June 2012). (5), “The attendance of persons under 18 years of age shall not be permitted in public places after 10 p.m.” and para.10 (enforced in 2011), “Parents, tutors, curators or other persons who take care of a child shall not allow the participation of children in broadcasts within the meaning of the Radio and Television Act which are detrimental or pose threats to their physical, psychological, moral and/or social development”.

337 Bulgaria, Combatting Trafficking in Human Beings Act , (20.05.2003), Art.23 (amended on 27.09. 2013).
338 Bulgaria, Combatting Trafficking in Human Beings Act , (20.05.2003), Art.31 (amended on 27.09. 2013).
26.2 Mechanisms for Referral

The National Mechanism for Referral and Support of Trafficked Persons in Bulgaria (Национален механизм за насочване и подпомагане на жертви на трафик) (NRM), contains the rules for needs assessment of a child victim of trafficking. This mechanism provides that the needs assessment shall be done by the Social Assistance Department in coordination with the Crisis Unit team. The action plan may include support measures for the family of the trafficked child, with respect to minimizing the risk of secondary placement out of the family or the risk of re-trafficking. The assessment of immediate needs is performed simultaneously during the identification, by objective observation of the condition, appearance and behavior of the victim and by interview. The interview concerns the condition and needs of the child and should not cover topics related to the police work on the case. The NRM provides that the assessment of emergency needs includes topics related to “the presence or absence of family relations”. The 2010 Coordination Mechanism for Referral and Support of Cases of Unaccompanied Children and Child Victims of Trafficking Returning from Abroad (Координационен механизъм за рефериране и обгръжване на случаи на непридушенци деца и деца – жертва на трафик, завръщащи се от чужбина) provides that the social workers “shall inform the parents, the guardians or other persons who take care for the child for all the actions, provided in the action plan, unless it represents a risk for the child, and takes measures for protection in family environment”. Therefore, the guardians and the care providers do not have a role in the needs assessment. According to the same act, when there is information in another country of a child victim of trafficking – Bulgarian national, the Bulgarian consul offices shall inform, in 24 hours period, both the Child Protection State Agency and the Ministry of Interiors. The Child Protection State Agency shall inform the Social Assistance Department, which shall examine the family and social environment, shall assess the risk and shall issue an opinion regarding the accommodation of the child after his/her return. The Ministry of Interiors shall confirm the identity and the address of the child, the family and the relatives and shall collect information about any criminal activity of the parents.

The 2010 Coordination Mechanism for Referral and Support of Cases of Unaccompanied Children and Child Victims of Trafficking Returning from Abroad provides for “follow up of the case for a period of one year with the purpose of preventing re-trafficking or taking out of the country”.

26.3 Care and Protection

After identification of victims, the investigating authorities are obliged to inform them immediately about the opportunity to receive special protection if they consent to cooperate with

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Where the victim is a child, and if proposed by the State Agency for Child Protection, this period may be extended to two months. Children are entitled to residence irrespective of their cooperation with police. Children are accommodated in special rooms in police departments for 24 hours (separated from adults), or in temporary care homes, where they can be placed for up to 15 days with the permission of the prosecutor but without a court order. These homes also host children who have committed crimes or were involved in other forms of anti-social behaviour when apprehended by the police. Police and child protection departments are obliged to search for the families of trafficked children and to assess their capacity to take best care of the child.

26.4 Crisis Centres for Children Victims of Trafficking

Since January 2007, crisis centres started being established although the regulations governing them are not particularly clear. They were established and function as ‘crisis centres’ under the provisions of the Regulations for implementation of Social Assistance Act (where they are mentioned in just one definition provision), but not under the Regulations for shelters and centres for support for victims of trafficking[3]. There is no correspondence between these two regulations in terms of activities, duration of the stay and due protection of the children. There is only one provision regarding crisis centres in the Regulations for Implementation of the Social Assistance Act, which simply defines the crisis centres as places that provide social, health, and educational services for trafficked children. They are funded by the state through the municipalities as a social service, and there are no regulations for the funding of ‘shelters for trafficked children’.

The children can stay there for up to six months. Created as short-term social services, shelters and crisis centres are not prepared to function as providers of education or childcare.[3] They do not have the capacity to provide for effective opportunities for everyday individual and group activities. Shelters and crisis centres do not have the capacity to provide adequate health care for children in need. Due to lack of personnel, in some cases, children are hospitalised without an adult companion. About a third of the children in crisis centres do not attend school.[3] Crisis Centres do not provide specific psychological or psychotherapeutic programmes, vocational training or legal assistance, and in cases where the victim’s family is involved in trafficking, there are no alternatives for placement after their release from the shelters. (for more details see Section 16.3 Crisis Centres)

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[341] Bulgaria, Combating Trafficking in Human Beings Act (20.05.2003), Art. 26, para. 2.
[342] Bulgaria, Regulations for implementation of Social Assistance Act (1.11.1998), Art.1, par.1, item 25, Additional Provisions (1.05.2003).
26.4.1 Guardians of Children Victims of Trafficking

Bulgarian legislation recognises the role of a “legal representative” of a child victim of trafficking to three categories of persons: 1) the guardian appointed in the meaning and under the procedure of the Family Code, who is one of the relatives of the child (hereafter in the report “guardian” will be used in this meaning); 2) the director of the institution, in which a child with unknown parents is accommodated, who becomes a guardian by law and 3) the special representative, who is a lawyer stepping in the procedures when the interests of the child and of the biological parents/legal representatives are contradictory. The other role – the responsibility for the well-being of the child – is exercised by family members/relatives of the child, by foster family, by social workers providing social services of resident type or by the personnel of the specialized institutions (hereafter in the report referred to as “care providers”).

The Crime Victims Assistance and Compensation Act (Закон за подпомагане и финансова компенсация на пострадали от престъпления) states that “as victims of human trafficking shall be considered Bulgarian nationals, EU nationals or third-country nationals, if the provisions of international contract binding for Bulgaria provide so”.

The 2010 Coordination Mechanism for Referral and Support of Cases of Unaccompanied Children and Child Victims of Trafficking Returning from Abroad shall apply to Bulgarian nationals and to “child victims of trafficking foreign citizen, with double citizenship or without citizenship”.

The provision in national law that transpose Article 14 (2) of the Directive 2011/36/EU (representation of child victims whose parents are precluded from ensuring the child’s best interest) is Article 24 of the Combating Trafficking in Human Beings Act (Закон за борба с трафика на хора): “the state authorities shall take immediate actions to search the families of child victims of trafficking and shall guarantee legal representation”.

The national piece of legislation that transpose Article 16 of the Directive 2011/36/EU (representation of unaccompanied child victims) is the 7 December 2010 Coordination Mechanism for Referral and Support of Cases of Unaccompanied Children and Child Victims of Trafficking Returning from Abroad.

348 Bulgaria, Coordination Mechanism for Referral and Support of Cases of Unaccompanied Children and Child Victims of Trafficking Returning from Abroad ( 7.12.2010), Part II, last paragraph.
The responsibility for selecting, appointing and controlling the guardian is at the local level.\textsuperscript{349} The responsibility for ensuring the well-being of the child is at both the local and national levels, because the foster parents can enter contracts either with the municipality or with the Social Assistance Department, which is a local branch of the Ministry of Labor and Social Policy. The specialized state authority for implementation of the policies for child protection in the municipality is the “Child Protection” Unit under the subordination of the respective local Social Assistance Department.\textsuperscript{350}

The legal representation functions are exercised predominantly by non-state actors – children’s relatives and freelance lawyers. The director of the childcare institution, who becomes a guardian by law, is a state actor. The care providing functions are exercised predominantly by non-state actors too – relatives, foster parents and NGO social workers.

\textbf{26.4.2 Profile of Legal Representatives and Care Providers}

\textbf{Legal Representatives}

The guardians are volunteers (usually older sister, grandmother or other volunteer) – the Family Code provides that their position is “honorable”.\textsuperscript{351} They are not entitled to compensation. The guardians by law – the directors of childcare institutions - are professionals – they are employed under a labor contract and receive a monthly salary. The special representatives are professionals – lawyers, members of bar associations. They receive payments from the National Legal Aid Bureau.

When the child victim is subject to multiple procedures (e.g. testifying in criminal proceedings and asylum seeking) the guardian is competent to act in all. The special representative is appointed ad hoc and is competent to act only in the concrete court proceeding.

The pre-conditions for selection of a guardian are two – the mayor shall look for the person who will best take care of the child’s interest and also this person shall not be previously convicted for intentional crimes or deprived of parental rights him/herself. These circumstances shall be proved with respective documents – certificate for previous convictions; medical certificates etc. According to a letter of the Director of the Regional Social Assistance Directorate in Sofia dated 4 October 2013, “the guardian should be with high moral-ethical values and norms for attitude, to be a good example model for the child, to create with him/her the necessary trust relation, to be physically and mentally well”.

\textsuperscript{349} Bulgaria, Family Code, Art. 170 (1) in conjunction with Art. 154 (entered into force on 23.06.2009)
\textsuperscript{350} Bulgaria, Social Assistance Act, (19.05.1998), Art. 5, paras.5 and 6, \texttt{http://lex.bg/bg/laws/doc/2134405633}; Bulgaria, Child Protection Act 13.06.2000), Art. 20, para. 1 ; Regulations for the Structure of the “Social Assistance” Agency (Устройствен правоуправление и Агенция за социално подпомагане) (1.01.2003), Art. 16, para7, available in Bulgarian at: \texttt{http://www.lex.bg/bg/laws/doc/2135463381}.
\textsuperscript{351} Bulgaria, Family Code, Art. 164, para.1 and Art. 168, para.1.
The volunteers for guardians are recruited by the social workers from the Social Assistance Directorate or by the officials of the municipality. In some regions of the country the Social Assistance Departments are more active than the mayor in the process of recruitment and evaluation of guardians. In other regions, the administration of the mayor is more active than the Social Assistance Department.

Principally, the relatives who become guardians of child victims are not specially trained. However, the Social Assistance Department shall cooperate with them any time they need advice or help\(^\text{352}\), including through trainings on specific subjects.

Theoretically, the mayor and the Social Assistance Department control the actions of the guardian. In practice, the quality of the control is very low. The guardian has a statutory duty to present to the mayor an annual report for his/her activity. However, there are no requirements as to the content of this report. The guardian also has a duty to report upon incidental requests of the mayor. If, for no good reason, the guardian fails to report, the mayor shall impose on him/her a fine in the amount of BGN 50 to 500 (appr. EUR 25-250).\(^\text{353}\) The Director of the Social Assistance Department, as well as the respective District Prosecution Office, has the right to appeal before court the actions of the mayor.\(^\text{354}\)

The Bar Association controls the actions of the special representative and has the power to impose on him/her a disciplinary penalty for breaches of the Attorneys Act (Закон за адвокатурата)\(^\text{355}\), upon complaint of the client. The special representative also bears civil responsibility for malpractice.\(^\text{356}\)

### 26.5 Abduction

In 2012 a plan for the adoption of a *National Mechanism for Early Warning of Society in Cases of Missing or Abducted Children* was announced.\(^\text{357}\) The Mechanism is being implemented by the Ministry of Interior as part of a project financed by the European Commission which started at the end of January 2013. The aim of the mechanism is to define the institutional cooperation

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\(^{352}\) Bulgaria, Family Code., Art. 162.

\(^{353}\) Bulgaria, Family Code, Art. 171, paras.1 and 5.

\(^{354}\) Bulgaria, Family Code, Art. 161.

\(^{355}\) Bulgaria, Attorneys Act (Закон за адвокатурата), (enforced on 25.06.2004), Art. 131.


Actions related to missing children include the introduction of a national telephone line for reporting missing children and cooperation with the Ministry of the Interior. Actions related to children victims of trafficking cover international cooperation with police authorities, support from social workers for reintegrating and continuing education, and a one-year period of supervision to prevent future abduction and trafficking of the child.\footnote{Bulgaria, Council of Ministers, \textit{Draft Law for the Amendment of the Criminal Code}, submitted to the Parliament with No. 302-01-54, 19 December 2013, available in Bulgarian at: http://parliament.bg/bills/42/302-01-54.pdf.}

\section*{27. Para. 67: Sale, Prostitution, and Pornography}

As far as Directive 2011/93/EU on combating sexual abuse and sexual exploitation of children, and child pornography is concerned, the Council of Ministers submitted a draft law for amendments on the Criminal Code on 19 December 2013.\footnote{Bulgaria, \textit{National Plan for the Prevention of Violence against Children 2012-2014} (Национален план за превенция на насилството над деца 2012-2014 г.), 2012, pp. 6-7, available in Bulgarian at: http://sacp.government.bg/media/cms_page_media/21/plan%20na%20nasilie.pdf.} The amendments were adopted by the Parliament on its first hearing on 30 January 2014. As of May 2015 the amendments have not been adopted on a final (second) hearing. Following a discussion on the signing and ratification of the Third Optional Protocol to the UN Convention on the Rights of the Child (regulating the right of children to file complaints) in 2012, in which the opinions of the Ministry of the Interior, the Ministry of Finance and the State Agency of Child Protection as well as the National Council on the Child Protection were taken into account, a decision to postpone signing was taken.\footnote{Bulgaria, \textit{Coordination Mechanism for Referring to and Handling of Cases of Unaccompanied Bulgarian Children and Children Victims of Human Trafficking Returning from Abroad} (Координационния механизъм за реферирание и обработване на случаи на непридвижени български деца и деца – жертви на трафик, завръщащи се от чужбина), 09 November 2005, available in Bulgarian at: http://stopech.sacp.government.bg/file.php?fid=343.} The stakeholders agreed that the signing and ratification of the protocol should take place only after the adoption of the new Child Protection Act which would be in full compliance with the Convention and provides for authorities in charge and a system to work for the provision of any law, including procedures and financial mechanisms in favour of children. This new Child Protection Act, however, has not been included in the most recent National Programme for Child Protection (2013).\footnote{Bulgaria, \textit{Council of Ministers, National Programme for Child Protection (2013)} (Национална програма за закрила на детето 2013 г.), adopted on 12 June 2013, available in Bulgarian at: http://www.strategy.bg/FileHandler.ashx?fileId=4049.}
28. Para. 68-70: Administration of Juvenile Justice

Positive Developments: In 2011 the government adopted a Concept for the State Policy in the Child Justice Field in compliance with European Union legislation. In 2012, a draft Action Plan for Implementation of the Concept for the State Policy in the Child Justice Field (2013-2020) was elaborated with all relevant stakeholders. In 2013 a Roadmap for the implementation of the Concept was adopted covering the period 2013-2014. A working group at the Ministry of Justice currently works further to elaborate a special legislation for juvenile justice. Some NGOs developed a more child-friendly environment for child hearings in 12 child friendly rooms in the country.

Challenges: At the end of 2014 most of the planned activities in this field had not been accomplished. The justice system has not yet made relevant changes to ensure the rights of children before, during and after court proceedings. The majority of the child hearings are conducted in hostile environment by persons who are not trained and retraumatise the children. Institutions where delinquent children are placed do not provide adequate access to education, healthcare and activities and violate largely the rights of the children including by allowing abuse/neglect.

28.1 Policy developments

On 3 August 2011, the Government of the Republic of Bulgaria adopted the Concept for the State Policy in the Child Justice Field (Концепция за държавната политика в областта на правосъдието за детето) in compliance with European Union legislation. In 2012, a draft Action Plan for Implementation of the Concept for the State Policy in the Child Justice Field (2013-2020) (План за действие за изпълнение на Концепцията за държавната политика в областта на правосъдието за детето) was elaborated with all relevant stakeholders. The Ministry of Justice launched a coordinated procedure for its public consultations.

The draft Action Plan outlines specific groups of measures intended to ensure the existence of a system focused entirely on children's rights and an individualized approach such as: undertaking administrative reform regarding working with children in conflict with the law, which will

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365 Bulgaria, Council of Ministers, Report for the Implementation of the 2012 National Programme for Child Protection (Доклад за изпълнението на „Национална програма за закрила на детето за 2012 г.”), Sofia, 2013, p. 44, available in Bulgarian at: http://sacp.government.bg/programi-dokladi/dokladi/. In October 2012, the National Institute of Justice conducted public consultation on the draft Action Plan, which was attended by the Ombudsman of the Republic of Bulgaria, parliament representatives, deputy chief prosecutor, deputy-minister of justice, deputy-minister of labour and social policy, the chairman of the State Agency for Child Protection, the UNICEF representative in Bulgaria, representative of the President of the Republic of Bulgaria, representatives of the Ministry of the Interior, the Social Assistance Agency, judges, prosecutors and NGOs (Crime Prevention Fund IGA, Social Activities and Practices Institute, FICE Bulgaria, NNC, Bulgarian Helsinki Committee, the Bulgarian Centre for Non-profit Law, parents' organisations).
provide a comprehensive and multidisciplinary approach and improve the effectiveness of existing measures as well as achieve better results with the available resources; developing a system of services in the family environment and in the community throughout the country that are focused on prevention, early intervention and support instead of the use of criminal sanction; providing funds for specialisation and increase of the capacity of all involved professionals. A monitoring and a wide discussion of the Criminal Code provisions related to interrogation and hearings involving testimony of children was also envisaged. These measures were meant to be implemented during the first five years using various funding sources, including the Bulgarian-Swiss Cooperation Programme, as well as funds from European programmes (“Human Resources Development” Operational Programme, "Administrative Capacity" Operational Programme, "Regional Development" Operational Programme) and UNICEF. This plan improves the capacity and procedures in the field of criminal justice for children. However, as of the end of November 2013 no evidence was found that the plan has been adopted by the Council of Ministers and is being implemented.

In 2013 a Roadmap for Implementing the “Concept of State Policy for Child Justice” was adopted. The document provides for the development of a proposal for a new legal and regulatory framework, including repealing the Act for Combating Anti-Social Behaviour of Minor and Underage Children (adopted in 1958) and the creation of a new special law. At the end of 2014 most of the planned activities in this field had not been accomplished.

On 17 October 2012, the Minister of Justice signed an agreement with the Swiss government under the title “Strengthening the legal and institutional capacity of the judiciary in relation to juvenile justice”. The project, which was to be implemented within 30 months, envisages: development of a new legal and regulatory framework in the field of child justice in compliance with the Concept of State Policy for Child Justice; performing financial evaluation and justification of the changes in the structure, organisation and functioning of the juvenile justice system; development of training modules to improve the legal and institutional capacity of the officers of the court system, judges, prosecutors, probation officers and other professionals (social workers, psychologists, etc. – the plan is to train 130 Bulgarian magistrates and police officers, social workers and psychologists); planning and creation of specialised court panels for juvenile offenders. Five pilot courts were supposed to be selected, based on the number of cases

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The project also includes setting up specialised courtrooms for cases involving juveniles and minors, as well as relevant legislative changes for their use.\textsuperscript{369}

\textbf{28. 2 Child Hearings During Justice Proceedings}

The justice system has not yet made relevant changes to ensure the rights of children before, during and after court proceedings. Children are repeatedly questioned in front a large number of people, unfamiliar faces, or even in the presence of the accused. The interviews with children are carried out by employees who do not have the experience and qualifications to work with children, and in conditions that are extremely inappropriate. These conditions cause further trauma and stress to children that can be avoided if the hearing is held, once, by a specialist, and in a protected environment. Specially adapted child interrogation rooms provide such an environment. At the end of 2013, in the whole country, there were only 12 specially adapted rooms for interviewing children involved in legal proceedings. The specially adapted rooms, also known in Bulgaria as “blue rooms”, are in Blagoevgrad, Burgas, Veliko Tarnovo, Vidin, Dupnitza, Plovdiv, Rousse, Stara Zagora, Shumen and Sofia. All have been built as a result of NGO projects, some of them with the help of local communities.\textsuperscript{370}

As part of a project to develop the capacity of the Ministry of Interior (MoI), a total of 155 officers working with children underwent training, both police inspectors and investigating police officers. Yet real specialisation of judges, prosecutors, investigating magistrates, social workers, psychologists and child police officers in Bulgaria is still to take place, and plans in that direction remain only on paper.\textsuperscript{371} (for more details about child hearings see Section 10.1 Child hearings)

\textbf{28. 3 Institutions Belonging to the Juvenile Delinquency System}

An NGO monitoring during the period 2013-2014 of all institutions where delinquent children are placed reached the following conclusions about the placement procedure, the judicial review, access to legal aid, and treatment of the children:\textsuperscript{372}

\textbf{Placement:}


• The lack of a clear definition of an ‘antisocial act’ allows for unlawful and arbitrary placement decisions.
• ‘Antisocial acts’, which result in placement in correctional boarding schools (CBSs) and social- pedagogical boarding schools (SBSs), include running away from home or school, possessing an arrogant attitude, conflict with fellow students or teachers, vagrancy and inability to adapt to institutional care order. The placement of girls recognised as victims of sexual violence and exploitation is also a widely accepted practice.
• Placement proposals are abstract, unsubstantiated or uncertain in terms of the timing of facts and circumstances, lacking a clear rationale for the choice of the correctional measure.
• There is no requirement to have the child accommodated in a CBS or SBS close to his/her habitual residence.
• A large number of children at CBSs and SBSs are transferred from other state care institutions and residential services.
• Placement in CBSs and SBSs can be very prolonged – up to three or more years, which leads to the long-term institutionalisation of children.
• CBSs and SBSs are funded based on the number of resident children, which leads to harmful practices regarding the extension of a child’s stay in the institution. In some cases, for example, the school staff may motivate the child to voluntarily remain in the institution after the end of their placement.
• Detention in Homes for Temporary Placement of Minors and Adolescents (HTPMA) is entirely based upon decisions at the discretion of the authorities.

Judicial Review and Access to Legal Aid:

• Judicial procedural rules for placement are unclear and do not provide the necessary guarantees for a fair trial, including the provision of information to the child in a language he/she understands, the provision of free legal aid and expedited proceedings.
• There are no legal guarantees or procedures for a periodic judicial review of the placement accessible to the child.
• The placement of children in HTPMAs is implemented by an administrative order without the possibility of any judicial review of the detention.
• The number of children placed in HTPMAs for a second or third time is high.

Treatment in Institutions:

• All institutions for placement of children with antisocial behaviour are socially, educationally, and culturally isolated from the wider community. Correctional boarding schools and social-pedagogical boarding schools are located in inaccessible villages and
towns, thus severely limiting a child’s contacts with the outside world, access to quality health care and the ability to recruit qualified staff.

- Outdoor time in HTPMAs is limited. Children spend most of their time locked in a single room at HTPMAs without the possibility of participating in meaningful activities.
- Most children placed in CBSs and SBSs have very poor personal hygiene and lack decent clothing appropriate for their age. During detention at HTPMAs, the children do not have the right to wear their own clothes.
- The approach to working with children placed in CBSs and SBSs is not individualised.
- The quality of education in CBSs and SBSs is low. Children attend schools that are internal to the institutions, where grade levels often are merged due to lack of a sufficient number of students. The school educational process is fragmented and often classes are not carried out. Education of children at boarding schools is of very poor quality. Most children are illiterate, including those who have stayed several years in institutions.
- The diplomas of students, completing an educational degree in CBSs and SBSs, distinctly mention the educational-correctional nature of the educational institution, which leads to stigmatisation and fewer chances of employment.
- Children placed at HTPMAs lack access to education.
- Visits by parents, relatives, volunteer or other organisations are usually an exception.
- Despite the lack of access to constant medical care services and quality psychological care, children, requiring daily, specialised medical care, are placed in SBSs and CBSs, including children with epilepsy, mental and behavioural disorders, HIV/AIDS, drug addition, pregnancy, or recent mothers.
- BHC registered a number of cases of self-harm and suicide attempts at boarding schools.
- The method of determining the punishment for violating the internal order at the CBSs, SBSs or HTPMAs is arbitrary. During disciplinary proceedings, children do not receive legal or any other aid from a trusted representative and do not have the right to appeal. Most punishments are not registered.
- Many of the imposed punishments are examples of cruel and degrading treatment of children: corporal punishment, solitary confinement, carrying out physical exercises such as push ups, squats or walking like a duck, dietary restrictions and collective punishments. HTPMAs have specially designated rooms for solitary confinement for up to three days.
- The number of complaints and other evidence regarding physical or psychological violence against children in CBSs and SBSs is very high. A large part of the complaints cite violations by boarding school employees, who beat the children with batons, sticks and other items. Other practices also include slapping, kicking children and shouting and insulting them on an ethnic basis.
- Cases of sexual violence between children, including group rape of a minor, have been documented in CBSs and SBSs.
The number and qualifications of personnel are insufficient and do not meet the needs of detained children in CBSs and SBSs.\footnote{Bulgaria, BHC, 

The majority of these conclusions and concerns were confirmed by the Commissioner for Human Rights of the Council of Europe during his visit in February 2015.\footnote{Council of Europe, *Report by Nils Muiznieks Commissioner for Human Rights of the Council of Europe following his visit to Bulgaria from 9 to 11 February 2015*, p.12, available in English at: https://wcd.coe.int/com.instranet.InstraServlet?command=com.instranet.CmdBlobGet&InstranetImage=2768089&SecMode=1&DocId=2277360&Usage=2.}

**29. Para. 71-72: Roma Children**

Positive Developments: A National Strategy for Roma Integration was approved by the Parliament in 2012. Roma children are likely to benefit from expansion of access to early childhood education, the introduction of full-day primary schooling, a modest increase in the number of community health mediators. A new *Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020)* and Action plan for its implementation were adopted on 12 June 2015.

Challenges: The National Strategy still lacks adequate funding for most of the activities it contains, and has fallen short in assuring full participation of Roma civil society in its development and elaboration, e.g. the creation of municipal integration plans. The administrative framework set up in the Plan has faltered badly. Discrimination and aggression against Roma citizens has not abated, as measured by an alarming increase in the number of hate crimes. The new *Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020)* and the Action plan for its implementation again do not contain concrete estimates about the target group of children, concrete budgets and reasonable deadlines.

**29.1 National Strategy for Roma Integration**

After a long and controversial consultation process, the Bulgarian Council of Ministers adopted a *National Strategy of the Republic of Bulgaria for Roma Integration* (NRIS) and Action Plan (AP) on 21 December 2011. Following the request of Roma NGOs, the Strategy was proposed to the Parliament and approved with a Decision of the Parliament on 1 March 2012.\footnote{Bulgaria, National Assembly, Decision to adopt a Strategy of Republic of Bulgaria for Roma Integration (2012 – 2020) (Решение за приемане на Национална стратегия на Република България за интегриране на ромите (2012 – 2020)), State Gazette 21/13.03.2012, available in Bulgarian at: http://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=62412.} In this way, the NRIS became the first Roma integration document in Bulgaria approved by the National Assembly, which is an important positive development (all previous documents were approved
with decisions of the Council of Ministers). Thus, the Strategy could obligate and engage a broader set of institutions in its implementation, among these being municipalities.

The overall assessment of Roma NGOs about the NRIS is that it is a step forward: it demonstrates the use of the political process to place Roma integration higher on the priority list of the Bulgarian government and defines a proper strategic approach and directions for action. In these terms, the NRIS confirms and further develops the strengths of the previous Roma integration documents adopted by three earlier Bulgarian governments. At the same time, the Strategy does not propose changes to the Roma integration institutional infrastructure or in the monitoring and evaluation mechanisms that have proved their inefficiency over the years. Important chances in these directions seemed omitted and should be advanced. The added value of the Action Plan is sharply decreased by the lack of financial back-up for most of the activities, and the absence of new activities different from the ones performed at present. The Plan is not coherent: some of its parts are relatively rich in activities, while others are modest and formal. It seems that the AP is an explanatory rather than a planning document. The Appendix “Programmes for Implementation of the NRIS” plans concrete and comprehensive operations for Roma integration binding them with the utilisation of European funds and the state budget. Nevertheless, the Appendix (proposed by the Roma NGOs) was not included in the final version of the document.

On May 21, the European Commission published its Communication “National Roma Integration Strategies: a Step Forward in the Implementation of the EU framework” that assessed the NRISs submitted by 27 Member States and recommended following actions for improving the quality of the Strategies and their implementation. The 2013 Commission assessment report "Steps Forward in Implementing National Roma Integration Strategies" adopted on 26 June 2013 focuses on the progress made by the Member States in setting the necessary pre-conditions for a successful implementation of the strategies. These structural pre-conditions (working with local and regional authorities and civil society, allocating proportionate financial resources, monitoring and enabling policy adjustment, fighting discrimination convincingly and establishing national contact points for Roma integration) were already highlighted in the 2012 Commission assessment report as indispensable to make progress in the 4 pillars of education, employment, health and housing


The present chapter evaluates the implementation of the National Strategy of the Republic of Bulgaria for Roma Integration in the light of the general and country specific recommendations set by the EC Communication referred to above.

29. 1.2 Elaboration of Municipal Plans for the Implementation of the National Strategy

The National Strategy of the Republic of Bulgaria for Roma Integration requires all municipalities to prepare and adopt Municipal Roma Integration Annual Plans. During the second half of 2012, the National Council for Cooperation on Ethnic and Integration Issues (NCCEII) initiated a process of preparation of the Municipal Plans. In October and November 2012, pilot exercises were implemented in 3 municipalities in the Sofia District. On 15 November, the Deputy Prime Minister and Chair of the NCCEII, Tzvetan Tzvetanov, issued an instruction package for preparing the Municipal Plans and District Strategies for Roma Integration. The instructions envisaged a two-stage process:

- preparing Municipal plans for 2013: by the end of January 2013 (later this deadline was extended to end February 2013);

- preparing Municipal plans for 2014-2020: by the end of 2013.380

This way, by the end of March 2013 all districts prepared their District Strategy for the implementation of the NRIS, and 219 municipalities (out of 264) prepared and approved Municipal Roma Integration Plans for 2013. The process of preparing Municipal Roma Integration Plans for 2014-2020 has not started yet.

The efforts for preparing Municipal plans/District Strategies for Roma integration are a step forward towards engaging a broader set of stakeholders, especially local authorities that are crucial for making a difference in the entire integration process.

At the same time, certain weaknesses seriously damaged the prepared Action Plan. On the one hand, there was no vision for “fresh”, i.e. additional, financial resources for successful implementation of the Municipal Plans, especially regarding the first exercise (Plans 2012-2013). The municipalities would not receive extra money to implement their integration activities but they were expected to dedicate money out of their annual budgets. As a result, the prepared documents summarised mainstream activities implemented by the municipality with few and

limited Roma targeted activities. There were few new activities. This means that Municipal Plans 2012-2013 could be defined as pedagogical rather than planning documents.

On the other hand, the participation of the Roma community was recommended but not ensured. Real Roma participation happened mainly in regions with active Roma NGOs (Amalipe, Integra, World without Borders, the Community Development Centres established in 11 municipalities, etc.) and produced limited results because of the time pressure. There were good examples but they were few compared to the overall number of municipalities in Bulgaria.

All these mistakes could be remedied in the new Municipal Plans for 2014-2020. To raise the effectiveness of new Municipal Roma Integration Plans (2015-2020) certain steps should be undertaken. Firstly, a clear and strong political guarantee that the Municipal Plans will be financially backed by specially assigned funds which are an addition to the annual municipal budgets. The most realistic option is for these funds to be provided by the Human Resources Development Operational Programme (HRDOP), Science and Education Operational Programme (SEOP), Regional Development Operational Programme (RDOP) and the Rural Areas Development Programme (RADP). Funds from the state budget are also necessary. To ensure this, the Bulgarian government should:

- include the existence of the Municipal Roma Integration Plan as ex-ante conditionality before every municipality that intends to absorb funds from HRDOP, RDOP and RADP;

- include in the HRDOP priority area or priority axes “Integration of Marginalised Communities such as Roma” and indicative activity “Multilateral Projects for Implementation of Municipal Roma Integration Plans” – this way the Municipal Plans 2015-2020 would be prepared in a much more effective way in order to become the necessary basis for multilateral Roma integration municipal projects;

- include in RDOP and in RADP delegated budgets for implementing the “hard components” of the Municipal Roma Integration Plans;

- include in Good Governance Operational Programme (GGOP) or in HRDOP funds to assign Roma NGOs at the regional levels to implement activities for activating the local Roma communities (developing CDCs, campaigns at grassroots level, etc.) and funds for capacity building of Roma organisations.

Secondly, specific funds should be dedicated to preparing the Municipal Roma Integration Plans 2014-2020. This could be achieved within the present Administrative Capacity Operational Programme (ACOP) or the future GGOP.
Lastly, more specific attention should be dedicated to ensure real Roma participation in the process of preparing Municipal Roma Integration Plans 2014-2020.

29. 1.3 Civil society involvement in the implementation and monitoring of NRIS

The EU Framework for NRIS requires the Strategies to be “designed, implemented and monitored in close cooperation and continuous dialogue with Roma civil society, regional and local authorities”. Following this requirement, the consultative process that incorporated Roma NGOs in preparing NRIS and AP was organized in 2011. Nearly half of the members in the working group that prepared the documents were representatives of Roma NGOs. In October 2011, a coalition of Roma organisations in close partnership with the NCCEII organised 4 conferences on the main priorities of NRIS, which took place in different parts of Bulgaria. Dozens of Roma activists participated in different forums for discussing the Strategy and presented their proposals.

At the same time, the results from this cooperation could not be assessed as equally positive. Two of the key Roma NGO proposals – the name of the Strategy and the idea to be approved by the Parliament – were incorporated and made the Strategy stronger. However, most other key proposals were denied without argumentation. For example the Health Care part, Housing part and Employment part of the Action Plan used none of the dozens of reasonable proposals by NGOs and independent experts. Some of the important suggestions included in the Education part were omitted in the last version of the text. The Appendix “Programmes for Implementation of the NRIS” was dropped due to an “administrative mistake”. These examples left most Roma representatives with the impression that their participation was rather formal and that the decisions were taken without them. Although this impression could not be perceived as fully corresponding to the real situation, it indicates serious gaps in the consultative process steered by the NCCEII and its Secretariat.

In 2012 and 2013 certain improvements were achieved in several directions.

The Minister on EU Funds initiated a transparent procedure for electing Roma NGO representatives in the Inter-Ministerial Working Group for Resources Provision of Roma Integration. The Roma NGO representatives play a very active role in the Group and define its agenda on an equal basis with the institutions.

The managing authorities of some programmes initiated a transparent procedure for electing NGO representatives in the working groups for preparing the Partnership Contract and the new programmes. In the Group for preparing the new HRDOP, Roma NGOs were defined as a

381 The Group was formed through an Order issued by Prime Minister Boyko Borissov.
separate category and elected their representatives. The Roma representatives play a very active role in the Group and define its agenda on an equal basis with the institutions.

The representatives of Roma NGOs in the Monitoring Committee of HRDOP play an active role and contribute significantly for linking the Programme with the NRIS within the present period.

Nonetheless, significant deterioration in the consultative process led by the NCCEII marked 2013. As pointed above, the biggest Roma NGOs left the Council and argue for reform that would allow a real consultative process. Until now, the government has refused to pay attention to these claims.

29.1.4 Implementation of action plans, policies, and measures aimed at Roma integration

Development of legislative and normative framework for implementation of the NRIS

No normative or legislative changes were made to facilitate the NRIS implementation at the national level in 2013. Some important chances were missed.

A Working Group for suggesting legislative amendments in regards to NRIS implementation was created by an order of Deputy Prime Minister, Tzvetan Tzvetanov, on 25 July 2012. The group was set up at the administrative (rather than political) level and composed of experts from all relevant ministries. Representatives of Roma NGOs were also added to the group: they were elected after a procedure at the National Council for Cooperation on Ethnic and Integration Issues (NCCII) (Национален съвет за сътрудничество по етническите и интеграционните въпроси).382 The Order set the end of December 2012 as the deadline to present suggestions for legislative amendments to the Council of Ministers. Later, the deadline was extended to the end February 2013. The government resignation in February 2013 prevented the intention of the Group to propose legislation and legislative amendments. The Group was not re-established when the new Parliament and the new Council of Ministers came to power.

The existence of a Working Group to propose legislative amendments with regards to NRIS implementation was a positive fact. Nevertheless, its efficiency was very limited because of the composition (the group included experts without a political mandate to make decisions on deeper changes) and the lack of strong political guidance as to what kind of changes could be approved. As a result, the Group did not produce any results and no positive developments followed.

The new Public Education Act was not approved. The process of drafting the new Public Education Act started in 2009. Owing to the advocacy efforts undertaken by Centre Amalipe, SEGA Foundation and other Roma and pro-Roma NGOs, the draft presented in the Parliament in 2012 contained several important points that would foster education integration (including articles which outlawed school segregation). These texts were approved by the Parliamentary Commission on Education, as was the entire Act. Nevertheless, the resignation of the Parliament and the lack of sufficient political focus on the development of Bulgarian education left the Public Education Act out of the parliamentary agenda, and out of the vote. The new Parliament announced that work on the Public Education Act will be restarted with a new draft. So far, no such draft has been published.

An important development at the municipal and district levels is the approval of District Strategies for implementation of the NRIS and Municipal Roma Integration Plans.

### 29.1.5 Development of an institutional framework for implementation of the NRIS

Part “VII. Mechanisms for implementation of the integration policy” from the National Roma Integration Strategy re-affirmed the existing institutional framework and division of responsibilities. The institutions of the executive power preserved their role in managing the integration policy in their areas of competence (for example, the Ministry of Education, Youth and Science is responsible for education integration). The coordinating role of the National Council for Cooperation on Ethnic and Integration Issues was also re-affirmed. The only exception was a sentence in the Action Plan that envisaged a political level Inter-Ministerial Working Group for Resources Provision of Roma Integration to be established under the patronage of the Minister on EU Funds. The Strategy called for “forming and maintaining the necessary administrative capacity in the key responsible institutions”. This was an obvious necessity considering the lack of any administrative infrastructure to deal with Roma integration at the key ministries at present.

In 2013, significant deterioration in the administrative framework for NRIS implementation was observed. Firstly, the Roma organisations left the National Council for Cooperation on Ethnic and Integration Issues (NCCEII). This happened on 8 April 2013 after the Council failed to react to several cases of ethnically motivated murders – an entire Roma family and several other Roma people. The Roma NGOs demanded profound institutional change in the NCCEII and boycotted its work until their suggestions were discussed. For a long time, the NCCEII has had a very low level of legitimacy and no real power. After the boycott of the Roma NGOs, it was left

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without any legitimacy. This is an important fact since the Secretariat of the NCCEII is the national contact point for the NRIS. The Secretariat himself is also left without legitimacy. The time for profound restructuring of the NCCEII and its Secretariat arrived in 2013 although no real steps were undertaken by the Bulgarian government.

Secondly, at the end of 2012 and the beginning of 2013, the only significant change in the institutional framework for NRIS implementation was that the Working Group for Resources Provision of Roma Integration was formally established with the Order P-193/02.08.2012 issued by the Prime Minister. The Group was established at the political level: it was chaired by the Minister on EU Funds and composed of Deputy-Ministers and executive directors who chair the managing authorities and intermediate bodies of different EU funded programs. This became an important asset and precondition for making important political decisions. Another important asset was that the Group also included representatives of Roma NGOs elected after a nominations procedure. This way, Roma participation in this political level Group was ensured.385

In early 2013, the Group updated and approved (February 26) the Appendix “Programs for Implementation of the NRIS” that contained concrete programmes (financed by EU funds and the state budget) to be announced up to 2020. The existence of this Inter-Ministerial Task-Force and the Plan for Programmes were listed as the positive example from Bulgaria in the EC Communication "Steps Forward in Implementing National Roma Integration Strategies”.386

In October 2013, the Group was re-established387 and this was a positive development. At the same time, its political character was brought into question. Although the deputy ministers responsible for EU funds remained in the Group, it was chaired not by the Minister on EU Funds, but by the Secretary of the NCCEII, which is an administrative (rather than a political) position. Time will show whether this important Task force will continue to be a political structure or will become an expert group without real powers.

There is no separate policy plan regarding Roma children. Nevertheless, there are some references to children in the National Roma Integration Strategy (2012-2020)388, including promoting positive action to overcome the traditional practices of the Roma community, which affect the rights of children; ensuring equal access to education; undertaking some measures towards increasing the institutional and social sensibility and intolerance towards discrimination


and hate speech, including measures on the prevention of ethnically motivated radicalization of youth; and undertaking measures and innovative integrated services to enhance parents’ capacity in order to support vulnerable families and to improve parental care and children’s rights.389

Children from minority groups are also considered within the general framework of children living in poverty and at high health risk, risk of abandonment and risk of dropping out of school within the National Strategy for the Child (2008-2018). There is an emphasis on the high priority of healthcare and preventive health programmes directed towards children from minority groups and the need for social support and specialists in such communities. The document includes a section on anti-discrimination referring to the Protection Against Discrimination Act and the cooperation with the Protection Against Discrimination Commission.

29.2 Education of Roma Children

Educational policies include obligatory pre-school education to prepare all children for the school routine and level up language skills, anti-discrimination classes and school programmes adapted for a multi-ethnic milieu.390

The newly adopted (12 June 2015) Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020) and Action plan for its implementation391 contain various measures for educational integration of children from ethnic minorities such as: raising awareness campaigns about the use of educational integration; involvement of parents and local communities and school councils and parents’ organisations in the process; appointment of support teachers; analyzing the needs of minority students to overcome desegregation; planning and gradual realization of desegregation process on municipal level; provision of support to equalize the start of the education of disadvantaged children; ensuring additional education in Bulgarian language; additional work with children at risk to drop out, training of teachers to work with minority children; elaboration of a system for early warning about children at risk to drop out; introduction of leisure activities for the students; introduction of intercultural activities, introduction of multicultural lessons and teaching materials; introduction of teachers and textbook materials in mother tongue.392 All measures seem very unclear in its essence and they do not contain any methods for their implementation or concrete funding. According to the Strategy the share of Roma children at the age 3 to 6 who attend kindergarten is 30, 9 % while


the share of ethnic Bulgarian children is over 55%. As of 2011 the share of Roma children at the age 7 to 15 who do not attend schools was 22.3% while the share of ethnic Bulgarian children was 5.6%. 393

29.2.1 Access to Early Childhood Education

According to the Ministry of Education, Youth and Science the following general measures and projects have been implemented by the Ministry towards social inclusion of children, living in poverty, including Roma children:

Firstly, a 2-year obligatory pre-school education has been included which is a mainstream measure from which Roma children will also benefit.394 Despite that, most Roma children continue not to attend pre-school groups.395

Secondly, the “Social inclusion” (2008-2015) project that is financed by the World Bank is being implemented. It is directed towards early childhood development (0-3 years). The project is implemented in 68 municipalities.396

29.2.2 Primary School Education

Full-day schooling for all students in focal-point schools is introduced with funding from the EU “Human Resources Development” Operational Programme. In addition, full-day schooling for students in year 1 to 4 has been introduced in all state-funded schools.397

Furthermore, as a part of the “Human Resources Development” Operational Programme, a series of targeted calls were implemented in 2013 so as to ensure quality integration of Roma children in primary schools, including:

- BG051PO001-4.1.03 “Integration of children and students from the ethnic minorities in the school system”,398


395 World Bank (2014), Gender Dimensions of Roma Inclusion: Perspectives from Four Roma Communities in Bulgaria, pp. 54-55, available in English at: https://openknowledge.worldbank.org/bitstream/handle/10986/17545/846930REVISED00lish0Roma0Gender0ENG.pdf?sequenc e=1.


398 Bulgaria, Ministry of Labour and Social Policy, Human Resource Development Operational Programme: BG051PO001-4.1.03 Integration of children and students from the ethnic minorities in the school system (BG051PO001- 4.1.03 – Интеграция на децата и ученците от етническите малцинства в образователната система), available in Bulgarian at: http://ophrd.government.bg/view_doc.php/4374.
Within these calls, projects of schools, municipalities and NGOs were supported.

Thirdly, since 2012 the National Programme “At School Without Absences” has been implemented by the Ministry of Education, Youth and Science in order to support schools with many absences per student. The aim of the programme is to prepare and implement school programmes to reduce early school drop-out. In 2012 around 399 schools were supported.

Certain NGO initiatives contributed significantly to designing and testing activities for ensuring that Roma children will finish at least primary education. The project of Center Amalipe “Decreasing the Dropout Rate of Roma students” financed by America for Bulgaria Foundation was the biggest one. In 2013 it was implemented in 174 schools all over Bulgaria.

29.2.3 Secondary School Education

Only a few NGO initiatives are aimed at reducing secondary school leaving. For example, the Trust for Social Achievement financed several NGOs to carry out a Scholarship Program for Secondary School Students. Within the program, textbooks and transportation passes (for students from the rural areas) are provided.

The Ministry of Education, Youth and Science prepared a National Program for Decreasing the Early School Leaving that covers Primary and Secondary Education. It sets as its main target to decrease the number of school leavers to 11% in 2020. The program was adopted by a Decision of the Council of Ministers.

29.2.4 Prevention of Segregation in Education

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402 Bulgaria, State Agency for Child Protection, Written reply 14-00-63 from Eva Zhecheva, Chairperson of SACP to Krassimir Kanev, Chairperson of the Bulgarian Helsinki Committee, 18 November 2013.


404 Bulgaria, Council of Ministers, Decision of the Council of Ministers No. 44.11/30.10.2013.
The information provided by the Ministry of Education, Youth and Science states that experts from all Regional Inspectorates of Education must work to prevent segregation. Nevertheless, no data is provided and no evaluation on the effect of this work has been done.

In the draft Public Education Act there were provisions that outlaw segregation (Art 97 (5) and (6)). The Act was not voted on in the Parliament because of the extraordinary elections.

One of the calls for proposals announced by Ministry of Education, Youth and Science within HRD OP, namely “Educational Integration of Children and Students from the Ethnic Minorities” has as its key goal to support the desegregation process in education. Since the projects are in their implementation phase it is difficult to evaluate their effect.

The biggest investment in educational desegregation is made by the Roma Education Fund (REF) that supported Roma NGOs to implement desegregation initiatives in different regions of the country. REF redirects this support to the Centre for Educational Integration of Children and Students from the Ethnic Minorities: in 2012 and 2013 the Center announced a call for municipal projects for desegregation.

**29. 2.5 Additional Support Measures for Education of Roma Children**

With funds from HRD OP, the Ministry of Education, Youth and Science implemented the USPEH (SUCCESS) Project (BG051PO001-4.2.05) for supporting out-of-class and out-of-school activities. It does not target Roma children, but since the project is implemented in hundreds of schools it reaches thousands of Roma students.

There is no program for supporting Romani language study. Since 2002, Center Amalipe has implemented a program for introducing Roma folklore/culture as an elective subject. Textbooks, student-books and other pedagogical materials were developed and every year

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407 Bulgaria, Ministry of Labour and Social Policy, Human Resource Development Operational Programme: BG051PO001-4.1.05 “Educational integration of children and students from the ethnic minorities” (BG051PO001-4.1.05 “Образователна интеграция на децата и учениците от етническите малцинства”), available in Bulgarian at: http://ophrd.government.bg/view_doc.php/5367.

408 Bulgaria, Centre for Educational Integration of Children and Students from Ethnic Minorities (CEICSEM) (Центр за образователна интеграция на децата и учениците от етническите малцинства, ЦОИДУЕМ), Official Website, available at: http://coiduem.mon.bg/.


410 Bulgaria, State Agency for Child Protection, Written reply 14-00-65 from Eva Zhecheva, Chairperson of SACP to Krassimir Kanev, Chairperson of the Bulgarian Helsinki Committee, 18.11.2013.
teachers are trained to teach this subject. At present it is popular and studied in more than 250 schools all over Bulgaria.\textsuperscript{411}

Since June 2013, Sofia University has implemented a national teacher qualification program financed within HRD OP. It contains a component for training teachers in intercultural education designed to reach 4,500 teachers.

29. 3 Measures to Improve Access to Quality Healthcare for Roma Children

The number of health mediators was increased from 105 to 130.\textsuperscript{412} They are financed by the state budget. Their employer is the respective municipality.

Eight Social and Health Centers in eight large Roma neighborhoods were operational in 2014. They were managed by Roma NGOs in cooperation with the respective municipality. They were financed by MoH with funds from the Global Fund. Since their financing ended in 2014, there is no vision about their future.

Open Society Institute – Sofia and Center Amalipe implement a Roma Health Scholarship Program. Within it 80 Roma medical students are supported. Since the financial support from Roma Education Fund and OSF is close to its end, the program is included in the Health Care component of EEA Grants / Norwegian Grants and will be supported by the Ministry of Education, Youth and Science within this financial mechanism.\textsuperscript{413}

Within the Phare Program special mobile cabinets and gynecological examinations in rural Roma communities were delivered.\textsuperscript{414} The Ministry of Health provides BGN 200,000 per year for their work, setting the goal of 6,000 free examinations.\textsuperscript{415}

29. 4 Protection from Discrimination

The Protection from Discrimination Commission has among its core tasks to fight against discrimination and racism\textsuperscript{416}. In 2013 the Commission continued its work. No other special


\textsuperscript{412} Bulgaria, National network of health mediators (Национална мрежа на здравните медиатори), available in Bulgarian at: www.zdravenmediator.net/index.php?pagetype=text&page_id=37.


\textsuperscript{415} Bulgaria, Action Plan for Implementation of the National Strategy of Republic of Bulgaria for Roma Integration, Health care Section.
measures were undertaken although anti-Roma racism was raised in March 2013 when a Roma family was killed.

The Protection from Discrimination Commission has also among its core tasks to fight against hate crimes. No special measures were undertaken in 2013 although there was a huge rise in the number of hate crimes towards Roma. The Roma NGOs requested a reaction from the National Council for Cooperation on Ethnic and Integration Issues, but none was received.

Most of the initiatives were done by NGOs:
- The project “To Touch the Untouchable: Combating Traditional and New Anti-Roma Stereotypes” trained 240 teachers, medical doctors and social workers how to overcome anti-Roma racism and to cooperate with the Roma community. The project was implemented by Center Amalipe with financing from the European Commission;\textsuperscript{417}
- The project “Youth is Tolerance” aims to change the anti-Roma stereotypes among the young people. Within it Youth Tolerance Task Forces are established in six districts uniting non-Roma and Roma youths. The project was implemented by Center Amalipe with financing from the European Commission, Integra Association, SEGA Foundation and other NGOs are implementing destigmatization initiatives.


\textsuperscript{417} Bulgaria, Amalipe Centre for interethnic dialogue and tolerance, Project “To touch the Untouchable: Combating Traditional and New Anti-Roma Stereotypes” (2011-2013) (Проект „Да докоснем недосегаемите: борейки се с традиционни и нови анти-ромски стереотипи”), available in Bulgarian at: www.totouchtheuntouchable.com/.
Recommendations:

1. An independent monitoring body with a full mandate for monitoring of observance of the children’s human rights and sufficient financial and human resources should be established. Specific expertise in children’s rights should be developed by its staff.

2. A unified national plan for children’s rights should be developed with designated concrete responsible authorities, deadlines, funding for each measure for improvement. For its elaboration all stakeholders (ministries, agencies, municipalities, NGOs) should be consulted, including children. The functions and powers of the National Council for Child Protection should be legislatively regulated.

3. Bulgarian legislation needs urgent harmonization with the UN Convention on the Rights of the Child, especially the Criminal Procedure Code, the Family Code, the Persons and Family Act, the Combating Anti-social Behaviour of Minors and Adolescents Act. The Child Protection Act should also be amended to provide in details for child-friendly justice.

4. Allocation of resources for social assistance, healthcare and education of children should be legislatively determined, annually, in clear amounts for each planned measure for improvement and in accordance with the adopted child policy documents. Allocation of resources should be based on regularly collected and analyzed data about the needs of the children.

5. Disaggregated data (by age, sex, ethnic origin, social status, disability) about children is still not collected. This impedes all efforts for elaboration of policies and legislation and respectively affects the most vulnerable children (children at risk, children with disabilities, ethnic minority children). Clear provisions about the data that should be collected by each authority should be introduced in legislation.

6. A specialised and independent agency should be given the responsibility to monitor and promote children’s rights and provide an accessible complaint mechanism for children and their representatives.

7. Efforts should be put to expand the integration of human rights and child rights’ education into the curriculum of all schools.

8. NGOs – both service providers and child rights - should be involved in all discussions for elaboration of policies and legislation concerning child rights. This should be achieved by legislative regulation of their involvement.

9. Active involvement of all institutions/NGOs is needed for overcoming discrimination against children with disabilities and Roma children. A child’s ombudsman should be established to work on regular monitoring and individual complaints against discrimination.

10. The statute of the Council of Children should be legislatively provided for. Detailed legislative provisions about child friendly procedures should be introduced to ensure that all children who participate in both justice proceedings and policy and legislation
elaboration would be able to express their wishes, views and opinions. All persons involved in the procedures should be regularly trained and supervised to apply them.

11. Monitoring bodies (such as child ombudsman to be established) should regularly visit and document all cases of torture, inhuman and degrading treatment of children. Police and prosecution offices should be provided with training, expertise, financial and human resources to investigate all these cases. Institutions for delinquent children should be closed down and the Combatting Anti-social Behaviour of Minor and Adolescent Act should be revoked and protection measures for these children should be introduced in legislation.

12. A minimum package of services for children and families at risk should be estimated by legislation as well as standards for services on prevention of abandonment, early intervention and support to families at risk should be introduced. A ban of placement of children in institutions solely due to poverty or disability should be legislatively adopted.

13. Foster care needs further legislative regulation to ensure adequate selection, remuneration, supervision and quality of the care. A possible solution might be this service to be outsourced to a great extent to NGOs and the function of the Child Protection Departments to be minimised to clear administration of the referrals.

14. Coordination among state agencies, uniform standards and support services for adoptive families, legislative amendments to abolish adoption secrecy and well-functioning entries and processing of data about children to be adopted on local, regional and national level need to be significantly improved.

15. The deinstitutionalisation process should continue with a focus on addressing the current challenges, i.e:

- The Action plan for it should address the comprehensive objectives of the *Vision for deinstitutionalisation of children in Bulgaria* and set-up an effective management and coordination mechanisms at all levels. Re-institutionalisation of children should be avoided with all possible means. Children with most severe conditions and disabilities should be deinstitutionalised before other children.
- The dialogue and involvement of all stakeholders (Coalition “Childhood 2025” and NGOs) should be improved to ensure the move from project to process management of deinstitutionalisation.
- Financial sustainability of the alternative child care system should be ensured.
- The child protection system’s capacity should be built by increasing the number of social workers, introducing standards about social work in terms of workload, quality, training, support, supervision and decent payment.
- The organisation, functioning and funding for Family-Type Centres, being the major alternative for the institutionalised children with disabilities, should be legislatively regulated to allow real deinstitutionalisation of the children placed in them and provision of services that meet the individual needs of every child. Integrated services for children
aged 0 to 3 with disabilities should be also provided for in legislation and in practice based on the individual needs of every child.

- The Ministry of Healthcare should develop clear plan for closing down the 20 institutions for medico-social care for children aged 0 to 3.
- NGOs and municipal administrations should be involved actively in the development of new EU operations and schemes for the period 2014 – 2020 and their implementation. The State should play the role only as a policy regulator and controller.

16. The *Coordination Mechanism for Cooperation in Cases of Children Victims of or at Risk of Violence and for Cooperation in Cases of Crisis Intervention* should be provided for in legislation in a manner that guarantees that all actors have clear understanding about their functions in it and are remunerated decently for this. Signals for abuse and neglect cases should be investigated thoroughly by police and prosecution offices and data about this should be included in the reports of the State Agency for Child Protection regularly. Children victims of domestic violence should be protected by all means in their family environment with provision of consultations and psychological and material support. Crisis centres’ functions, organisation and funding should be provided for in legislation in a manner allowing them to ensure short-term stay, access to healthcare and education services, leisure time activities for the children. Special attention should be paid by the current State Agency for Child Protection and the Ombudsman to all cases of abuse and neglect in closed institutions.

17. To ensure full implementation of the rights of children with disabilities, the Bulgarian government and parliament should apply the following measures:

- Bulgarian legislation should introduce a unified definition of a child with a disability.
- Data about such children should be collected by the Ministry of Healthcare, Ministry of Education, Science and Youth and Ministry of Labour and Social Policy and the State Agency for Child Protection for the purpose of elaboration of evidence-based policy documents and child right’s protection.
- Children with disabilities should be provided full access to healthcare and rehabilitation services.
- Early intervention services should be provided for in legislation and the eligibility criteria should be based on the individual needs of every child. These services should be evenly distributed in the country and made accessible for all children with disabilities.
- Social assistance and social services should be also available and flexible to meet the needs of all families of children with disabilities in need.
- Children with disabilities should be provided quality education in mainstream schools while the schools should adapt their physical environment and teaching methods and ensure sufficient funding and special teachers.
18. Serious efforts should be put by the Ministry of Health to ensure access to quality healthcare of Roma mothers and young children to prevent unmonitored pregnancies, early births, early pregnancies and early abortions. Roma health mediators programme should be supported with sufficient human and financial resources. Child psychiatry standard should be implemented in practice.

19. A comprehensive national programme for adolescent healthcare needs to be developed. Special attention should be paid to prevention of early pregnancies and childbirths by adolescent girls.

20. The HIV/AIDS prevention should be a constant process with clear objectives and outcomes and not a project based activity.

21. Poor families with children should be supported by provision of services that meet their individual needs. Poor Roma families should be ensured proper housing and social assistance. Standard of living should be raised in a manner to be able to cover at least the basis needs of the poor population.

22. Education system needs to be adapted to the needs of all children (including children with disabilities, minority children). Special attention should be paid on early drop-outs for whom no adequate measures have been applied so far. Plans and budgets for prevention and reintegration of drop-outs needs to be coordinated strictly and reports on their implementation should be available annually. Special schools should be reformed in a way that allows them only to use the expertise they have. They should not provide residential services and should abandon the practice to enrol Roma children who have poor Bulgarian language skills.

23. The government should introduce a data collection and monitoring mechanism for children victims of economic exploitation. One measure that could be helpful for prevention of exploitation is raising the amount of pocket money of children living in institutions.

24. Mobile work with street children should be introduced especially in the big cities. Long-term support work with their families should be conducted in order to avoid their placement in closed institutions.

25. Substantial work has to be done for prevention of sexual exploitation of children.

26. Children victims of trafficking should be ensured guardians who would in practice protect their best interest. Given that such guardians are not provided for in legislation at present, while these children are placed in crisis centres they should be provided with adequate protection, healthcare and education during their stay. Their stay in crisis centres should be determined by the court depending on the circumstances of their cases but should not exceed over 3 months.

27. The Third Optional Protocol to the UN Convention on the Rights of the Child should be ratified by the Bulgarian Parliament.

28. Combatting Anti-social Behaviour of Minors and Adolescents Act should be revoked. Protection measures for children labelled as “delinquent” should be developed and
regulated in legislation (Child Protection Act). Deprivation of liberty should be eliminated as a punishment for children. Activities and therapies developing the child’s potential should be introduced. Specialised child rights courts/panels in existing courts should be established. All signals of abuse and neglect in currently existing closed institutions where delinquent children are placed should be investigated. All children placed in closed institutions should be ensured access to quality healthcare and education while living in closed institutions. Specific detailed provisions should be elaborated and adopted for child hearings of children victims/witnesses of crimes and abuse to provide for training of all professionals who hear children, appropriate environment for informing the children about the hearings and for conducting the hearings, adequate techniques to the age, disability and ethnic origin of the children.

29. The National Strategy for Roma Integration should be updated, funded thoroughly and implemented adequately. The project based activities should be included in a process for integration of Roma children in all spheres of life. Access to quality healthcare and education as well as access to social services should be ensured in a comprehensive way. The newly adopted Action plan for implementation of the Strategy for Educational Integration of Children and Students of Ethnic Minorities should be revised to provide for detailed and clear measures, budgets and responsible authorities.