



Un/Equal Childhood: Deep Dive in Child Poverty and Social Exclusion in Bulgaria



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List of Acronyms

APD	Agency for People with Disabilities:
ASA	Agency for Social Assistance
CABMA	Combating the Antisocial Behaviour of Minors Act
CBS	Correctional Boarding School
CCCABM	Central Commission for Combating the Antisocial Behaviour of Minors
CCCCDCD	Centre for complex care of children with disabilities and chronic diseases
CPA	Child Protection Act
CSES	Centre for Special Educational Support
DCC	Day care centre
DSA	Directorates for Social Assistance
ECEC	Early childhood education and care
ECG	European Child Guarantee
ESF	European Social Fund
EU	European Union
FAA	Family Allowances Act
FTPC	Family-type Placement Centre
HCC	Health Counselling Centre
HIA	Health Insurance Act
IME	Institute for Market Economics
LCCABM	Local Commission for Combating the Antisocial Behaviour of Minors
MES	Ministry of Education and Science
MH	Ministry of Health
MLSP	Ministry of Labour and Social Policy
NCPHA	National Centre of Public Health and Analyses
NHIF	National Health Insurance Fund
NHS	National Housing Strategy
NSI	National Statistical Institute
OP	Operational Programme
PDA	People with Disabilities Act
PDSC	Personal Development Support Centre

PSEA	Preschool and School Education Act
RCIE	Regional Centre for Inclusive Education
RDE	Regional Department of Education
RDSA	Regional Directorate for Social Assistance
RHI	Regional Health Inspectorate
RRC	Registration and Reception Centre
SAA	Social Assistance Act
SACP	State Agency for Child Protection
SCC	Street Children Centre
SEN	Special educational needs
SHTAFN	Special Home for Temporary Accommodation of Foreign Nationals
SPBS	Social-Pedagogical Boarding Schools
SSA	Social Services Act
TH	Transitional housing
UN	The United Nations

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Executive summary

1. Introduction

One in three children in Bulgaria lives at risk of poverty or social exclusion. One of the EU headline targets for 2030 set out in the European Pillar of Social Rights Action Plan is reducing the number of people in the EU at risk of poverty or social exclusion by at least 15 million, including 5 million children. The European Child Guarantee is based on the understanding of social exclusion as a ‘complex and multifaceted phenomenon’ whose main drivers are not only poverty per se, but also lack of access to goods and services due to various forms of disadvantage.

2. Children in need: profile and main drivers of poverty and social exclusion

‘Children in need’ are children who are at risk of poverty or social exclusion, as well as children who are highly vulnerable due to specific factors. This deep dive highlights the drivers of child poverty and social exclusion, as well as the specific risks of increased vulnerability of the following groups of children: homeless children or children experiencing severe housing deprivation; children with disabilities; children with mental health issues; children with minority ethnic background, particularly Roma; children with migrant background; children in alternative, particularly institutional care; and children in precarious family situations.

➤ *Children at risk of poverty or social exclusion*

The share of children under 18 at risk of poverty or social exclusion in Bulgaria decreased from 47.9% in 2015 to 36.2% in 2020, however it remained still high compared to the EU average for this indicator (24.2%,) and one of the highest in the EU27. **Large households** (nearly 67% of two-adult households with three or more dependent children) are most at risk of poverty or social exclusion, followed by **single parents** (nearly 49% of single-parent families with dependent children). There are **significant regional differences in the risk of poverty or social exclusion**, which at NUTS3 level are up to sixfold.

➤ *Homeless children or children experiencing severe housing deprivation*

In 2020 **children from poor households in Bulgaria were much more often exposed to severe housing deprivation** compared to other children from non-poor households. The share of households with children at risk of poverty is twice higher than the share of non-poor households under the main indicators for affordability of housing, such as share of housing costs in the total household budget, the weight of housing costs and utility arrears. For the Roma population, most of which lives in poverty, a further specific driver of homelessness and severe housing deprivations are the high number of dwellings out of zoning and with no building documentation, in neighbourhoods with poor housing conditions and no infrastructure.

➤ *Children with disabilities*

Data from various studies confirmed the **correlation between the presence of disability on the one hand and the higher levels of poverty and early school leaving** on the other. The increased costs of households with children with disabilities and the related financial

difficulties in accessing healthcare services drivers of poverty and social exclusion of children with disabilities. Factors such as **deficits in the inclusive education system**, such as shortage of appropriately skilled professionals, lack of accessible architectural environment, as well as **attitudes in the society not address by the state**.

➤ **Children with mental health issues**

The healthcare system has **no available systematically gathered data by NUTS2 region and type of mental illnesses among children**, hence it is difficult to plan the necessary measures and programmes for general mental health promotion and care. Children with mental health issues in general are poorly addressed in the policies laid out in the various national documents.

➤ **Children with minority ethnic background (particularly Roma)**

The poverty and social exclusion rates among Roma children are disproportionately high compared to their share in the respective age group in the whole population. Poverty is both a result and a driver of social exclusion for Roma children. The lack of systematic measures aimed at overcoming anti-Roma sentiments jeopardises the efficiency of the efforts of government in the fight against poverty, for access to education, healthcare and adequate housing.

➤ **Children with a migrant background**

The group of children with migrant background is poorly recognised by the public officials and references to its status, profile, opportunities for participation and effectiveness of support are rare and lacking in detail. This fact confirmed the identified by other studies on the same subject need to **raise the awareness and provide better training opportunities to staff in the institutions working with children** to meet the social integration needs of migrant children. The education system has demonstrated some serious success in the integration of migrant children in recent years; however, most unaccompanied children have remained outside this system.

➤ **Children in alternative care**

The principle of preventing the abandonment of children and their placement in specialised institutions and residential care has been laid out in the child protection legislation. Despite the significant drop in the number of children placed in alternative care in the last five years, prevention measures remain a weak link in the child protection system. **The factors that increase the risk of placing children in alternative care are poverty, disability and precarious family situations.**

➤ **Children in precarious family situations**

'Children in precarious family situations' in Bulgaria is a broadly described term, with no specific definition in government policies and programmes. This group consists of child victims of violence in the family; children with one or both parents working abroad; **teenage mothers; children having an imprisoned parent(s)** remain outside the scope of policies for addressing child poverty, despite being at increased risk of poverty, violence and difficulties at school.

3. Key barriers to children's access to services in the five areas

Many of the barriers for access to basic services for different groups of vulnerable children overlap. Such are the **financial barriers, structural problems** such as the unbalanced territorial distribution of services, lack of access to mobile services, etc.; deficits in the system of **inclusive education**, as well as **lack of cross-sectoral cooperation**. It is necessary to pay attention to the **tendency among staff members of institutions working with children to emphasize the disengagement and ignorance of parents** as a factor for the limited access of children to services. Stigmatisation and discriminatory practices remain both an important factor and part of the barriers not recognised by staff members of institutions working with children.

The impact of the COVID-19 pandemic further highlighted inequalities between children and had the biggest impact on the most vulnerable groups. The additional economic, health, education and social challenges in the context of the pandemic and the state of national emergency have clearly highlighted the most problematic areas in addressing child poverty and social exclusion.

➤ Access to ECEC services

Financial constraints result in **higher levels of exclusion from ECEC services of children from households at risk of poverty or social exclusion. With respect to children with disabilities**, some additional barriers are the large sizes of groups in kindergartens, as well as the inaccessible structural environment. A combination of awareness raising and sensitisation initiatives among parents about the importance of ECEC and measures to increase the skills of those working in the system to work with parents, including working in multicultural settings, would have a potentially high impact.

➤ Access to school education

The intergenerational transmission of poverty and low educational attainment is a factor limiting the access to education for children. Concentration of children from vulnerable groups in particular schools and lack of social and cultural diversity in schools are factors that create a more unfavourable teaching environment and conversely lower learning outcomes. For children from vulnerable groups specific barriers to the access to education are also the segregated education; the insufficient training of teachers to apply the principles of inclusive education; the inefficient communication and coordination between the education system and the social support system.

➤ Access to healthcare

Children from families with income under the poverty line are more likely to have unmet medical needs than children from families with income above the poverty line. Access to healthcare services for **children with disabilities** imposes extra financial costs due to the limited funds available for outpatient treatment, tests and consumables covered by the state budget. Structural problems such as **unbalanced territorial distribution of services and professionals** hinder the access for children from small settlements. Measures to improve and increase the capacity of the system for prevention and early diagnosis of disability and developmental delays are needed.

➤ **Access to healthy nutrition**

Malnutrition and the consumption of low-quality food products **prevail in poor households**. Due to **the lack of specialised national programmes for healthy nutrition outside childcare establishments and schools**, children from vulnerable groups, especially in the age group 0–3, are in a more disadvantaged position, because a large part of them do not attend nursery or kindergarten. There is no comprehensive framework to promote healthy nutrition that also takes into account the difficulties faced by families living at risk of poverty.

➤ **Access to adequate housing**

In 2020 **children aged under 18 from poor households** were much more likely to live in overcrowded housing; almost half of poor households with dependent children were unable to keep their homes adequately warm; three times more children from poor households lived in a dwelling with a leaking roof or damp walls. There are **serious inequalities in the access to adequate housing between the Roma and the rest of Bulgaria's population**, both in terms of basic living conditions, and housing security, with a growing part of dwellings being outside the zoning plans or without legal documentation. The main barriers are related to the lack of a housing policy and specific measures targeting families with dependent children.

4. National Policies for reducing child poverty and social exclusion in the areas of the European Child Guarantee

Poverty eradication has become a global priority since the adoption of the UN Global Sustainable Development Goals. In the European Union, the EU Strategy on the Rights of the Child and the European Child Guarantee are the European Commission's main policy initiatives to better protect children and ensure that their rights are observed.

National framework for overcoming poverty and social exclusion

As of 2021, **Bulgaria does not have an updated National Strategy for the Child**, outlining the government policy in this field, contrary to the provisions of the Child Protection Act. The legislative framework relating to **social assistance** fails to create an enabling environment for overcoming poverty due to inadequate coverage of the guaranteed minimum income and the low expenditure rate for social protection for vulnerable families with children.

The **National Strategy for Poverty Reduction and Promotion of Social Inclusion 2021–2030** is the main document which sets out objectives, measures and activities for poverty reduction, including child poverty. It sets out an integrated approach to activities based on the rights of the child and takes into account the higher risk of poverty for children compared to the general population. Including a detailed analysis of the drivers of child poverty, updating the measures and setting up the planned innovative coordination mechanism to tackle poverty and a comprehensive framework of indicators, would contribute to better implementation of the Strategy and to creating an enabling environment for the implementation of national policies in this area.

Sectoral policies highlights

➤ **ECEC policies**

The strategic framework focuses on early childhood development and inclusive ECEC services, identified as a tool to reduce the intergenerational transmission of poverty. The envisaged introduction of common standards for early childhood development for both nurseries in the healthcare system and kindergartens in the system of education is aimed at addressing the weaknesses resulting from the normative division of the system between the MES and the MH. However, there are no indicators to measure the quality of inclusive education; nor are there result indicators for the measures to include vulnerable groups of children in ECEC services.

➤ **School education**

The strategic and statutory framework enables the design and implementation of policies for access to quality education for children at risk of poverty or social exclusion. The main gaps relate to the lack of measures targeting some vulnerable groups of children as defined by the ECG; the lack of indicators measuring the outcomes of policies for children living in poverty; and measures for training of professionals working with children from vulnerable groups within the education system (e.g., resource teachers).

➤ **Healthcare**

The statutory health insurance framework does not provide protection from additional financial burden for meeting the medical needs of children at risk of poverty or social inclusion. There are increased health risks for both mothers and newborns from vulnerable groups, due to the financial barriers to the access to healthcare for pregnant women with no health insurance. The strategic documents recognize the vulnerability of children with minority background, from families of long-term unemployed, with severe mental health issues and physical disabilities, but they say nothing at all about any analysis of the current problems these children are facing, nor about any targets against which to monitor the results of the planned measures. Child mental health indicators are not analysed in the strategic document, however there are measures planned to improve the quality of child and adolescent psychiatry.

➤ **Healthy nutrition**

There is no overall strategic framework for healthy nutrition and policies aimed at ensuring healthy nutrition for children in vulnerable situations. Measures targeting the nutrition of children living in poverty are mainly limited to the provision of food within childcare establishments and schools, which however fails to cover all children and address healthy nutrition, especially in early childhood.

➤ **Adequate housing**

Adequate housing policies were not established as of 2021 and there is no clarity on plans to establish such policies. There is a lack of both legislation and a strategic framework and mechanisms to ensure access to adequate housing conditions for people and families from vulnerable groups.

5. Key recommendations

The multidimensional nature of child poverty requires careful prioritisation of the key measures that will most effectively and efficiently redress inequalities for children at risk of poverty or social exclusion. Steps are needed towards:

- **removing barriers to access to health, education, social and other public services for all children**
- **an approach of involving and supporting parents/caregivers,**
- **systematic and consistent work to eliminate stigmatisation and discriminatory practices.**

Three main priorities can be identified to structure both the objectives and a set of measures to address the different dimensions of child poverty and social exclusion. The work under the three main priorities shall address all areas of life and the groups and communities to which the child belongs, placing the child at the centre. Objectives, measures and activities in the different areas and for the different groups of belonging must be planned by taking into account their effects on children as a primary consideration in mind, and be consistent with each other

1. **Introduction of a comprehensive approach** to the planning, implementation and monitoring of policies addressing child poverty and social exclusion, including:
 - defining child poverty as a problem with its own specifics, indicators and target values for the results achieved;
 - building **mechanisms for cross-sectoral information exchange** and cooperation;
 - developing and securing resources for a **workforce strategy** in the health, social and education sectors.
2. **Comprehensive support to parents of children** living in poverty and social exclusion, including:
 - increasing the **efficiency of social assistance and social security**;
 - introducing a **family-centred approach** in the work of sectoral services (health, education, social sector);
 - supporting **parents' employment**.
3. **Access of children in increased risk of poverty** or social exclusion to services in the key intervention areas of the European Child Guarantee.

Common to all areas are the clarification of the profile of different groups, the training of sufficient numbers of professionals, the planning of support for professionals and development of their competences to work with children from groups at increased risk of poverty or social exclusion, the systematic implementation of measures against stigmatisation and discriminatory practices, the provision of free access to key services by addressing hidden costs for healthcare, education and the costs for ECEC. In the areas of access to healthy nutrition and housing, a comprehensive strategic framework needs to be developed, secured and implemented.

Introduction

Poverty and deprivation in childhood can have lifelong detrimental impacts, undermining an individual's health, educational attainment, income earning capacity, and social connection. Evidence has shown that children in lower income families have worse cognitive, behavioural and health outcomes. However, to refer to child poverty in monetary terms alone would not reflect the way children experience poverty: to them poverty is, along with income, also about being deprived in the immediate aspects of their lives, which includes areas such as lack of a caring family, and lack of access to healthcare, education, healthy nutrition, adequate housing and protection. On the grounds of their social exclusion and marginalization, children exposed to the risk of poverty are often kept from accessing high-quality basic services and such lack of access enhances in turn the risk of poverty and places a child at risk of a cycle of persistent, sometimes life-long poverty and disadvantages.

In 2020 One in three children in Bulgaria lived at risk of poverty or social exclusion.¹ Poverty, far from being just a lack of financial resources, involves unequal access to rights and leads to social exclusion and thus has a huge impact on people's lives. The cumulative effect of poverty and social exclusion in early childhood has its long-term consequences later in life, in terms of difficulties in finding work, exclusion from the labour market, early childbearing, family instability, poor health status, poor subjective well-being, etc.²

In 2015 the European Parliament called on the European Commission (EC) and the Member States of the European Union (EU) to adopt a European Child Guarantee (ECG) "so that every child in poverty can have access to free healthcare, free education, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty."³ In June 2021 the Employment, Social Policy, Health and Consumer Affairs Council of the EU adopted the Commission proposal for establishing a European Child Guarantee. The European Commission has partnered with the UNICEF Regional Office for Europe and Central Asia (UNICEF ECARO) to demonstrate the feasibility of the ECG in seven selected Member States: Bulgaria, Germany, Greece, Spain, Italy, Lithuania and Croatia. During this process, UNICEF will support the governments of those countries, as well as other stakeholders, to develop national deep-dive analyses of child poverty and social exclusion.

The purpose of the analyses will be to support the national governments of the seven countries in the design, development and evaluation of the ECG by supplying the necessary information for the preparation of evidence-based national action plans, as provided for in the Council Recommendation establishing a ECG. The analyses will examine policies, services, budgets and mechanisms for overcoming barriers preventing children's access to services in the five ECG areas: ECEC, education, healthcare, nutrition and housing. The goal will be to assist the national governments in identifying children for whom specific measures will need to be prioritised in the national action plans, as well as to recommend measures to achieve positive outcomes for children. In addition, the analyses will identify,

¹ See Eurostat. *People at Risk of Poverty or Social Exclusion by age and sex – new definition*, https://ec.europa.eu/eurostat/databrowser/view/ILC_PEPS01N__custom_1837355/default/table?lang=en

² Griggs, J. and Walker, R. 2008. *The costs of child poverty for individuals and society: a literature review*. Joseph Rowntree Foundation: <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2301-child-poverty-costs.pdf>

³ *European Parliament Resolution of 24 November 2015 on reducing inequalities with a special focus on child poverty* (Texts adopted, P8_TA(2015)0401).

collect and propose indicators to monitor and assess the impact of the national action plans and make recommendations on the need for additional data.

In this context, UNICEF Bulgaria commissioned a comprehensive analysis of the current state of play and dimensions of child poverty and social exclusion in Bulgaria as well as the policies, programmes, services, budgets and mechanisms to address them to a research team, from *For Our Children* Foundation as the lead organization, the Institute for Population and Human Research at the Bulgarian Academy of Sciences and the National Network for Children.

The results of the analysis are structured as follows: the **Chapter one** presents the general framework and methodology of the research. **Chapter two** provides a review of the existing statutory and strategic framework and examines the opportunities to improve the planning, and enhancing the effectiveness of policies to overcome child poverty and social exclusion. **Chapter three** examines the profile of children in groups at increased risk of poverty or social exclusion, and the drivers and consequences of poverty for them. **Chapter four** provides data on the access to basic services for children from vulnerable groups, and outlines the more significant barriers to access to these services and how to address them. **Chapter five** contains a proposal for a monitoring and evaluation framework with indicators to track progress in policies for the eradication of child poverty. **Chapter six** sets out a summary of the overall findings of the analysis and proposes a model for prioritising areas of work to address child poverty and social exclusion.

Table 1: Core data on children at risk of poverty or social exclusion⁴

Category	Value
Share of children 0–17, living at risk of poverty or social exclusion	36.2% (440,000 children)⁵
Share of children 0–15, living in material deprivation (deprived of at least 1 out of the 13 deprivation items):	38.5%⁶
Share of children 0–17, living in severe material and social deprivation (enforced lack of at least 7 out of 13 deprivation items)	26.5%⁷
Risk of poverty in households with three or more children	59.2%⁸
Risk of poverty in households of one adult and dependent children	39.5%⁹
Children at risk of early school leaving (2021)	25% (180,000)

Source: Eurostat, NSI, MES

⁴ All data refer to 2020r., unless specified otherwise.

⁵ ‘At risk of poverty or social exclusion’ (AROPE) indicator corresponds to the share of persons who are either at risk of poverty, or severely materially and socially deprived or living in a household with a very low work intensity. See Eurostat. *At risk of Poverty or Social Exclusion* (AROPE), [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_\(AROPE\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At_risk_of_poverty_or_social_exclusion_(AROPE)). This is the main indicator to monitor the achievement of the headline target for reducing the number of people at risk of poverty or social exclusion by 2030, set out in the European Pillar of Social Rights Action Plan. Data on Bulgaria are accessible at: https://ec.europa.eu/eurostat/databrowser/view/ILC_PEPS01N__custom_1837355/default/table?lang=en

⁶ NSI. *Poverty and Social Inclusion Indicators in 2020*,

https://www.nsi.bg/sites/default/files/files/pressreleases/SILC2020_en_FRTG25T.pdf

⁷ See Eurostat. *Severe Material and Social Deprivation Rate*, [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_\(SMSD\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_(SMSD)). Data on Bulgaria are available at: https://ec.europa.eu/eurostat/databrowser/view/ILC_MDSD11__custom_1837298/default/table?lang=en

⁸ NSI. *Poverty and Social Inclusion Indicators in 2020*.

⁹ Ibid.

1. Survey design

Conceptual framework

The **main objective of this report** is to provide data and analysis, conclusions and recommendations to support the Government of the Republic of Bulgaria in reviewing the current state of play and dimensions of child poverty and social exclusion, as well as the impact of national policies, programmes and services in this area. The research findings and conclusions are intended to contribute to the overall understanding of child poverty, its drivers and consequences for children, as well as the measures at national level to address them.

The analysis of the policies related to child poverty and social exclusion has been carried out within the international framework of **children's rights**, formed by the provisions of the UN Convention on the Rights of the Child and the relevant EU legal framework, the main document in this framework being the Council Recommendation establishing a European Child Guarantee (ECG).¹⁰ The **ECG offers an understanding of social exclusion as a 'complex and multidimensional phenomenon'**¹¹ whose main drivers are not only poverty per se, but also lack of access to goods and services due to various forms of disadvantage.

Methodology

In order to achieve the objectives of the report, a comprehensive analysis is made covering the statutory, strategic and administrative framework, dimensions of child poverty and social exclusion, drivers and consequences, as well as information regarding practices and attitudes of the staff in the different institutions working in this field. A range of primary and secondary research methods have been used to develop the report to enable quantitative and qualitative data to be collected and a comprehensive picture to be obtained¹².

In the framework of a **desk research**, a comprehensive review of the international and national statutory, strategic and administrative framework related to child rights and poverty and social exclusion was carried out, as well as a detailed review of data from international and national studies. A review of the available data on child poverty and social exclusion was carried out.

An **empirical study** was carried out among representatives of key stakeholders involved in the fight against child poverty and social exclusion.

- **29 semi-structured interviews** were conducted with experts from national institutions, local institutions, international and civil society organisations and **3 interviews** with parents and children.¹³ A thematic analysis of the information obtained was carried out based on a thematic framework including a profile of children at risk of poverty or social exclusion, access of children at risk of poverty to basic services, planning and

¹⁰ Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee, accessible at: <https://data.consilium.europa.eu/doc/document/ST-9106-2021-INIT/en/pdf>

¹¹ Proposal for a Council Recommendation establishing a European Child Guarantee {SWD(2021) 62 final}: <https://eur-lex.europa.eu/legal-content/en/TXT/HTML/?uri=CELEX:52021DC0137&from=EN>, p. 1.

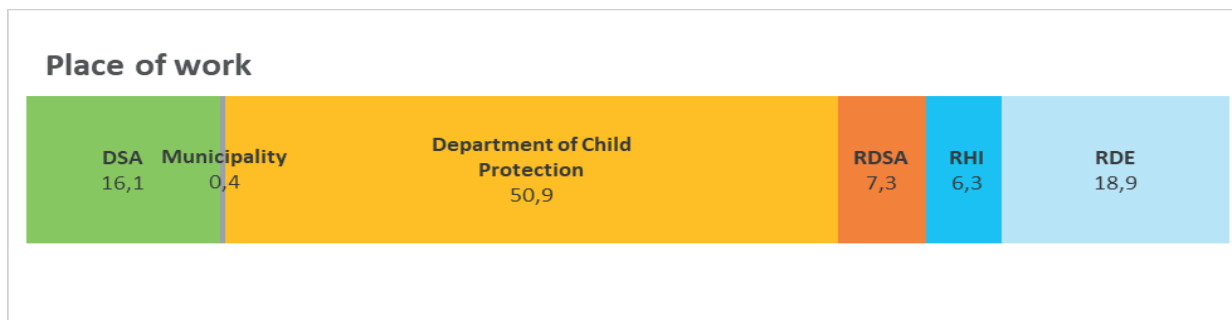
¹² A detailed conceptual framework of the research is available in Annex 1.

¹³ A full list of respondents is available in Annex 2.

implementation of policies to overcome child poverty and barriers to their implementation, etc.¹⁴ Through the interviews, the findings of the desk research were verified and qualitative information was obtained regarding the main issues of the thematic framework.

- A **quantitative survey** was conducted in the form of online consultations through a **questionnaire among 682 staff members** from the regional and local structures of the ASA, the RDE, MES, the RHI and staff of municipal administrations (88.7% (605) women, 9.5% (65) men, and 1.8% (12) did not reply to the relevant question). According to institutional affiliation, the respondents were 507 staff members from the ASA system, 129 from the RDE, 43 from the RHI and 3 from municipal administrations (Figure 1).

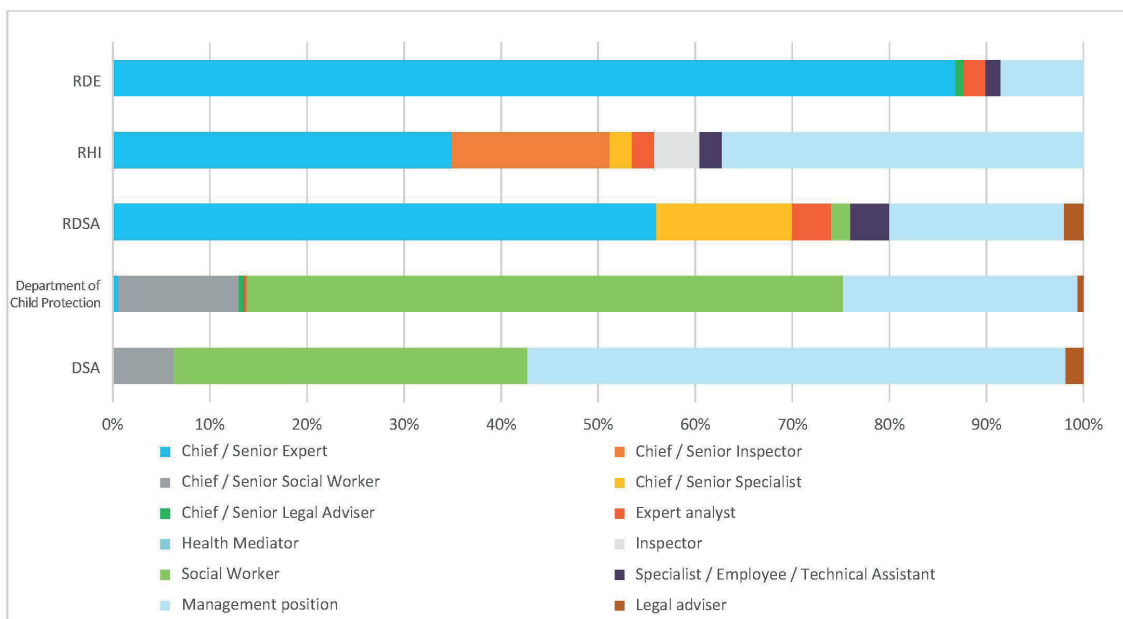
Figure 1 Institutional affiliation of participants in expert consultations



Source: quantitative survey

Respondents holding managerial or expert positions, along with social workers, made up the three largest groups of staff of institutions who participated in the survey (Fig. 2).¹⁵

Figure 2: Institutional affiliation of participants in expert consultations by position in the institution



Source: quantitative survey

¹⁴ Annex 4.

¹⁵ Respondents from municipal administrations were negligible in number and therefore not considered separately.

The field phase of the study was conducted in the period 15–30.07.2021. A purposive typological sample has been applied, comprising a specifically selected group of staff of institutions whose work profile is related to access to the five key areas related to child poverty. The method of participant selection was by the method of respondents. Although the sample does not guarantee representativeness, it ensures the participation in the study of a large number of individuals with competences in working with vulnerable groups of children, making it possible to highlight the main barriers to accessing services. The survey provides quantitative information on specific groups of vulnerable children and causes of poverty and social exclusion, barriers to access to basic health, social and educational services, housing and healthy nutrition for vulnerable children, the effects of the Covid–19 pandemic on vulnerable children and their families and the involvement of experts in developing policies targeting vulnerable children and families. Moreover, the data from the study allow for hypotheses regarding the attitudes of staff in institutions working with children toward the topic and the groups of children and parents most often at risk of poverty.

A descriptive and multidimensional statistical analysis of available information and data from studies conducted on child poverty and social exclusion has been carried out, which includes data and publications from the National Statistical Institute and Eurostat, nationally representative surveys covering different aspects of child poverty such as the EU-SILC ‘Statistics on Income and Living Conditions’¹⁶, EU MIDIS II ‘Minorities and Discrimination Survey’¹⁷, EQLS ‘European Quality of Life Survey’¹⁸, HBSC ‘Behaviour and Health among School-aged Children’¹⁹, as well as data from administrative sources, including reports and information from various ministries, the Agency for Social Assistance, the SACP, among others. The analysis further clarifies the drivers of child poverty in Bulgaria, various aspects related to it and outlines the socio-demographic profile and social disparities in relation to the groups of children identified in the ECG.²⁰

¹⁶ *European Union Statistics on Income and Living Conditions (EU-SILC)*:

<https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions>

¹⁷ *Second European Union Minorities and Discrimination Survey (EU MIDIS II)*: <https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-second-eu-minorities-discrimination-survey>

¹⁸ *European Quality of Life Survey*: <https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys>

¹⁹ *Health Behaviour in School-aged Children*: <http://www.hbsc.org/>

²⁰ Due to space limitations, this report does not include all the data collected during the course of the study and the analyses based on it. Additional analyses of international survey data, as well as additional data and analyses from the online survey of 682 professionals in the country, can be provided by the authors.

2. International and national policy framework addressing child poverty and social exclusion

International and European framework on the rights of the child and obligations of State Parties to address child poverty

Since the adoption of the UN Sustainable Development Goals (SDGs) in 2015, the eradication of poverty has become a global priority.²¹ SDG 1 includes a commitment for State Parties to reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions by 2030 according to national definitions.²² The Practical agenda to achieve SDG 1, developed by the Global Coalition to End Child Poverty, deals with reductions according to two distinct measures of child poverty: monetary poverty and multidimensional poverty – deprivations experienced by children with respect to nutrition, access to healthcare, education, shelter and protection.²³

Child poverty is a major challenge to ensuring children’s rights as specified in the UN Convention on the Rights of the Child (UNCRC).²⁴ The Convention requires State Parties to observe the principle of the best interests of the child²⁵ and to ensure the right of the child to participation and development, including the right to protection against all forms of discrimination. The UN Committee on the Rights of the Child urges State Parties to employ all possible means, in order to assure to young children a basic standard of living consistent with rights.²⁶ The Committee further urges State Parties to pay particular attention to the most vulnerable groups of young children and to those who are at risk of discrimination.²⁷

Statutory framework of the European Union and the European Child Guarantee

The commitment of Member States to ensure children’s right to protection and care for their well-being arises from the **Charter of Fundamental Rights of the European Union**.²⁸ The Council Recommendation establishing a European Child Guarantee²⁹, adopted on 14 June 2021, complements the Union’s overarching Strategy on the Rights of the Child³⁰ by specifically focusing on children in need, which it defines as “children at risk of poverty or social exclusion”, and advises each Member State to prepare a national action plan for the implementation of the ECG until 2030.³¹

²¹ Becoming a State Party in 2015, Bulgaria made a commitment to take part in the joint effort to eradicate poverty and achieve sustainable development through care for all people.

²² UN General Assembly. *2030 Agenda*, Target 1.2.

²³ End Child Poverty Global Coalition and UNICEF. *A World Free from Child Poverty. A Guide to the Tasks to Achieve the Vision*. New York, 2017, accessible at: https://static1.squarespace.com/static/56588879e4b0060cdb607883/t/58e2989e29687f5bed29129a/1491245246818/0.+SDG_Complete.pdf

²⁴ Bulgaria ratified the Convention by Decision of the Supreme National Assembly of 11 April 1991.

²⁵ The definition of ‘a child’ used in this report is the definition of the UN Convention on the Rights of the Child: ‘a child means every human being below the age of eighteen years’ (Article 1)

²⁶ Committee on the Rights of the Child. *General Comment No. 7: Implementing Child Rights in Early Childhood*, UN Doc. CRC/C/GC/7/Rev.1 (2005). para. 26.

²⁷ *Ibid.*

²⁸ Charter of Fundamental Rights of the European Union, Article 24.

²⁹ *Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee*.

³⁰ European Commission. *Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions*: “EU strategy on the rights of the child”. Brussels, 24.3.2021. COM (2021) 142 final.

³¹ *Ibid.*, p. 18.

The purpose of the ECG is to ensure that every child living in poverty, especially children in vulnerable situations, has access to early childhood education and care, education and school-based activities, healthcare, healthy nutrition and adequate housing. The Recommendation advises Member States to identify specific groups of children in need in each country and to consider the specific problems experienced by the following groups of children when designing their national action plans: homeless children or children experiencing severe housing deprivation; children with disabilities; children with mental health issues; children with minority ethnic background (particularly Roma), and/or children with migrant background; children in alternative care (particularly in institutional care); and children in precarious family situations.

The ECG is based on the integrated approach to combatting child poverty or social exclusion set out in Commission Recommendation “Investing in children: breaking the cycle of disadvantage” (2013)³², as well as on Principle 11 of the European Pillar of Social Rights (2017)³³, which identifies the right of children to protection from poverty and the right of children from disadvantaged backgrounds to specific measures to enhance equal opportunities. Reducing the number of people at risk of poverty or social exclusion by at least 15 million, including 5 million children, is one of the three headline targets of the EU for 2030 in accordance with the European Pillar of Social Rights Action Plan (2021).³⁴–The Bulgarian Presidency of the Council of the EU was marked by the adoption of two key Council Recommendations in the area of education, informing the favourable environment for the implementation of the European Child Guarantee³⁵; the Presidency further had early childhood development as one of its priorities.³⁶

National policy framework for tackling child poverty and promoting social inclusion

The review of the national policy framework relevant for addressing child poverty and social exclusion is aimed at analysing the aspects that form an enabling environment for the implementation of the ECG, and the related challenges. This was done using a specifically designed analytical tool with three sets of criteria – general philosophy, focus, scope and effectiveness.³⁷

National framework addressing poverty and social exclusion

The main statutory document in the area of child protection and safeguarding of the fundamental rights and interests of the child, **the Child Protection Act**, does not explicitly address child poverty but formulates principles for action for members of the public and

³² Commission Recommendation of 20 February 2013. *Investing in children: breaking the cycle of disadvantage* (2013/112/EC), accessible at: <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32013H0112&from=BG>

³³ European Pillar of Social Rights in 20 Principles

³⁴ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, *The European Pillar of Social Rights Action Plan* {SWD(2021) 46 final}, Brussels, 4.3.2021

³⁵ *Council Recommendation on promoting common values, inclusive education, and the European dimension of teaching* (2018/C 195/01) and *Council Recommendation on key competences for lifelong learning* (2018/C 189/01).

³⁶ See *Priorities of the Bulgarian Presidency of the Council of the EU*, accessible at: <https://www.mlsp.government.bg/eng/prioriteti-na-blgarskoto-predsedatelstvo-na-sveta-na-es>.

³⁷ Policy framework analysis tool is based on the recommendations made in the ECG, aiming for objectivity of the formulated conclusions and recommendations to align the national policy framework with the ECG. See Annex 3.

institutions that are in the best interests of the child and the family support.³⁸ As of 2021, **Bulgaria has no overarching strategic framework of policies for children**, which is a violation of the Child Protection Act.

The legislative framework relating to **social assistance** fails to create an enabling environment for overcoming poverty due to inadequate coverage of the guaranteed minimum income³⁹ and low social protection expenditure. The share of social protection expenditure as a percentage of GDP for 2020 in Bulgaria was 18.6%. Despite the increase in the pandemic 2020, this share remained still lower than the EU27 average for the previous 2019 – 26.9%.⁴⁰

Family support policies implemented under the **Family Allowances Act (FAA)** include one-time pregnancy allowances and allowances for raising a child (including also non-means-tested assistance), as well as means-tested monthly allowances⁴¹ conditional on school and pre-school attendance⁴². Since 2019, for truancy from school or kindergarten the FAA provides for suspension of the monthly allowances for raising a child for a period of one year. This measure has been contested by civil society organisations on grounds of it being a magnifier of poverty⁴³ and has been declared a violation of the European Social Charter by the European Committee of Social Rights.⁴⁴ Family allowances under the FAA for raising children with permanent disabilities in a family environment and for children raised by one living parent, children placed in foster families, and children in kinship care are paid regardless of the family income. In 2021 tax reliefs for parents of dependent children increased significantly in comparison with the previous years.^{45,46} At the same time, an analysis of the Institute for Market Economics for the period 2015–2019 has found that while total public expenditure on social assistance has increased by more than 25%, childbirth allowances and allowances for raising a child up to 2 years of age increased by only 12%, while the increase in monthly child allowances until 2020 including, was between 6% and 14%.⁴⁷

Key anti-poverty measures are foreseen in the framework for **provision of social support through social services** as a key way of preventing and/or overcoming social exclusion and guaranteeing rights. The Social Services Act ensures a favourable legislative framework for the development of social services due to measures for prevention of social exclusion, the planned individualised approach in respect of human rights and the integration of services. The quality of social services is directly affected by the investment in the social

³⁸ Child Protection Act, Article 3.

³⁹ European Commission. *Country Report Bulgaria 2020. European Semester 2020: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011*, pp. 51–52.

⁴⁰ Eurostat. *Social protection expenditure early estimates 2020*, <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20211116-1>

⁴¹ FAA, Article 4, Article 4a.

⁴² FAA, Article 7 (11(2)) and (12).

⁴³ See NNC. Suspension of family allowances for children for one year: the position of teachers and parents, published at: <https://nmd.bg/spirane-na-detskite-nadbavki-za-edna-godina-kak-utchitelite-i-roditelite-otsenyavat-predlozhenieto/>

⁴⁴ See European Committee of Social Rights. *Resolution: Equal Rights Trust v. Bulgaria*. Complaint No. 121/2016, 16 October 2018.

⁴⁵ Income Taxes on Natural Persons Act, Article 22.

⁴⁶ In 2021 a one-time tax relief was approved conditional on the number of children, which effectively economises BGN 450 for one child, BGN 900 for two children, and BGN 1,350 for three children on an annual basis. This, however will not apply to income earned in 2022. Until 2021 tax reliefs amounted to BGN 200 per child from the tax base (BGN 1.67 per month).

⁴⁷ Institute for Market Economics. *Анализ на основните програми за социално подпомагане*, January 2021, p. 4..

services workforce; hence, the low pay and very limited training and development opportunities for social workers have a negative impact on the quality.⁴⁸

As regards **employment**, the labour market position of unemployed single parents and adoptive parents and/or mothers with children under 5 years and unemployed young people benefiting from social services for residential care is recognised as disadvantaged, and they are therefore entitled to special services provided by employment offices, payment of housing, education and travel costs, whereas employers hiring people from those groups can enjoy financial incentives.

The National Strategy for Poverty Reduction and Promotion of Social Inclusion 2030 is the main policy document containing goals, measures and activities for poverty reduction, including child poverty. The Strategy highlights measures to combat the multidimensional nature of child poverty and social exclusion.⁴⁹ The activities follow an integrated approach based on children’s rights, and special attention is paid to the higher risk of poverty for children compared to the general population. The Strategy identifies a number of **target groups** of children, which cover most of the target groups specified in the European Child Guarantee. However, the data on the current status of the target groups are deficient and fail to encompass all target groups (for example, target groups should include children with mental health issues and children with minority ethnic background and those with migrant background, and specific objectives should be defined to improve the access to healthy nutrition for children). Provided that children are the most vulnerable group, complementing the Strategy by an in-depth analysis of the drivers of child poverty would contribute to the development of effective integrated measures to address the issues.

The Strategy includes specific targets aiming to approximate the EU averages in terms of the proportion of children at risk of poverty and children living in material deprivation. However, there are no headline social protection and inclusion indicators, as specified in the European Pillar of Social Rights, such as reducing the number of children at risk of poverty or social exclusion, number of children aged less than 3 years in ECEC services, and children living in households with low work intensities.⁵⁰

The Ministry of Labour and Social Policy is in charge of the overall coordination of the implementation of the Strategy, but it is explicitly pointed out that all relevant institutions are jointly responsible for the implementation. The main mechanism for coordination, monitoring

The inclusion of a detailed analysis of the drivers of child poverty, an update of the measures and the establishment of the planned innovative coordination mechanism for combatting poverty and a comprehensive framework of indicators would improve the implementation of the Strategy for Poverty Reduction and Promotion of Social Inclusion and the creation of an enabling environment for national policies for reduction of poverty and promotion of social inclusion.

⁴⁸ See European Commission. *Country Report Bulgaria 2020*, p. 52. For further information on the limited opportunities for continuing professional development for social workers, see For Our Children Foundation’s report *Bulgaria grows with its children: Building professional competences of the early childhood workforce*, pp. 61–62.

⁴⁹ The Strategy tackles child poverty and social exclusion through one of its specific objectives – “Reducing the intergenerational transmission of poverty and social exclusion (with focus on child poverty and social exclusion)”.

⁵⁰ See Eurostat. *European Pillar of Social Rights – social scoreboard indicators*, accessible at:

<https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/indicators/social-scoreboard-indicators>

and evaluation is based on two-year action plans. Although one of the measures refers to the development of an innovative coordination mechanism for combatting poverty and social exclusion, no plan for effective cross-sectoral coordination has been prepared as of the end of 2021.

The Employment Strategy 2021–2030⁵¹ identifies the need for putting a special focus on parents, including single parents and parents with three or more children. The measures to address child poverty also include, among others, incentivising employers to hire unemployed parents with children and training for parents returning from maternity or paternity leave to refresh their knowledge and skills.

Other key strategic national documents containing objectives and measures to overcome child poverty and social exclusion are **the National Development Programme BULGARIA 2030**⁵² and **the National Recovery and Resilience Plan**.⁵³ Although both documents specify priorities, target groups and areas of intervention to reduce inequalities and social exclusion, **child poverty has not been identified as a separate sub-goal nor have specific indicators to measure the dynamics** and impact of the implementation of the two strategic documents on child poverty been set.

Early childhood education and care (ECEC)

The strategic framework puts a special focus on early childhood development and provides for common standards for the services for children aged 0–7, aimed at addressing the weakness of the normative division of services between MES and MH.⁵⁴ **The Preschool and School Education Act (PSEA)** of 2016 is the main statutory document regulating the access to high-quality services in preschool age. The amendments in the PSEA of 2020 regulate the compulsory preschool education for children aged four and above. To ensure equal access to preschool education, since 2020 state subsidising of meal fees in compulsory preschool education payable by parents has been in place at rate of no less than 50% of the fee amount.⁵⁵ Since 2021 parents of children aged three and above have been entitled to state support, funded through the central budget, in the form of reimbursement of raising and educational costs for children not enrolled in state and municipal kindergartens and schools due to capacity shortage.

The Health Act and Ordinance No 26 regulate the establishment of nurseries to support families in the care of children aged under 3. The documents do not contain provisions concerning the right to inclusive education and care for children in this age group. The care, upbringing and education of children in nurseries is done primarily by healthcare professionals.

The investment in early childhood development is identified as a tool to prevent and reduce the intergenerational transmission of poverty in the **National Strategy for Poverty**

⁵¹ Adopted by the Council of Ministers by Decision No 515 of 15 July 2021.

⁵² The document was adopted by Protocol 67 of the Council of Ministers of 2 December 2020.

⁵³ The analysis is based on the latest available public version of the document of 15 October 2021, accessible at: <https://nextgeneration.bg/14>.

⁵⁴ Responsible for the services for children in the age group 0–3 is the Ministry of Health, while for children from the age of 3 to the age for starting school – the Ministry of Education and Science

⁵⁵ The terms for full or partial subsidising of meal fees in municipal kindergartens and schools in compulsory preschool education payable by parents are specified by municipalities in ordinances under the Local Taxes and Fees Act, whereas for state kindergartens and schools they are established by an act of the Council of Ministers (PSEA, Article 283(10)).

Reduction and Promotion of Social Inclusion 2030. Its measures are aimed at developing and expanding the network of integrated services established in recent years mainly under various projects, as well as expanding the network of early childhood development and early intervention services. There are also plans to expand the scope and quality of ECEC, including development and implementation of a national quality framework⁵⁶. All the same, no targets to this effect have been specified in the Strategy.

The Strategic Framework for the Development of Education, Training and Learning in the Republic of Bulgaria 2021–2030 envisages measures to increase the coverage of ECEC and introduce common standards for early childhood development for both nurseries (in the remit of the healthcare system) and nursery groups in kindergartens (in the remit of the education system). Other measures are aimed at the regulation and implementation of inclusive care and education for children aged under 3, upscaling the general and additional support for children in kindergartens, strengthening partnership with parents etc. Another measure in this direction is developing integrated ECEC services, offering a more efficient and balanced approach between care and education. Increasing professionals' capacity to implement early childhood development policies with a focus on a competence-based approach has also been foreseen.

The draft **National Strategy of the Republic of Bulgaria for Roma Inclusion and Participation 2021–2030** recognises the importance of investment in early childhood development to alleviate inequalities and to promote social inclusion of Roma. Key issues related to accessibility to ECEC services in small and remote locations, along with the absence of relevant skills of professionals working with children in early age in a multicultural environment are identified. One of the general objectives is to include Roma children in ECEC services; however, there is no indicator for the achievement of actual results on this objective due to the fact that no data disaggregated for ethnic background is available.

School education

The Preschool and School Education Act (PSEA) is the main statutory act regulating the requirement for access to high-quality ECEC services, inclusive education and school-based activities. Preschool and school education for all children rests on the principles of equitable access to quality education and inclusion of every child and every student. Compulsory education is free.

Inclusive education is integral to the right to education, and kindergartens and schools are obliged to admit children and students with special educational needs. **The state standard for inclusive education**⁵⁷ specifies the terms and conditions for the provision of general and additional support for the personal development of children with special educational needs, children at risk, children with chronic diseases etc., provided by the preschool and school establishments, Personal development support centres and Centres for special educational support (CSES), as well as through teaching professionals employed by the Regional Centres for Inclusive Education (RCIE).

⁵⁶ As specified in the Action Plan for the implementation of the Strategy in the period 2021–2022.

⁵⁷ Ordinance on inclusive education of 2016, adopted by Decree of the Council of Ministers No 286 of 4 November 2016, published in State Gazette, issue 89 of 11 November 2016, repealed in State Gazette, issue 86 of 27 October 2017.

The target groups specified in the European Child Guarantee, which fall under the scope of **the Strategic Framework for the Development of Education, Training and Learning in the Republic of Bulgaria 2021–2030** include children with minority and/or migrant background, children with special educational needs and children from vulnerable groups.⁵⁸ It includes measures to prevent aggression and discrimination in educational establishments. Measures for sustainable inclusion include strengthening the competencies of teachers, including special education teachers, speech therapists, psychologists etc., but contain no actions to address the problem with the shortage of special education teachers and other inclusive education professionals. Indicators for the different vulnerable groups, including children with special educational needs, have not been specified.

The work of the Ministry of Education and Science on the coverage, inclusion and prevention of early leaving of the education system of children and students in compulsory preschool and school age, carried out in conjunction other institutions, is governed by the permanent **Interinstitutional Mechanism for the coverage, inclusion and prevention of early leaving of the education system of children and students in compulsory preschool and school age**.⁵⁹

The National Strategy for Poverty Reduction and Promotion of Social Inclusion identifies education as a separate priority and envisages measures to promote inclusive education (including for children with disabilities, SEN and refugee children), work of educational mediators, expanding the scope and improving the quality of dual education, enhancing digital skills, integrating students from vulnerable groups with the help of additional individual support, and strengthening interinstitutional interaction. For 2021–2022 alone, more than 20 activities in this area have been planned, mostly with EU funding⁶⁰. Another specific objective underpinned by an indicator directly targeting children is *“Ensuring equal access to quality services to prevent social exclusion and overcome its negative consequences”*⁶¹, one of whose indicators is the net enrolment rate of the population in the education system, which, however, only applies to grades 5 to 12.

The support measures for families with children under **the Family Allowances Act** contain provisions for allowances for the inclusion of vulnerable children in the education system (e.g., one-off allowances for children upon enrolment in first grade and for children who continue their education in eighth grade, after the completion of primary education)⁶².

The access to education for some of the vulnerable groups of children is also the subject of other strategic documents. **The National Strategy for People with Disabilities 2021–2030**⁶³ recognises the connection between the poor participation of children with disabilities in the education system and the risk of poverty in adulthood. **The National Action Plan to implement the Concluding observations on the initial report of Bulgaria by the Committee on the Rights of Persons with Disabilities 2021–2026**⁶⁴ contains measures,

⁵⁸ Children and students from vulnerable groups are identified under the criteria “low educational attainment of parents” and related disadvantaged position on the labour market, and risk of social exclusion. See Ordinance on financing the establishments in the system of pre-school and school education, adopted by CMD, 219/5.09.2017

⁵⁹ Decree No 100 of 8 June 2018 of the Council of Ministers on the establishment and operation of an Interinstitutional Mechanism for the coverage, inclusion and prevention of early leaving of the education system of children and students in compulsory preschool and school age (title amendment – State Gazette, issue 82 of 2019).

⁶⁰ 2021–2022 Action Plan to the National Strategy for Poverty Reduction and Promotion of Social Inclusion.

⁶¹ Ibid, p. 33.

⁶² Family Allowances Act, Article 10a and Article 10b.

⁶³ The document was adopted by Decision No 957 of the Council of Ministers of 23 December 2020.

⁶⁴ The Plan was adopted by the Council of Ministers on 3 February 2021.

including legislative changes, to eliminate discrimination against children and people with disabilities in various fields, including education. Provision of quality and inclusive education for children from the Roma community, including by expanding the scope of desegregation programmes and prevention of segregation is among the goals of the **Draft National Strategy of the Republic of Bulgaria for Roma Inclusion and Participation 2021–2030**. However, no specific measures were specified, because there was no Action Plan adopted by the end of 2021.

Despite the indicated year-on-year increase in **total general government expenditure on education**, including on inclusive education and additional financial support for kindergartens and schools with a concentration of children from vulnerable groups, national rates remain lower than the EU average – 3.9% in 2019 in Bulgaria versus 4.7% on average in EU27.⁶⁵ MES activities to promote equal access to education, including activities to include children from vulnerable groups in preschool education and prevent early school leaving, are funded through the European Funds for the period 2014–2020 and the Financial Mechanism of the European Economic Area.

The statutory and strategic framework for ensuring access to education provides for development and implementation of policies for access to quality education for children at risk of poverty or social exclusion. The envisaged general principles of the inclusion of every child/student and the establishment of a cooperation approach between educational institutions and institutions working in other areas of child welfare and local communities can provide a basis for the planning and implementation of specific measures with measurable indicators.

The limited effectiveness of the implemented measures is explained by several major flaws: lack of good consistency of the actions of the institutions from different sectors; existing barriers to the implementation of inclusion measures related to prejudice and discrimination against children from vulnerable groups (mainly children from the Roma community and children with disabilities).

The main gaps in the existing framework are the absence of major vulnerable groups of children as defined by the ECG, the lack of specific indicators to measure performance for children living in poverty and measures to invest in training and qualification of professionals working with children from vulnerable groups in the education system (e.g. lack of special education teachers).

Healthcare

The access to health services is governed mostly by **the Health Act (HA)**, in force since 2005, and **the Health Insurance Act (HIA)**, in force since 1998. The former guarantees equitable use of health services, provision of affordable and quality healthcare with priority for children, pregnant women and mothers of children aged under 1, and special health protection for children, pregnant women, mothers of children aged under 1 and people with physical disabilities and mental disorders. The health insurance of children under 18 or until the completion of secondary education, as well as of parents/adoptive parents of children with a 50 per cent or higher level of disability is paid from the central budget. The right to

⁶⁵ Eurostat. *Total general government expenditure on education*, 2019.

medical care for children also includes state-funded coverage of the costs of certain medical appliances, equipment for personal use, dietary foods and medicinal products

Uninsured pregnant women are entitled to a one-time use of a regular medical examination and tests, as specified in **Ordinance No 26** of the Minister of Health of 14 June 2007 on the provision of obstetric care to uninsured women, as well as medical tests outside the scope of compulsory health insurance for children and pregnant women. The application of the Ordinance has received a lot of criticism from civil society organisations working with vulnerable groups, in particular Roma, because of the limited scope of the examinations and the insufficient amount of medical care for uninsured pregnant women.⁶⁶

The national strategic goals for ensuring access to health services are specified in the **Draft National Health Strategy 2021–2030**.⁶⁷ The need for special attention to vulnerable groups defined in the Draft Strategy as the illiterate, the unemployed, people from minority groups, the long-term unemployed, families of people with addictions etc., as well as the special vulnerability of children in those groups has been recognised; however, no data are available on health indicators or specific results. Data on the general health status of children are scarce and are reduced to a review of the reduction in infant mortality rate (age 0–1 year) in the past 20 years. The measures for the implementation of the activities are generically formulated and no action plan with specific tasks was available as of the end of 2021. No results indicators have been formulated regarding children's access to healthcare.

Measures for access to health services for children, including children from vulnerable groups, are implemented under the **National Programme for Improvement of Maternal and Child Health 2014–2020**, updated for the period 2021–2030. This programme proposes a novel approach for prevention, early screening and cross-sectoral cooperation, yet its implementation until 2020 inclusive has been criticised for systemic failure to accomplish target values thereunder.⁶⁸ The updated Programme until 2030 contains detailed analysis of the problems in the area of maternal and child health, based on available data, and clearly reveals the challenges and priorities to address those. Specific measures are formulated for each area, with measures for their implementation. The Action Plan until 2023 contains analysis of implementation and updating of activities.

Child mental health is addressed in the **National Strategy for the Mental Health of the Citizens of the Republic of Bulgaria**⁶⁹ with the aim to improve the child and adolescent psychiatry. However, the analysis of the current state of the population's mental health does not show any data on the child and adolescent mental health. One of the Strategy goals is the introduction of a unified system for collection of data on children with mental illnesses by NUTS2 regions and types of illnesses; taking measures to engage and retain specialists in child and adolescent psychiatry; fighting stigma and discrimination. No indicators are mentioned that are related to child mental health, nor targets to measure the outcomes of the activities.

The National Strategy for Poverty Reduction and Promotion of Social Inclusion 2030 considers poverty and social exclusion as a barrier to accessing healthcare. It is recognised that the problem has an effect on the shrinking immunisation coverage among children. The measures include the work of health mediators in vulnerable communities, expanding the

⁶⁶ See National Network for Children (NNC). *Report Card 2021*, p. 56.

⁶⁷ The document is accessible at: <https://www.strategy.bg/FileHandler.ashx?fileId=23593>

⁶⁸ See NNC. *Report Card 2018*, p. 56–57; *Report Card 2019*, p. 36; *Report Card 2020*, p. 38–39.

⁶⁹ The document is accessible at: https://www.mh.government.bg/media/filer_public/2021/11/02/21rh388pr1.pdf

immunisation coverage and preparation of a National Health Strategy. The measures planned for 2021–2022 are not sufficient to overcome the main barriers to the access to healthcare for children living in poverty.

The access to healthcare for children from the Roma community is included as a goal in the **Draft National Strategy of the Republic of Bulgaria for Roma Inclusion and Participation 2021–2030** and includes maternal and child healthcare, overcoming the stigmatisation against vulnerable groups, health prevention and promotion.

The strategic and statutory framework in the area of the access to health services for children at risk of poverty or social exclusion does not provide holistic opportunities for implementation of adequate policies. Still, the effort to create such opportunities can build on the available identification of specific barriers to the access to healthcare for vulnerable groups, including the reporting of additional/hidden healthcare costs, as well as the envisaged measures to improve health professionals' capacity to work with children.

It is necessary to formulate measurable objectives, expected results and monitoring indicators based on current data, as well as a preliminary impact assessment and ensure clarity regarding the financing of activities. The stated intention to apply an integrated approach and the identified need for cross-sectoral cooperation can serve as a basis for the establishment of mechanisms for cross-sectoral cooperation in child healthcare.

Healthy nutrition

Different aspects of healthy nutrition are considered in a number of statutory and strategic documents; however, without any connection or coordination between goals and measures. The **Health Act** contains provisions for the implementation of healthy nutrition programmes as part of the responsibilities of medical offices in kindergartens and schools and the integration of healthy nutrition and healthy lifestyle in school curricula. The quality of meals in kindergartens and schools and the implementation of schemes for supply of fruit and vegetables and dairy products in education establishments is governed by a number of ordinances of the Minister of Health.⁷⁰ To support families in the care of children aged under 3 catering services for babies and toddlers operate across the country.

The **National Programme for Prevention of Chronic Non-communicable Diseases 2021–2025**⁷¹ specifies targets for reducing the risk of nutrition-related chronic non-communicable diseases. As part of the measures in support of early childhood development, the **Food and/or Basic Material Assistance Programme 2021–2027**, co-financed through the ESF, envisages support for the youngest in the form of packages of essential products

⁷⁰ Ordinance of the Ministry of Health on the terms and conditions for the implementation of schemes for supply of fruit and vegetables and of dairy products in education establishments; Ordinance 2 of the Minister of Health of 7 March 2013 on healthy nutrition of children aged 0–3 in childcare establishments and catering services for babies and toddlers; Ordinance 6 of the Minister of Health of 10 August 2011 on healthy nutrition of children aged 3–7 in childcare establishments; Ordinance 2 of 20 January 2021 of the Minister of Agriculture and Food on the specific requirements towards the safety and quality of food supplied in childcare establishments, school canteens and retail outlets on the premises of schools and childcare establishments, as well as towards food catered at organised events for children and students.

⁷¹ The document was adopted on 28 July 2021 by the Council of Ministers.

for new-borns and catering services for babies and toddlers providing a healthy and varied nutrition to children from 10 months to 3 years.⁷²

The **National Strategy for Poverty Reduction and Promotion of Social Inclusion 2030** lacks a focus on the healthy nutrition of children and its importance for their development and well-being. No connection between poor nutrition and deteriorating health is identified.

There is a clear lack of a comprehensive strategic framework for healthy nutrition and policies for ensuring healthy nutrition for children in vulnerable situations. No common national goals, measures for their implementation and mechanisms for coordination among different institutions have been set. The measures for the nutrition of children living in poverty are mostly reduced to the provision of food in childcare establishments and schools, which, however, fails to include all children and address healthy nutrition, especially in early childhood.

Housing

Access to municipal housing is governed by the **Municipal Property Act (MPA)**, with two of the purposes of municipal housing being renting out dwellings to members of the public with established housing needs and families with severe social and health problems⁷³. At the same time, the removal of unlawful construction, which practically includes, with almost no exception, households living below the poverty line is legitimised by the **Municipal Property Act (MPA)** and the **State Property Act (SPA)**, along with the **Spatial Development Act (SDA)**. According to information from the Committee of Ministers of the Council of Europe⁷⁴, in 2019 the Bulgarian government proposed a bill for amendment of several pieces of legislation⁷⁵, providing for measures for proportionality prior to issuance of an order for removal of an unlawful dwelling wherever this dwelling is the only home of the people using it. As of the end of 2020, the bill was not launched for public hearing.⁷⁶

As of 2021 there has been no effective strategic framework for housing policy in Bulgaria. The Draft **National Housing Strategy 2018–2030**, prepared by the Ministry of Regional Development and Public Works, has been available since 2018. The document recognises housing policy as a key aspect of the struggle against poverty and social exclusion. It contains an analysis with a number of important findings, including the shortage of housing assistance mechanisms for the most needy and vulnerable groups of society and young people.

⁷² See Agency for Social Assistance. *Food Programme 2021–2027*, accessible at:

<https://asp.government.bg/bg/deynosti/operativna-programa-za-hrani/operativna-programa-za-hrani-2021-2027-g>

⁷³ Municipal Property Act, Article 45 (1) and (2).

⁷⁴ On 1–3 December 2020 the Committee of Ministers of the Council of Europe reviewed the execution of the judgment of the European Court of Human Rights on the case *Yordanova and others v. Bulgaria*, passed on 24.09.2012. The case concerned the planned forced eviction of a Roma family from an unlawful settlement in Sofia (Batalova Vodenitza Area) on grounds of an order for the recovery of public land.

⁷⁵ In particular Article 225 and Article 225a of the Spatial Development Act, Article 80 and Article 80a of the State Property Act, and Article 65 of the Municipal Property Act.

⁷⁶ In the information sent to the Committee of Ministers of the Council of Europe, the Bulgarian authorities pointed out that due to the COVID-19 pandemic, the preparation of the impact evaluation and the evaluation of the financial ramifications of the bill require additional time to collect information from multiple stakeholders. See Department for the execution of judgments of the European Court of Human Rights. Bulgaria. Main issues before the Committee of Ministers – ongoing supervision. *Yordanova and Others (25446/06)*. Status of execution.

The National Strategy for Poverty Reduction and Promotion of Social Inclusion 2030 has a separate priority aimed at improving housing conditions. As major issues the document identifies the lack of adequate shelter services and the lack of comprehensive support services. The lack of sufficient housing units in municipal social housing stocks has been specified and a relevant measure to expand it has been included. The measures, however, are few in number and limited in scope. The problem with the housing conditions in Roma ghettos remains unaddressed, and, despite being considered in the descriptive section, no specific measures and actions have been planned for its resolution.

The draft **National Strategy of the Republic of Bulgaria for Roma Inclusion and Participation 2021–2030** contains a priority on Housing Conditions, with the key objective of improving the housing conditions and public service infrastructure. This section to a large extent reiterates the analysis of problems in neighbourhoods with compact Roma population, as well as the solutions required to remedy and reverse this, from all strategic documents for Roma in the past few decades. Examples of such measures are to draft zoning plans for the relevant neighbourhoods; to provide social housing to those most in need; to build social infrastructure, including infrastructure for social and social and health services. The document does not focus on the challenges that prevented those measures from being effected in previous decades.

As regards **financing**, municipal housing stocks are administered on the basis of municipal budgets. Over the years, social housing projects have been financed through the EU funds. Measures for the improvement of housing conditions and support for the homeless, with expected financing under the ‘Development of the Regions’ Programme 2021–2027, are also aimed at promoting the social inclusion of vulnerable groups.

Despite the recognised importance of housing policies, the lack of an updated strategic framework puts at risk the legally guaranteed right to housing and the introduction of effective housing assistance mechanisms, as specified in the Council recommendation establishing a European Child Guarantee.

No housing policies have been put in place, nor is there information regarding plans to establish such policies. There is neither legislation nor a strategic framework and mechanisms to ensure access to adequate housing conditions for people and families from vulnerable groups. In this context, the prospect for the creation of a statutory and strategic framework to ensure adequate housing conditions for children living in poverty seems very distant; therefore, the issue needs to be assigned special priority.

Conclusions

Bulgaria has failed to develop an overarching national statutory and strategic framework to guarantee the rights of all children as required by the UN Convention on the Rights of the Child. No strategic objectives at national and local level for children in general and for vulnerable groups among them have been specified, nor have common priorities and activities for their implementation and cross-sectoral coordination been established.

At the same time, child poverty and social exclusion as a significant and complex problem can be identified in strategic documents, including the National Strategy for Poverty Reduction and Promotion of Social Inclusion 2030. There are specific measures foreseen in sectoral strategies in the fields of education and health, but they are fragmentary and do not pertain to a common vision for child welfare.

Many policy documents lack **concrete and targeted measures against discrimination and stigmatisation** against children from vulnerable groups. Children in precarious family situations and children with mental health issues are at the highest risk of being excluded from the scope of the policies. This prevents the possibility to effectively address the existing problems in this area and their impact on poverty and social exclusion. It is further necessary to plan measures addressing multidimensional discrimination and the mutually reinforcing impacts of different “protection-status” characteristics of children with disabilities such as minority background or gender.

Furthermore, strategic documents are not based on analyses or evidence in terms of key issues in the area of child poverty. The availability of data on the welfare of children from vulnerable groups, as well as data on their access to basic services is an underlying condition for improving planning. The monitoring and evaluation of expected results and impacts lacks key indicators for vulnerable groups, while certain documents do not include monitoring and evaluation plans at all. Some strategic documents do not have action plans and financing plans for the resources needed for their effective implementation.

Achieving policy integration in the sectoral management of child welfare is a serious challenge to Bulgaria, which necessitates **modern and innovative measures to be put in place in order to achieve cross-sectoral coordination**. The lack of such measures is a serious threat to reaching the national goals related to the risk of child poverty or social exclusion.

3. Children in need: profile and drivers of poverty and social exclusion

Within the meaning of the Council Recommendation establishing a European Child Guarantee, children at risk of poverty or social exclusion are ‘children in need’ requiring focused, integrated, and effective policies, in order to address the specific disadvantages that preclude access to basic services for those children.

Children in need are children who are at risk of poverty or social exclusion, as well as children who are highly vulnerable due to specific factors. This study covers the vulnerable groups of children, exposed to increased risks of poverty or social exclusion in the country, who were identified during the preparatory of the European Child Guarantee – children with disabilities and other children with special needs; children of recent migrants and refugees; children residing in institutions, children living in precarious family situations, including Roma children from vulnerable communities.⁷⁷ In line with to the Council Recommendation establishing a European Child Guarantee⁷⁸, the study focused also on homeless children or children experiencing severe housing deprivation and on children with mental health issues.

3.1. Children at risk of poverty or social exclusion

The share of children under 18 at risk of poverty or social exclusion in Bulgaria dropped from 47.9% in 2015 to **36.2% in 2020**⁷⁹, but remained high compared to the average EU rate of 24.2%⁸⁰ and is one of the highest in the EU27. Compared to the share of people at risk of poverty or social exclusion of the entire population, the share of children under 18 was by 2.6 percentage points higher. The increased child poverty in absolute terms measured against its 2008 level is also alarming (by 6,700 children).⁸¹

Child poverty is measured by two main indicators:

- ‘at-risk-of-poverty’ rate (AROP) is the share of people with an equivalised disposable income (after social transfer) below the at-risk-of-poverty line, which is set at 60 % of the national median equivalised disposable income after social transfers;⁸²
- ‘at risk of poverty or social exclusion’ (AROPE) indicator corresponds to the share of persons who are in at least one of three situations – have equivalised disposable income

⁷⁷ See Pilot testing of the EU “Child Guarantee” in Bulgaria, accessible at: <https://www.unicef.org/bulgaria/en/pilot-testing-eu-child-guarantee-bulgaria>

⁷⁸ The Council recommended to the Member States ‘to take into account, wherever appropriate in designing their national integrated measures, specific disadvantages experienced, in particular, by: (a) homeless children or children experiencing severe housing deprivation; (b) children with disabilities; (c) children with mental health issues; (d) children with a migrant background or minority ethnic origin, particularly Roma; (e) children in alternative, especially institutional, care; (f) children in precarious family situations.’ See Council Recommendation (EU) 2021/1004, p. 19.

⁷⁹ In line with the new goal of EU 2030 to reduce the number of people, including children at risk of poverty or social exclusion, the *poverty or social exclusion* indicator was modified in 2021, See Eurostat. *People at risk of poverty or social exclusion – new definition*,

https://ec.europa.eu/eurostat/databrowser/view/ILC_PEPS01N_custom_1837232/default/table?lang=en

⁸⁰ See Eurostat. *Children at risk of poverty or social exclusion*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_at_risk_of_poverty_or_social_exclusion.

⁸¹ National Strategy for Poverty Reduction and Promotion of Social Inclusion 2021–2030, p. 78

⁸² See Eurostat. *At Risk of Poverty Rate*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:At-risk-of-poverty_rate

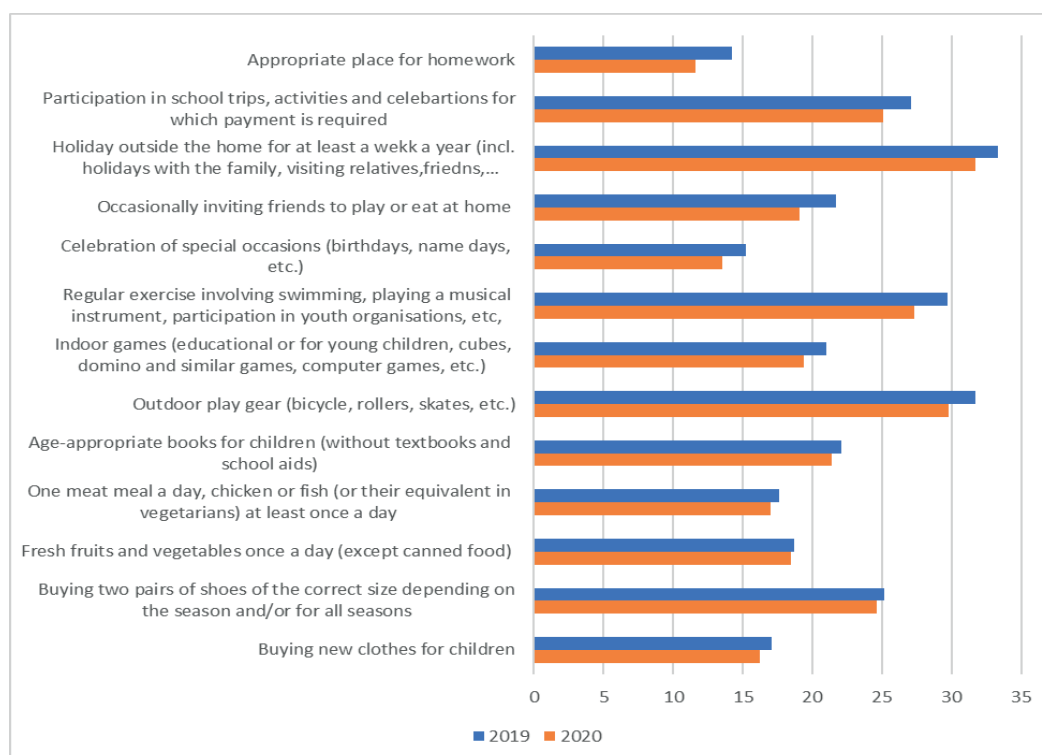
(after social transfer) below the at-risk-of-poverty threshold, are severely materially and socially deprived or living in a household with a very low work intensity.⁸³

‘At risk of poverty or social exclusion’ is the main indicator to monitor the achievement of the EU-level target for reducing the number of people at risk of poverty or social exclusion in the EU by 2030

The NSI data⁸⁴ indicate that in 2020, **38.5% of the children lived in material deprivation**, and for 3.3% of the children none of the needs under the 13 indicators could be met due to financial reasons. Even though there was some decrease in comparison to 2019, one in four children could not afford to participate in paid school trips, activities or celebrations; one in four children did not have a second pair of properly fitting shoes, irrespective of the season (Figure 3).

In the last five years a downward trend was observed in the proportion of children aged under 18, living in *severe material and social deprivation*, from 42% in 2015 to 26,5% in 2020, however this proportion remains still considerably higher than the EU27 average – 8.3% (2020)⁸⁵

Figure 2: Material deprivation among children in 2019 and 2020



Source: NSI

⁸³ See Eurostat. *Children at Risk of Poverty or Social Exclusion*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_at_risk_of_poverty_or_social_exclusion#Children_growing_up_in_poverty_and_social_exclusion

⁸⁴ Children in material deprivation are children who are deprived of at least 3 out of the 13 deprivation items. The indicator includes persons who could not meet a number of needs essential for decent living, with respect to children it includes children aged 1–15. See NSI ‘Poverty and Social Inclusion Indicators in 2020’, p. 14, accessible at: https://www.nsi.bg/sites/default/files/files/pressreleases/SILC2020_FRTG25T.pdf

⁸⁵ See Eurostat. *Severe Material and Social Deprivation Rate*, [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_\(SMSD\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_(SMSD)). Data on Bulgaria are available at: https://ec.europa.eu/eurostat/databrowser/view/ILC_MDSD11__custom_1837298/default/table?lang=en.

Socio-economic profile of households with children at risk of poverty or social exclusion

The largest percentage of children at risk of poverty or social exclusion is seen with **large families** (nearly 67 % of two-adult families with three or more dependent children⁸⁶), which is comparable only to the risk for single elderly people over 60 years of age. The next risk group are **single parents** (nearly 49% of the families of single parents with dependent children). The presence of dependent children on its own increases the risk of poverty – even in the configuration of two parents with one dependent child, one in eight households falls into the category of “at-risk-of-poverty-or-social-exclusion”) ⁸⁷.

By parents’ educational attainment level – poor children with parents with primary or less than primary education had the highest proportion (83.8%) in 2020 under the ‘at risk of poverty or social exclusion’ (ARPE) indicator; the share of children at risk of poverty or social exclusion whose parents had tertiary education was only 8.0% (2020) and, respectively, 5.7% (2020) of the children at risk of poverty had parents with tertiary education.⁸⁸

Analysed by **age group**, poverty was highest among 12–17-year-olds, compared to children in the age groups 0–5 and 6–11-year-olds – 37.3% (2019) of children in the highest age group fall within the ‘at risk of poverty or social exclusion’ category, which is much higher than the EU average (EU27 – 25.0%). The share of girls is a little higher than that of boys (29.0% to 27.6% respectively).⁸⁹

According to the **work intensity**⁹⁰, in households with intensity below 20% the relative share of children (0–17) was 90.3%, the at-risk-of-poverty percentage tending to drop in proportion to the increase in the work intensities of parents. In households with work intensities above 85% the relative share of poor children was as low as 7.2%.⁹¹

The risk of poverty has different dimensions with the various **ethnic groups**. The only ethnic group within which the share of the poor exceeds the share of the non-poor is the Roma one, the former being twice as high as the latter at that (66.2% poor as opposed to 33.8% non-poor)⁹²; when it comes to the risk of poverty or social exclusion, the difference increases up to four times (79.4% at risk as opposed to 20.6% under no risk). Along with this, **the household income and expenditure levels (overheads, maintenance, rent, etc.)** are additionally powerful predictors of material deprivation in Bulgaria.⁹³

The **regional (NUTS2) profile of child poverty** shows that in 2020 the risk of poverty or social exclusion among children (0–17) was lowest in South West Region (26.6%), followed by North-Central and North-East regions with almost identical rates (28.0% and 28.6% respectively), and South-Central Region (35.9%). Significantly higher rates were measured

⁸⁶ The data is for 2020 if not otherwise specified.

⁸⁷ See table A1 „Children at risk of poverty and at risk of poverty or social exclusion by age group, sex, parents’ educational attainment level, household type and level of work intensity (%)“, Annex 7.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ People living in households with very low work intensity are those aged 0-59 living in households where the adults (aged 18-59) work 20% or less of their total work potential during the past year. https://ec.europa.eu/eurostat/web/products-datasets/-/t2020_50

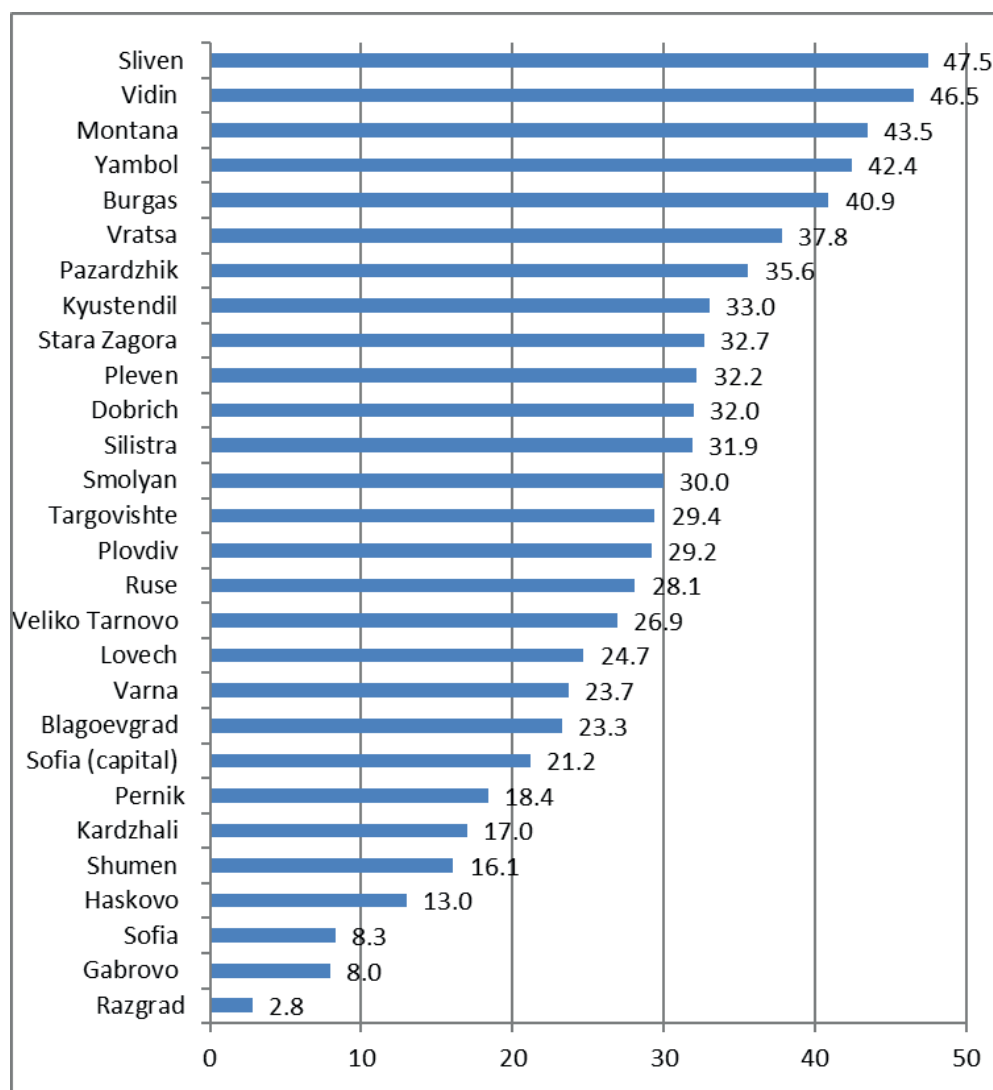
⁹¹ See Table A1, Annex 7.

⁹² NSI. *Poverty and Social Inclusion Indicators* for 2020.

⁹³ Guio, A-C, Marlier, E., Vandenbroucke, F., Verbunt, P. *Micro-and macro-drivers of child deprivation in 31 European countries. Statistical working papers – Eurostat*. 2020. Luxembourg: Publications Office of the European Union.

in South-East (43.6%) and North-West regions (47.4%). The 2020 estimates of the risk of child poverty at regional (NUTS3) level show that it was highest in Sliven (47.5%), Vidin (46.5%), Montana (43.5%), and Yambol (40.9%). Sofia-Region (8.3%), Gabrovo (8.0%), and Razgrad (2.8%) score lowest on this indicator.⁹⁴ (Figure 4).

Figure 4. 1 Estimates of the risk of poverty among children (0–17) in Bulgaria by NUTS3 region



Source: NSI

Drivers of poverty and social exclusion for children at risk of poverty or social exclusion

International research shows that the levels of poverty and material deprivation among children are a function of the interplay between the **factors at the individual level/household level**⁹⁵ – the income and education attainment level of parents, the size

⁹⁴ With respect to these values, one must take into account the sample nature of the EU-SILC survey and the lower number of surveys in some regions.

⁹⁵ See for example HMG. *An evidence review of the drivers of child poverty for families in poverty now and for poor children growing up to be poor adults*, 2014.

and the in/stability of the family, parenting skills, housing conditions and the environment on the one hand, and on the other drivers relating to the **social and economic context** – income policies and policies to promote participation on the labour market, social protection, support for families, etc.⁹⁶

The findings of the statistical analysis of data from official sources⁹⁷ confirm that the main drivers of child poverty with a significant differentiating factor are parents' education and employment status, household size and the number of adults and dependent children, single parenting, ethnicity, housing conditions and having a person with disability in the household.

The risk of poverty or social exclusion for children **in households with economically inactive or unemployed persons** is substantially higher compared to households with people in employment (reference category). For the households with unemployed the risk of children suffering serious financial and material deprivation is highest. According to international studies, employment (temporary or permanent) of parents and the quality of employment are among the key factors impacting child poverty.⁹⁸

Among the households of persons with secondary and mostly tertiary education the risk of poverty or social exclusion in children is considerably lower compared to households of persons with primary or less than primary education (reference category).

Household size (the number of adults and dependent children) was also found to be in strong correlation with the risk of poverty or social exclusion among children: the larger the size of the household, the higher the likelihood of financial and material deprivation or social exclusion. Households with two adults and dependent children are less likely to face serious financial and material deprivation or social exclusion compared to the reference category of **single parents**. Research on single parenting in the EU indicates that single parents are more often women, their economic activity being lower, and are more likely to be at risk of poverty (AROP) and material deprivation relative to two-parent families with dependent children.⁹⁹

Additional analyses based on EU-SILC 2019 demonstrate that **housing conditions** – household overcrowdedness, the lack of own housing and difficulties in paying one's rent or utility bills are strongly related to poverty among households with children.

Risk of poverty or social exclusion is **significantly higher among households with Turkish and mostly Roma ethnic background**, compared to those with Bulgarian ethnic background (reference category). In addition, **in households of people with disabilities or limitations in activities of daily living** the risk of poverty or social exclusion among

⁹⁶ See for example Nelson, K. "Counteracting material deprivation: The role of social assistance in Europe." *Journal of European Social Policy*, (2012) 22, 148 – 163; Bárcena-Martín E., Lacomba, b., Moro-Egido, A. I. & Pérez-Moreno, S. "Country Differences in Material Deprivation in Europe." *Review of Income and Wealth, International Association for Research in Income and Wealth*, 2014 vol. 60(4), 802-820; Saltkjel, T., & Malmberg-Heimonen, I. "Welfare Generosity in Europe: A Multi-level Study of Material Deprivation and Income Poverty among Disadvantaged Groups." *Social Policy & Administration*, (2017) 51, 1287–1310.

⁹⁷ Data from the EU-SILC– *Statistics on Income and Living Conditions 2019* was used and a logistic regression model was applied. See table A3 "Factors affecting the risk of poverty or social exclusion among households with children aged 17 or younger", Annex 7.

⁹⁸ Thévenon, O., et al. "Child poverty in the OECD: Trends, determinants and policies to tackle it", *OECD Social, Employment and Migration Working Papers*. (2018) No. 218, OECD Publishing, Paris, <https://doi.org/10.1787/c69de229-en>. <https://www.oecd-ilibrary.org/docserver/c69de229-en.pdf?expires=1630565638&id=id&accname=guest&checksum=01C9D2E68D8335CA5C1893A62D4AFCA2>

⁹⁹ Nieuwenhuis, R. *The situation of single parents in the EU*. Policy Department for Citizens' Rights and Constitutional Affairs Directorate-General for Internal Policies PE 659.870 – November 2020

children is higher. Due to the limited opportunities for paid work, stigmatisation, social and physical barriers and other, poor health status may be a cause or a consequence, related to poverty.¹⁰⁰

The household's perceived ability to make ends meet is also strongly associated with child poverty, where those perceiving their households as being easily able to make ends meet are significantly less likely to have children at risk of poverty or social exclusion. Perceived poverty is affected by the level of social inclusion in the community, opportunities for social and institutional support, the health status of people, education and employment opportunities, living conditions, etc.¹⁰¹

The impact of COVID-19 pandemic on children at risk of poverty or social exclusion

The impact of the COVID-19 pandemic-driven crisis is most unfavourable for the most excluded groups. The Eurostat experimental early estimate on the change in the income inequality and in the poverty indicators during the pandemic-marked 2020, compared to 2019, reveals an increase in the 'risk of poverty' indicator for the children under 18¹⁰², as well as for the population in the age group 18–64 in Bulgaria.¹⁰³ According to a study across EU, the employment income losses are highly concentrated in some particular groups, such as young people aged 16–24.¹⁰⁴ The estimated income loss for latter is more than two times higher than for adults workers (25–65). Based on the level of employment income, most affected are the low wage earners. In Bulgaria they are losing 6% of their income compared to 2% loss among people in high income groups.¹⁰⁵

Causes of child poverty or social exclusion according to participants in online consultation

Data from the online consultation with staff members from the system of ASA, RDE and RHI responsible for poverty reduction and social inclusion policies in the country **suggest awareness of the root causes of child poverty**. The participants in the consultation outlined three main reasons for child poverty and social exclusion: **unemployment or lack**

¹⁰⁰ "Poverty and Social Exclusion of Persons with Disabilities." *European Human Rights Report* Issue 4 – 2020:

https://mcusercontent.com/865a5bbea1086c57a41cc876d/files/ad60807b-a923-4a7e-ac84-559c4a5212a8/EDF_HR_Report_final_tagged_interactive_v2_accessible.pdf

¹⁰¹ Weziak-Bialowolska D, Dijkstra L. *Monitoring Multidimensional Poverty in the Regions of the European Union*.

Luxembourg: Publications Office of the European Union; 2014. JRC89430:

<https://publications.jrc.ec.europa.eu/repository/handle/JRC89430>

¹⁰² See Eurostat. *At-risk-of-poverty rate (AROP). Year-on-year change 2019–2020, Age < 18*.

¹⁰³ See Eurostat. *Early estimates of income inequality during the 2020 pandemic*, accessible at:

[https://ec.europa.eu/eurostat/statistics-](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_estimates_of_income_inequalities_during_the_2020_pandemic)

[explained/index.php?title=Early estimates of income inequalities during the 2020 pandemic](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_estimates_of_income_inequalities_during_the_2020_pandemic). See също:

[https://ec.europa.eu/eurostat/statistics-](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_estimates_of_income_inequalities_during_the_2020_pandemic#At-risk-of-poverty_rate_by_age_group_shows_contrasting_changes)

[explained/index.php?title=Early estimates of income inequalities during the 2020 pandemic#At-risk-of-](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_estimates_of_income_inequalities_during_the_2020_pandemic#At-risk-of-poverty_rate_by_age_group_shows_contrasting_changes)

[poverty rate by age group shows contrasting changes](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Early_estimates_of_income_inequalities_during_the_2020_pandemic#At-risk-of-poverty_rate_by_age_group_shows_contrasting_changes) The development of flash estimates of poverty and income inequalities is based on models that capture the complex interaction between labour market developments, the effects of economic and monetary policies and the implementation of social reforms. See Eurostat. *Nowcasting income indicators during the pandemic* (FE 2020). Methodological developments. June 2021, p. 4.

¹⁰⁴ See European Commission, The Employment Committee and the Social Protection Committee. *Monitoring Report on the Employment and Social Situation in the EU Following the Outbreak of the COVID-19 Pandemic*. Winter 2020/2021, pp. 22–24, accessible at: <https://ec.europa.eu/social/BlobServlet?docId=23592&langId=ro>

¹⁰⁵ Ibid, p. 24.

of full-time employment of parents (72.7%), poor educational attainment level of parents (42.8%), and multiple children in the family (33.6%)

The fact that **the participants in the consultation outlined predominantly factors related to the skills, qualifications and attitudes of the parents themselves** is no less important: *“lack of work habits”, “lack of initiative in parents about both their own and their children’s employment”, “lack of sufficient attention to the education of their children”, “social inclusion is not a family value”*. The experts further emphasised the existence of learned helplessness and expectations that lifting out of poverty is a government task and does not involve personal initiative. The criticisms received are indicative of the mismatch between the expected maximisation of using the support provided by state institutions and the lack of proactivity shown by its beneficiaries.

What is also key to achieving effectiveness in the experts’ opinion is the interaction between institutions, *“setting up a focal point for all child-based approaches”*. The impact assessment of actions for inclusion of parents in the labour market, for example, will be much more successful if employment authorities liaise with social workers to obtain information about families’ quality of life before and after the support intervention.

The multidimensional nature of child poverty and the related drivers call for comprehensive and streamlined measures aimed at supporting and empowering parents. The high percentage of children at risk of poverty or social exclusion in Bulgaria indicates a lack of sufficient effectiveness in the implementation of policies to combat this complex phenomenon.

The policies and instruments for the implementation of those measures should target families with three or more children, single parents, families with parents’ poor educational attainment levels, households of people with low work intensities or without jobs, minority group families, particularly Roma, and households with children with disabilities. The measures should further take regional differences into account and concentrate priority investment in the most in-need regions (North West, South East and South Central)

3.2. Homeless children or children experiencing severe housing deprivation

Homelessness is an extreme form of child poverty and a violation of children’s rights. The definition of this group of children is based on the European Typology on Homelessness and Housing Exclusion (ETHOS)¹⁰⁶, more specifically on its four categories of housing deprivation: 1. Rooflessness, including living in temporary accommodation; 2. Houselessness, including in temporary accommodation, medical and penal institutions; 3. Living in insecure housing, including illegal occupation of a dwelling and under threat of eviction; 4. Living in inadequate housing, including in unfit housing and overcrowding. According to Eurostat, the severe housing deprivation rate is defined as the percentage of population living in a dwelling which is considered as overcrowded, while also exhibiting at least one of the following housing

¹⁰⁶ See *European Typology on Homelessness and Housing Exclusion*, <https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion>

deprivation measures: leaking roof, no bath/shower and no indoor toilet, or a dwelling considered too dark.¹⁰⁷

European studies have identified several categories of factors of poverty as reasons for homelessness: **structural factors**, associated with income, employment stability and housing market conditions; **institutional factors**, associated with the availability of services and the coordination between the different types of services; **relational factors** and **personal factors**, such as disability or long-term illness, educational status, migration etc.¹⁰⁸ Income poverty, living in a single-parent family and coming from a minority and/or migrant background increase the risk of homelessness and severe housing deprivation.¹⁰⁹

In 2020, in Bulgaria, **children under 18 from poor households experienced housing deprivation much more often**¹¹⁰ (39%) than children from non-poor households (6%).¹¹¹ Overall, 15.3% of children under 18 in Bulgaria were living in severe housing deprivation in 2020, against 6% on average in the EU27 in 2019.¹¹² Based on household type, **households of two adults with three or more dependent children** had the highest share of people living in severe housing deprivation (33.7%), followed by **single-person households with dependent children** (16.5%). The total share of households with dependent children living in severe housing deprivation was 12.9%.¹¹³

One of the measures of housing affordability is **the share of housing costs in disposable household income**. Housing costs are a considerable financial burden, particularly for poor households. In 2020 the share of housing costs was twice as high for poor households (38.9%) as for non-poor households (18.3%).¹¹⁴ Single-person households with dependent children were the most vulnerable group identified under this indicator (Table 2).

¹⁰⁷ Eurostat. *Severe housing deprivation rate*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_housing_deprivation_rate

¹⁰⁸ FEANTSA. *Child Homelessness in Europe – an Overview of Emerging Trends*, 2007, p. 18–20, https://www.feantsa.org/download/en_childrenhomeless-17128526693267845478.pdf; European Observatory on Homelessness. *European Review of Homelessness Statistics*, 2009, <https://www.feantsaresearch.org/download/6-20098376003316223505933.pdf>

¹⁰⁹ See, FEANTSA. *Input from FEANTSA for the UN Special Rapporteur on extreme poverty*. 2020, p. 11. See also, Baptista, I., Marlier, E. *Fighting Homelessness and Housing Exclusion in Europe*. 2019, p. 43.

¹¹⁰ *Severe housing deprivation rate* is defined as the percentage of population living in a dwelling which is considered as overcrowded, while also exhibiting at least one of the following housing deprivation measures: leaking roof, no bath/shower and no indoor toilet, or a dwelling considered too dark. See Eurostat. *Severe Housing Deprivation Rate*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_housing_deprivation_rate

¹¹¹ Eurostat. *Severe housing deprivation rate by age, sex and poverty status*, <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

¹¹² Eurostat. *Severe housing deprivation rate by age, sex and poverty status*, <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

¹¹³ Ibid.

¹¹⁴ Eurostat. *Share of housing costs in disposable household income, by type of household and income group*, https://ec.europa.eu/eurostat/databrowser/view/ILC_MDED01__custom_1514507/bookmark/table?lang=en&bookmarkId=50a09682-7e88-4f27-9e19-125916e1cace

Table 2: Share of housing costs in disposable household income

Household characteristics	All households irrespective of income	Households with income below the poverty line	Households with income above the poverty line
All households	23.2%	38.9%	18.3%
Two adults with three or more dependent children	26%	33.3%	15.3%
One adult with dependent children	31.4%	42%	24.6%
Two adults with dependent children	22.2%	44.7%	16.6%

 Source: Eurostat, EU SILC 2020¹¹⁵

The housing cost overburden rate¹¹⁶ was several times higher for poor households (41.9%) than for non-poor households (5.1%).¹¹⁷ In 2020: 44.8% of tenants in Bulgaria renting at market price were overburdened against 25.2% on average in the EU27; 18.2% of tenants in Bulgaria renting at non-market price were overburdened against 10.2% on average in the EU27.¹¹⁸ Unlike most EU countries, the housing cost overburden rate in Bulgaria was found to be higher in rural areas (16.4%) than in cities (13%).¹¹⁹ OECD Member States data suggest that **people with disabilities are much more likely to be overburdened by the housing cost** than people without disabilities. Such data, however, are not available for Bulgaria.¹²⁰

Another measure of housing affordability is the ability of households to pay their utility bills. On average, in 2020, 22.2% of the population were **in arrears on utility bills**, while the shares of households in arrears on utility bills by household type in the same period were as follows: poor households with dependent children – 55.5% (more than twice the national average);¹²¹ single-person households with dependent children – 31.1%; households of two adults with three or more dependent children – 53.7%; and households with dependent children – 25.1%.¹²²

A specific driver of homelessness and severe housing deprivation for the Roma population, the majority of whom live in poverty, is **the large (and ever increasing) number of illegal dwellings with poor living conditions and no infrastructure**.¹²³ In recent years a series of actions to remove illegal dwellings have been launched by authorities, as a result of which

¹¹⁵ Eurostat. *Share of housing costs in disposable household income, by type of household and income group*, https://ec.europa.eu/eurostat/databrowser/view/ILC_MDED01_custom_1801079/default/table?lang=en

¹¹⁶ The housing cost overburden rate is the percentage of the population living in households where the total housing costs represent more than 40% of disposable income. See Eurostat. *Housing Cost Overburden rate*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Housing_cost_overburden_rate

¹¹⁷ Eurostat. *Housing cost overburden rate by poverty status*, <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

¹¹⁸ Eurostat. *Housing cost overburden rate by tenure status*, <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

¹¹⁹ Eurostat. *Is Housing Affordable?* <https://ec.europa.eu/eurostat/cache/digpub/housing/bloc-2b.html?lang=en>

¹²⁰ OECD. *Housing outcomes among people with disabilities*, <https://www.oecd.org/els/family/H4.1-Housing-outcomes-people-with-disabilities.pdf>

¹²¹ Eurostat. *Arrears on utility bills*, <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

¹²² Eurostat. *Arrears on utility bills by household type*, <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

¹²³ World Bank. “A Roof Over Our Heads – Housing in Bulgaria.” 2017, p. 6, <http://documents.worldbank.org/curated/en/702751508505445190/A-roof-over-our-heads-Housing-in-Bulgaria>.

families with dependent children have been left with no roof over their heads. On several occasions the European Court of Human Rights has ruled on decisions to demolish the only housing available to families living in extreme poverty (such as Batalova Vodenitsa case of 2012 and the demolition of illegal dwellings in the village of Garmen in 2015), including on a decision for temporary measures for families with children having lost their housing as a result of demolition of illegal dwellings in the village of Voivodinovo, Maritsa Municipality, which has remained pending for two years since the receipt.¹²⁴

Housing insecurity also applies to some children in alternative care who leave institutions, as well as to children with special needs. Homelessness is also associated with temporary residence in shelter services such as centres for temporary accommodation of migrants and refugees and shelters for victims of domestic violence.¹²⁵ Another group of children includes ones who, for various reasons and as a result of various problems, end up in a temporarily homeless situation. These are children who have run away from home, have left their compulsory correctional education or compulsory treatment, as well as children living on the streets with their families. No official sources of information are available on the number of those children.

Children in a situation of temporary homelessness form part of a group tracked by CCCABM through the Homes for Temporary Accommodation of Minors (HTAMs) and are referred to as “unattended children”, i.e. children “without an established identity and residence address, caught while engaging in vagrancy, begging, prostitution, and drug and narcotic substance abuse, or ones who have left their compulsory correctional education or compulsory treatment of their own free will, or committed crimes or acts of antisocial behaviour, and who are in a situation of being unattended”.¹²⁶ In 2019 the HTAMs housed a total of 888 children, in 2018 – 938 children, and in 2017 – 839 children.¹²⁷ Most often than not a relationship is in place between poverty and the situation of children being imposed measures under the Combating the Antisocial Behaviour of Minors Act (CAMBA) – poor living standard, unemployment, poor housing and living conditions.¹²⁸ According to the observations of an expert from an institution working with such children, children from single-parent families and families with a low social status are more likely to engage in antisocial behaviour, although it can also be found in children from well-off families having experienced traumatic relationships.¹²⁹

¹²⁴ See Bulgarian Helsinki Committee. “The Strasbourg Court: The Bulgarian Authorities Need to Come Up with an Alternative Placement for Some of the Roma in Voivodinovo”, accessible at (only in Bulgarian): <https://www.bghelsinki.org/bg/news/sydyt-v-strasbourg-bylgarskite-vlasti-trjabva-da-osigurjat-alternativno-nastanjavane-nachast-ot-romite-ot-vojvodinovo>

¹²⁵ Ibid, p.11

¹²⁶ Rules of Procedure of the Organisation and the Work of HTAMs, 27.04.2021.

¹²⁷ CCCABM with the Council of Ministers. *Състояние и тенденции на престъпността и противообществените прояви на малолетните и непълнолетните. Престъпления срещу тях (Status and Trends in Criminal and Antisocial Behaviour in Minors. Crimes against Minors)*, 2020, p.17.

¹²⁸ CCCABM report, p. 29.

¹²⁹ Interview, expert.

3.3. Children with disabilities

Bulgaria lacks a unified, inter-institutional system for collecting data on the number of children with disabilities, the type of disability and the specific needs of children.¹³⁰ The available data is fragmented, collected by the Ministry of Health (MH), the Agency for Social Assistance (ASA), and the Ministry of Education and Science (MES), depending on their area of competence¹³¹, which makes it impossible to estimate the actual number of children with disabilities or analyse the correlation between the presence of different types of disability and poverty. This is a serious obstacle to planning and implementing measures to reduce the risks of poverty or social exclusion.

According to the Agency for People with Disabilities (APD), the number of children with long-term disabilities¹³² officially registered in Bulgaria as of June 2021 was 27,500. The estimated number of children with disabilities and developmental difficulties is higher, but there are no precise figures available. Meanwhile, according to data of the National Centre for Public Health and Analysis (NCPHA), the number of certified children aged under 16 with a recognised type and degree of disability has been declining in recent years, due to an overall decline in the number of children, as well as to successive amendments to the regulations setting out the criteria for assessing the degree of disability in children.¹³³ So, in 2020 there were 2.9 children with disabilities aged 16 or under per 1,000, in 2019 – 3.2 per 1,000, in 2018 – 3.7 per 1,000.

The most common reasons for certification in 2020 were: mental and behavioural disorders (22.7%), diseases of the respiratory system (19.4%), congenital anomalies (17.9%), and neurological disorders (12.0%) (Figure 5). This breakdown remains stable over the years.¹³⁴

¹³⁰ The Agency for People with Disabilities maintains an electronic system of disabled people's accounts. Each account contains data on the respective disabled person gathered by different administrative bodies. Data about the person is displayed only if there is a valid Territorial Expert Medical Commission (TEMC) decision. Only the disabled people concerned have access to their accounts. The accounts are not intended to be used for comprehensive analysis of the needs of children with disabilities or for the coordination of services for them. Full details on disability accounts are available on the Agency's website: <https://ahu.mlsp.government.bg/hu/prof/index/>

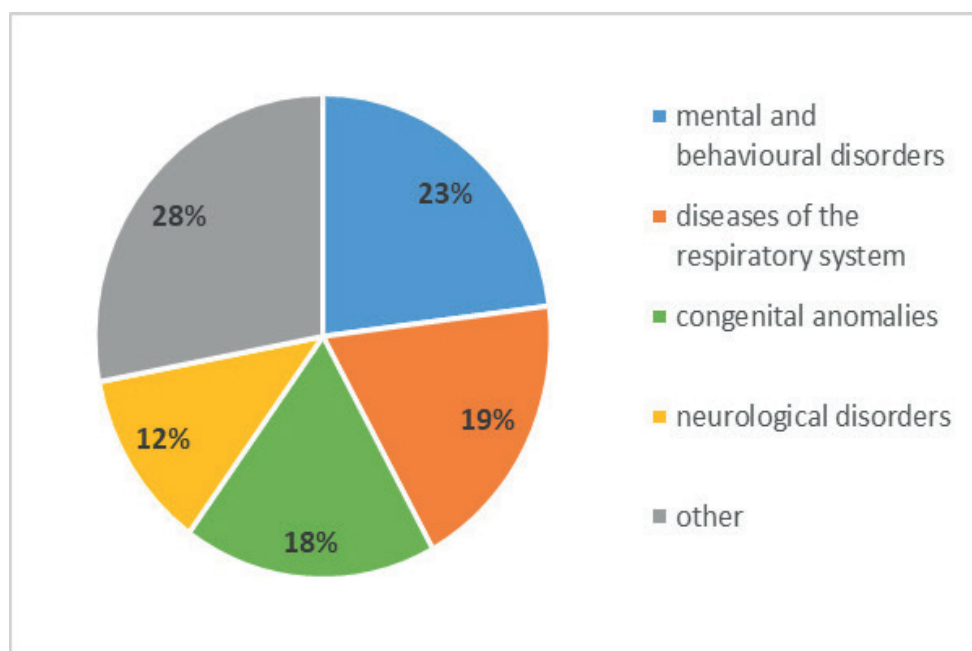
¹³¹ Data on children with disabilities by type and degree of disability; data on children with disabilities according to families' eligibility to receive monthly allowances for children with long-term disability; and data on children with special educational needs.

¹³² Within the meaning of the Law on Persons with Disabilities, Supplementary Provisions, paragraph 1, item 2, persons with long-term disabilities are "persons with a long-term physical, mental, intellectual and sensory impairment which, in interaction with their environment, may prevent their full and effective participation in public life, and for whom a type and degree of disability or a degree of permanently reduced work capacity of 50 per cent or more has been established through expert medical examination."

¹³³ National Centre of Public Health and Analyses (NCPHA). *Certified children aged under 16 with a recognized type and degree of disability*, accessible at: https://ncpha.government.bg/uploads/statistics/annual/health_B_7.pdf

¹³⁴ National Statistical Institute. *Healthcare 2020*, https://www.nsi.bg/sites/default/files/files/publications/Zdraveopazvane_2020.pdf

Figure 5. Reasons for certification of children with disabilities, 2020



Source: NCPH

Multiple surveys in various countries have found a correlation between poverty and disabilities.¹³⁵ The risk of poverty or social exclusion for children and people with disabilities in Bulgaria is decreasing according to the latest data for 2017–2018, but **inequalities between people with disabilities and people without disabilities remain higher** than the European average. For people with disabilities in the age group 16–64 the risk of poverty in 2018 was by 17 percentage points higher; whereas the EU27 average was 14.7 percentage points.¹³⁶ Data from a 2021 UNICEF Bulgaria study confirmed the **correlation between the presence of disability on the one hand and the higher levels of poverty and early school leaving on the other.**¹³⁷

International research has shown that **families of children with disabilities are more likely to struggle to meet their daily needs** and have a higher share of both non-working mothers and fathers who are less active in the labour market.¹³⁸ According to data for Bulgaria from the same research, 86.3% of families with a disabled child in the sample¹³⁹ declare to make ends meet with difficulty; for families without a disabled child, this percentage was 59.8%.¹⁴⁰ **Limited possibilities for flexible working hours** act as precondition for exclusion of parents with children with disabilities from the labour market

¹³⁵ See for example, UNICEF. *The State of the World’s Children 2013: Children with Disabilities*, p. 14; Susan L. Parish, et al. “Material Hardship in U. S. Families Raising Children with Disabilities”, *Exceptional Children*, vol 75 (1), pp. 72–92, accessible at: https://www.researchgate.net/publication/279545190_Material_Hardship_in_US_Families_Raising_Children_with_Disabilities

¹³⁶ *Europe 2020 data & people with disabilities – tables (EU SILC 2018)*, Table 13. available at: <https://www.disability-europe.net/downloads/1046-edc-task-2-1-statistical-indicators-tables-eu-silc-2018>.

¹³⁷ UNICEF Bulgaria. *Study on Violence against Children in Bulgaria. Volume I: Prevalence of violence against children and related knowledge, attitudes and practices among children and adults in Bulgaria*, <https://www.unicef.org/bulgaria/media/10836/file/BGR-VAC-Research-volume-1.pdf>

¹³⁸ See Giulio, P., D. Philipov, and I.Jaschinski. “Families with Disabled Children in Different European Countries”. *Families and Societies Working Paper series*, 23/2014, pp. 14–17, accessible at: <http://www.familiesandsocieties.eu/wp-content/uploads/2014/12/WP23GiulioEtAl.pdf>

¹³⁹ The sample for Bulgaria includes 12,858 men and women. Ibid, p. 7.

¹⁴⁰ Ibid, p. 17.

and are associated with a higher risk of poverty in the household (Bulgarian adults being most impacted compared to other EU Member States).¹⁴¹ In 2020 **39.9% of the total number of unemployed women of working age do not have a job because of caring responsibilities for an adult or a child with disabilities**, compared to the EU27 average of 27.3%.¹⁴²

Parents with children with permanent disabilities are entitled to monthly allowances under the Family Allowances Act. For children with disability of 90% or more, the amount of the allowances is largest and mandatorily the support includes financial support for services for accompanying carer and for raising the child in family environment. Despite this support, however, **informal care provided by parents remains the predominant type of care for children with disabilities**.¹⁴³ Households with a single parent raising a child with disabilities are particularly vulnerable, and in deeper poverty too.¹⁴⁴ **Insufficient support for families for taking care of children with disabilities** is a reason for placement of children with severe disabilities in alternative care.¹⁴⁵

Stigmatisation and related discrimination of children with disabilities are strong factors for their societal exclusion.¹⁴⁶ The aspects and impact of discriminatory treatment of children with disabilities are poorly researched in Bulgaria, however data from complaints to the Ombudsman, as well as the observations of respondents in this study confirm that stigmatisation of children with disabilities leads to their societal exclusion.¹⁴⁷ Children with disabilities are particularly severely affected where there is an overlay of discrimination factors such as minority ethnic background, gender, migrant background, etc.¹⁴⁸

Stigmatisation of children with disabilities and the lack of understanding of what constitutes violence are also a risk factor for the different forms of violence against children with disabilities.¹⁴⁹ **Children with disabilities in Bulgaria are more likely to experience different forms of violence, both at home, and at school and in the community**, according to data from a national representative study of UNICEF, 2021.¹⁵⁰

¹⁴¹ According to the 2018 Eurobarometer survey, the largest share of respondents reporting no access to flexible working hours, is from Bulgaria – 55%, compared to the EU-28 average of 31%. See Flash Eurobarometer 470. *Work-Life Balance Report*. June-July 2018, <https://work-live-stay.dk/foreningenwls/wp-content/uploads/2018/10/European-Commission-work-life-balance-survey.pdf>

¹⁴² Eurostat. Inactive population due to caring responsibilities by sex, https://ec.europa.eu/eurostat/databrowser/view/sdg_05_40/default/table?lang=en

¹⁴³ See Ombudsman of Republic of Bulgaria. Annual Report on the Activities of the Ombudsman 2020, pp. 164–166.

¹⁴⁴ European Institute for Gender Equality. *Gender Equality and Long-term Care at Home*, 2020, p. 17.

¹⁴⁵ Ibid., p. 28.

¹⁴⁶ See Committee on the Rights of the Child. *General Comment No. 9 (2006). The rights of children with disabilities*, paragraphs 8–10, accessible at:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f9&Lang=en

¹⁴⁷ See e.g. Annual Report on the Activities of the Ombudsman 2020, p. 135; Annual Report on the Activities of the Ombudsman 2019, p. 93; Annual Report on the Activities of the Ombudsman 2018, p. 58;

¹⁴⁸ United Nations Committee on the Rights of the Child. *General Comment No. 9 (2006)*, paragraphs 8–10.

¹⁴⁹ European Union Agency for Fundamental Rights. *Violence against Children with disabilities: Legislation, Policies and Programmes in the EU*, p. 57–63, accessible at: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2015-violence-against-children-with-disabilities_en.pdf

¹⁵⁰ UNICEF Bulgaria. *Study on Violence against Children in Bulgaria. Volume I: Prevalence of violence against children and related knowledge, attitudes and practices among children and adults in Bulgaria*, pp. 41, 46, 49.

3.4. Children with mental health issues

Bulgaria lacks a system allowing the gathering of statistical data by NUTS2 region and type of mental illness among children. Neither is there research on the relationship between mental illness among children and the risk of poverty or social exclusion. The available data comes mainly from international studies that include Bulgaria. The data for Bulgaria from UNICEF's global report *The State of the World's Children 2021* indicate that approximately 11.2% of children aged 10–19 (73,808 children) have some kind of mental health disorder.¹⁵¹ In a study of the self-reported mental health of 6,245 children aged 6–12, 27.9% of children in Bulgaria reported of at least one issue (against an average of 22.0% in eight European countries).¹⁵²

The stigma associated with mental health is one of the barriers before children and young people to obtain professional help. In a survey carried out by U-Report Bulgaria in 2020, 63% of the teenage respondents pointed out that the reason why they did not seek help was anxiety or shame, while 17% reported they did not know where to look for it.¹⁵³

The lack of precise data on children with mental development challenges and on the relationship with child poverty and social exclusion is a major obstacle both to achieving an effect in fighting child poverty, and to planning the necessary measures and programmes for mental health promotion and care as a whole.

3.5. Children with minority ethnic background (particularly Roma)

According to the latest date available from the census in 2011, the share of children and young people aged 0–19 from Roma ethnic group is 10.8% of the whole population in this age group or 127,079 persons.¹⁵⁴ The poverty or social exclusion rates among Roma children are much higher than the average for the country in the respective age group and are disproportionally high compared to their share in the whole population. In 2019 Roma children account for 46.5% of the total number of poor children in Bulgaria.¹⁵⁵ More than half of all children experiencing severe material deprivation come from the Roma community – 56.7% (Figure 6). Within the Roma ethnic group, poverty among children is extremely high – 87.6% (Figure 7).

¹⁵¹ See UNICEF. Regional Brief for Europe. *The State of the World's Children 2021*. “On My Mind: Promoting, Protecting and Caring for Children’s Mental Health.”, p. 4. The data is based on some of the following types of disorders: depression, anxiety, bipolar disorder, eating disorder, autistic spectrum disorder, behavioural disorder, idiopathic intellectual deficiency, emotional disorder, hyperactivity or attention deficit and several types of personality disorders.

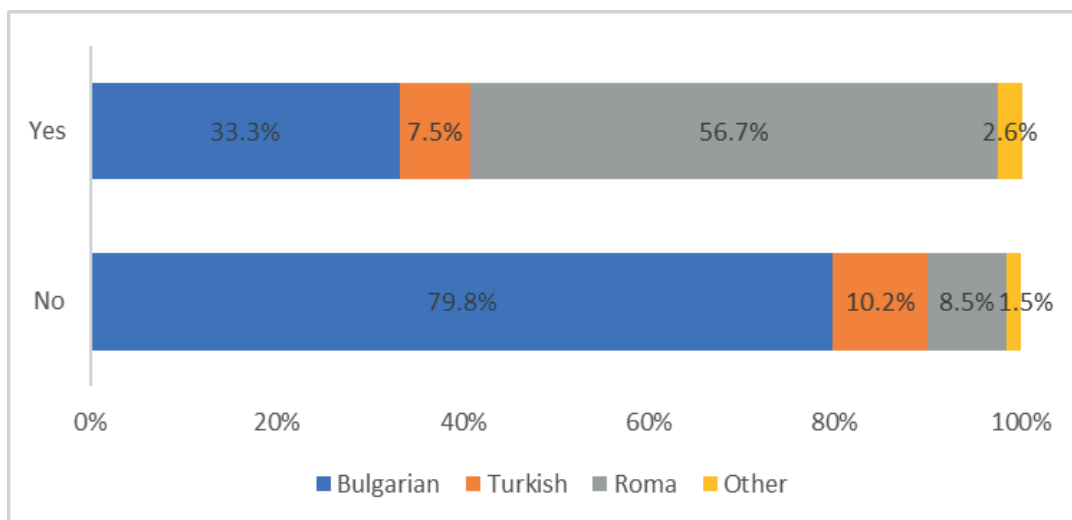
¹⁵² European Commission. *Children and Mental Health: Preventive Approaches to Anxiety and Depression*. October 2020, p. 3, accessible at: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8374&furtherPubs=yes>

¹⁵³ See UNICEF Bulgaria, *1 in 5 adolescents experiences a mental disorder each year*; accessible at: <https://www.unicef.org/bulgaria/en/beyond-smiles-how-are-you-really>

¹⁵⁴ See NSI. *Population and Housing Census in the Republic of Bulgaria, 2011*, <https://censusresults.nsi.bg/Census/Reports/2/2/R7.aspx>

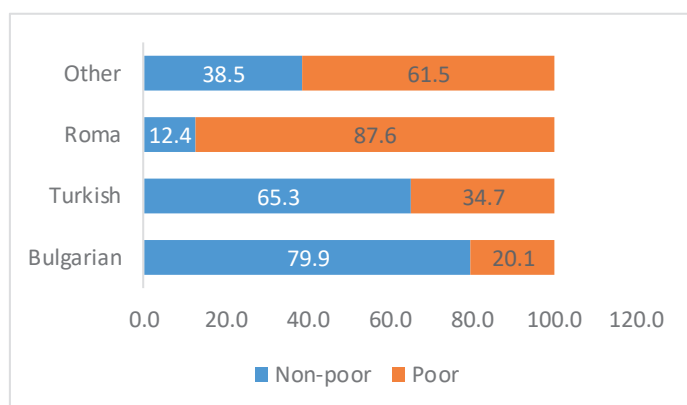
¹⁵⁵ Eurostat/NSI data and own calculations of the research team.

Figure 6 Material deprivation among children from the main ethnic groups in Bulgaria in %



Source: Eurostat/NSI, authors' calculations

Figure 7: Breakdown of children at risk of poverty by ethnic background in %



Source: Eurostat/ NSI, authors' calculations

Data from the second wave of the European Union Minorities and Discrimination Survey (EU-MIDIS II) (2016) showed that Roma households with dependent children who fall into the “at risk of poverty after social transfers” category were 86% against 22% of Bulgarian households. Whilst national data disaggregated by ethnicity are scarce, studies show serious inequalities of Roma children under the child welfare indicators.¹⁵⁶ Poverty is both a result and a driver of social exclusion for Roma children, who are largely excluded from

¹⁵⁶ See for example, European Public Health Alliance. *Closing the Life Expectancy Gap of Roma in Europe*. 2018, p. 8, <https://epha.org/wp-content/uploads/2019/02/closing-the-life-expectancy-gap-of-roma-in-europe-study.pdf>. See also, Orton, L. “Roma populations and health inequalities: a systematic review of multiple intersecting determinants”, published in *European Journal of Public Health*, Vol. 29, Supplement 4, 2019. In some locations with higher concentration of Roma population the infant mortality rate is higher (up to six-fold). See OECD/European Observatory on Health Systems and Policies (2017), *Bulgaria: Country Health Profile 2017, State of Health in the EU*, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels. <http://dx.doi.org/10.1787/9789264285071-bg>

ECEC services, are more likely to leave school early, live in overcrowded dwellings with poor housing conditions and have no access to healthcare.¹⁵⁷

The results of the multivariate statistical analysis of poverty factors applied show a number of correlations¹⁵⁸. **Education** correlates significantly with the risk of poverty for Roma households with dependent children: persons with secondary education are significantly less likely to fall into the “at risk of poverty” category compared to those with primary or less than primary education. Equally, young people from this group who live at risk of poverty in rural areas, in overcrowded households, in ethnically segregated areas or neighbourhoods are less likely to complete secondary or higher education¹⁵⁹ and, respectively, have more barriers to accessing the labour market, finding permanent employment and securing a stable income. This, to a large extent, leads to the perpetuation of poverty and holds especially true for young women of Roma communities who are at increased risk of early school leaving.¹⁶⁰

The risk of poverty in Roma households with dependent children correlates significantly with **employment status**. Compared to those in employment (reference category), the risk of poverty is 5.6 times higher for the unemployed and 1.8 higher for the economically inactive. Parental exclusion from the labour market and difficulties in finding employment (including long-term unemployment) are a major factor behind the extremely high levels of child poverty among Roma households.

Another factor amplifying the risk of poverty is **sources of income**. Compared to households that rely mainly on paid work (reference category), those whose main source of income are social transfers (social assistance benefits, pensions, among others) are at a significantly higher risk of poverty. The measurement of poverty after social transfers indicates that social assistance benefits received by Roma households with dependent children have a mitigating effect but do not eliminate poverty among this category.

Household size (number of children and adults) has a significant effect on the risk of poverty, large households (with three or more dependent children) being more likely to fall into the 'at risk of poverty' category. The relatively higher frequency of large households within the Roma community is associated with a redistribution of resources, which, given the low incomes, are woefully inadequate to provide quality education, health care and healthy nutrition to children. Further analyses on EU MIDIS II also show that household composition is another driver when the household includes individuals who are **chronically ill**.

The risk of poverty is significantly higher among Roma households with dependent children living in villages compared to those living in towns and cities. The interplay

¹⁵⁷ European Union Agency for Fundamental Rights. *The Situation of Roma in 11 EU Member States*. 2012. Luxembourg: Publications Office of the European Union: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-roma-survey-dif-employment-1_en.pdf

¹⁵⁸ To study the drivers of poverty among Roma households with children, data from the second wave of the European Union Minorities and Discrimination Survey (EU-MIDIS II), conducted by the European Agency for Fundamental Rights (FRA) in 2016, were used through a selected subsample of households with children under 17. A binary logistic regression model was employed, with the dependent variable in the model being the risk of poverty after social transfers. The factors whose impact was examined were gender and age of the head of the household, education, employment status, sources of income, household structure and size, settlement type, location of the household in an ethnically segregated or other area, home ownership, and subjective perception of poverty (the household's capacity to make ends meet) (Table A8, Annex 7).

¹⁵⁹ European Union Agency for Fundamental Rights. *Transition from education to employment of young Roma in nine EU Member States*. p. 11.

¹⁶⁰ See European Union Agency for Fundamental Rights. *Education: the situation of Roma in 11 EU Member States*, p. 38. 2014

between social exclusion and the spatial concentration of Roma households in settlements with underdeveloped infrastructure, limited opportunities for education, work, health and social services confirms the relevance of the spatial-territorial dimension of poverty as a factor influencing the risk of poverty, including among children.

A special contributing factor to poverty or social exclusion among Roma is also **the anti-Roma sentiment**¹⁶¹ in society, the most obvious manifestation of discrimination and stigmatisation. The findings of a survey conducted by the EU Agency for Fundamental Rights show that the lack of systematic measures aimed at overcoming anti-Roma sentiment renders ineffective the efforts of states to combat poverty and improve access to education, healthcare and adequate housing.¹⁶² Furthermore, the data and analyses on the impact of anti-Roma sentiment on the life chances and well-being of the Roma gave grounds to the EC and the EU Council to include a stand-alone horizontal objective – equality, inclusion and participation, in the new Strategic Framework for Roma Equality, Inclusion and Participation 2020–2030, complementing the sectoral objectives.¹⁶³

The impact of the COVID-19 pandemic

Children from Roma communities are particularly vulnerable on the ground that the pandemic exacerbates the existing systemic problems with poverty or social exclusion.¹⁶⁴ According to FRA data, the rise in unemployment among Roma communities due to the general lockdown measures, as well as the selective restrictions of access to Roma neighbours for prevention purposes, lead to increased rates of poverty or social exclusion, which even before the pandemic were alarmingly high among Roma.¹⁶⁵ Poor living conditions, especially the limited access to drinking water and electricity, and overcrowdedness in part of Roma neighbourhoods hindered strongly the preventive measures of public healthcare.¹⁶⁶

3.6. Children with migrant background

Within the meaning of the Council Recommendation establishing a European Child Guarantee ‘children with a migrant background’ means third country national children, irrespective of their migration status, and children with the nationality of a Member State who have a third country migrant background through at least one of their foreign-born parents.

¹⁶¹ ECRI’s General Policy Recommendation N°13 on Combating Antigypsyism and Discrimination against Roma, defines anti-Roma sentiment as “a specific form of racism, an ideology founded on racial superiority, a form of dehumanisation and institutional racism nurtured by historical discrimination, which is expressed, among others, by violence, hate speech, exploitation, stigmatisation and the most blatant kind of discrimination.” In some Member States the term “antigypsyism” is used with the same meaning as “anti-Roma sentiment”.

¹⁶² European Union Agency for Fundamental Rights. *A persisting concern: Anti-Gypsyism as a barrier to Roma inclusion*. 2018: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-anti-gypsyism-barrier-roma-inclusion_en.pdf.

¹⁶³ See *Council Recommendation of 12 March 2021 on Roma equality, inclusion and participation* (2021/C 93/01)

¹⁶⁴ European Commission. *Overview of the impact of Coronavirus measures on the marginalized Roma communities in the EU*. See also, Special report of the Ombudsman of the Republic of Bulgaria. *Децата и COVID-19. Въздействието на кризата върху правата и интересите на децата*.

¹⁶⁵ EU Agency for Fundamental Rights. *Coronavirus pandemic in the EU – impact on Roma and Travellers*. Bulletin 5, March-June 2020, p. 17, https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-coronavirus-pandemic-eu-bulletin-roma_en.pdf.

¹⁶⁶ *Ibid*, pp. 21–22.

The term used in Bulgarian legislation is ‘persons seeking or having been granted international protection’.

According to the NSI data in 2020 in Bulgaria, settled 2,656 children aged 0–19 coming from non-EU countries and 1,140 from EU countries.¹⁶⁷ In the first ten months of 2021, a serious increase in the number of unaccompanied children seeking international protection in Bulgaria was reported – 2268 compared to 799 for the entire 2020. Out of those the number of unaccompanied children aged under 13 in 2021 was 200 against 56 in 2020.¹⁶⁸ The data on the number of the submitted applications for protection of unaccompanied minors show that the overwhelming majority were boys aged 16–17 from Afghanistan and Syria.¹⁶⁹

According to Eurostat data for 2020, the **migrant background of at least one parent is a contributing factor which increases the risk of poverty among children** – 32.9% average risk of poverty in the EU27 for children with at least one parent with migrant background, compared to 15.3% risk of poverty for children where both parents come from the respective country.¹⁷⁰ This factor impacts the risk of poverty among migrant families in Bulgaria, although the data is with low reliability due to the small sample size for the survey.¹⁷¹ As for the majority of the EU27 Member States, for Bulgaria too 2020 data suggest that **migrants outside EU27 have a lower level of employment** compared to the individuals born in the respective country (Eurostat notes that the data for Bulgaria is with low reliability).¹⁷² In the majority of EU Member States employment levels among migrant women are persistently low, regardless of education level.¹⁷³ No data on employment or unemployment rates among migrant women is available for Bulgaria.

The interviews conducted for this study with national and municipal actors have revealed that the group of children with migrant background is poorly recognised and references to its status, profile and access to basic services are rare and lacking in detail. This has been confirmed by the identified in other research **need to raise the awareness and provide better training opportunities to staff in the institutions working with children** to meet the social integration needs of migrant children.¹⁷⁴ **The language barriers and the related insufficient awareness of parents** is a significant factor limiting the access to basic services, especially with respect to healthcare in terms of registration with a general

¹⁶⁷ NSI. *International migration by age and sex in 2020*, accessible at: <https://www.nsi.bg/en/content/3072/international-migration-age-and-sex>.

¹⁶⁸ State Agency for Refugees with the Council of Ministers. *Statistics on unaccompanied minors having applied for protection in 2020 and Statistics on unaccompanied minors having applied for protection in 2021*, <https://www.aref.government.bg/bg/node/238>

¹⁶⁹ Ibid.

¹⁷⁰ Eurostat. *1 in 4 children in the EU at risk of poverty or social exclusion*, <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20211028-1>

¹⁷¹ 2020 data for Bulgaria indicates that the risk of poverty for children with at least one parent with migrant background is 34.4%, compared with 27.3% for children with both parents with local background. See Eurostat. *At-risk-of poverty rate for children by country of birth of their parents (population aged 0 to 17 years)*, https://ec.europa.eu/eurostat/databrowser/view/ilc_li34/default/table?lang=en.

¹⁷² Eurostat. *Employment rates by sex, age, educational attainment level and country of birth, 2020*, https://ec.europa.eu/eurostat/databrowser/view/LFSA_ERGAEDCOB_custom_1993306/default/table?lang=en

¹⁷³ Eurostat. *Migrant integration statistics – labour market indicators*, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Migrant_integration_statistics_%E2%80%93_labour_market_indicators#Employment_rates

¹⁷⁴ Величкова, А., Димитрова, Д., Ал-Шаргаби, Ж., Йорданова-Рабчева, С. „Предизвикателства при оценката на най-добрия интерес на детето в рамките на процедура при предоставяне на международна закрила на деца“; и Славкова, М. „Предизвикателства пред децата в ситуация на принудителна миграция“, published in *Бежанците: днес и утре*. 09/04 (2021) Академичен бюлетин.

practitioner.¹⁷⁵ Experts indicate success in the integration of migrant children in recent years, however there is still a need for training teachers to adequately respond to the psychological and cultural needs of migrant children and to adapt the learning materials.¹⁷⁶ The involvement of unaccompanied children in the education system is a challenge.¹⁷⁷ The vulnerability of children and families seeking or having been granted international protection has also increased due to the **rejection attitudes** among part of the local people and some media.¹⁷⁸

The impact of the COVID-19 pandemic

The main challenge for migrant children and their families is the lack of healthcare in case of Coronavirus infection as well as the difficulties associated with the limited income and rent payment. According to data provided by experts, migrant children and their families, outside the Registration and Reception Centre (RRC) and the closed refugee centres (SHTAFN), who were not able to continue to Western Europe upon obtaining the relevant documents, were faced with lack of opportunity to earn income and in some cases limited access to support even by NGOs and volunteer organisations. The families who have settled permanently have also been struggling to obtain information about assistance from the state and to get documents.

3.7. Children in alternative care¹⁷⁹

Paramount principles in child protection legislation are raising the child in family environment and support for families for prevention of placement of children in social and integrated health and social services for residential care, and for reintegration of children.¹⁸⁰ The legislative framework provides for specific measures for the implementation of this policy¹⁸¹, including a coordination mechanism for protection of children at risk of violence or victims of

¹⁷⁵ Баев, М. „Достъп до здравеопазване и организация на здравни услуги за лица, търсещи международна закрила в България“, р. 12, published in в *Бежанците: днес и утре. 04 (2020) Академичен бюлетин*, https://bcm-bg.org/wp-content/uploads/2020/11/4_AB_printable.pdf

¹⁷⁶ Славкова, М. „Предизвикателства пред децата в ситуация на принудителна миграция“, р. 8–9.

¹⁷⁷ BULREFCOUNCIL. „Грамотни и обичани: децата бежанци в българската класна стая“, published in в *Бежанците: днес и утре. Академичен портал по въпросите за принудителната миграция и бежанците*. 2.10.2020

¹⁷⁸ Еролова, Й. „Предизвикателства пред бежанците в България“, публикувана в Борисова, М. и кол. (съставители и редактори). *Българи в чужбина, чужденци в България*, Sofia 2017, pp. 336–343, https://www.researchgate.net/profile/Lina-Gergova/publication/330343148_Blgari_v_cuzbina_cuzdenci_v_Blgaria/links/5c39df20299bf12be3c29077/Blgari-v-cuzbina-cuzdenci-v-Blgaria.pdf ; See also, Накова, А. „Бежанците в представите на българите“, published in *Бежанците: днес и утре. Академичен портал по въпросите за принудителната миграция и бежанците*, <https://academia.bcm-bg.org/2020/11/24/бежанците-в-представите-на-българите/>.

¹⁷⁹ The Bulgarian legislation does not provide a definition of the “alternative care” concept, while in international terms it is defined as “any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her parents”¹⁷⁹ For the purposes of this analysis, it will be assumed that in Bulgaria this group of children¹⁷⁹ includes children with issued protection measures for placement out of the family within the meaning of the Child Protection Act (CPA) and the children placed in Social-Pedagogical Boarding Schools (SPBSs) and Correctional Boarding School (CBSs) in compliance with a corrective measure issued under the Combating the Antisocial Behaviour of Minors Act (CABMA). United Nations General Assembly. *Resolution adopted by the General Assembly. Guidelines for Alternative Care of Children*, 24 February 2010.

¹⁸⁰ Child Protection Act, Article 3 and Article 5.

¹⁸¹ See *Ordinance on the terms and conditions for the implementation of measures for prevention of abandonment of children and placement of children in institutions and for their reintegration*, adopted with CoM Decree 181 of 11.08.2003.

violence, effective from July 2020.¹⁸² The Family Allowances Act codifies the benefits for pregnancy, birth, and raising children in family environment by parents or caregivers.

The total number of children with issued protection measures living in alternative care as of 31st Dec 2020 was 9,562.¹⁸³ Over a period of 5 years a decrease by a total of 23% was registered (as of 31st Dec 2016 the children placed in alternative care were 12,488), which is due to the fact that via the child protection system fewer measures for placement in alternative care have been issued.¹⁸⁴ This result is probably influenced by factors external to the child protection system such as smaller number of child abandonment cases due to reduction of poverty; larger number of services for vulnerable groups such as children with disabilities; changes in societal attitudes. With respect to the factors related to the functioning of the system itself, an expert analysis from 2019 shows that the measures for prevention are a weak link in the protection system.¹⁸⁵ Available data for 2016–2020 do not indicate a stable upward trend of cases of successful prevention of abandonment, either as absolute numbers or as percentage share of the total prevention interventions for the relevant year.¹⁸⁶ According to expert evaluations, **the absence of effective programmes for primary intervention** is a key driver for placement of children in alternative care.¹⁸⁷ In 2020, the Ombudsman of the Republic of Bulgaria also reported that **the absence of family policies for integrated support leads to moving children out of their families**.¹⁸⁸

Data on the number of children placed in CBSs/ SPBSs, being under the jurisdiction of the Ministry of Education and Science (MES) and, respectively, being tracked by a different data collection system, indicates that this number is on the decrease just as the number of these very institutions. According to MES data, in 2018 and 2019 there were 3 CBSs and 1 SPBS in operation, while 2020 saw the closure of 1 CBS, which leaves a total of 3 institutions. In 2020/21 school year 103 students studied and lived there, which marks a decrease compared to previous years (129 in 2019/20 and 110 in 2018/19).¹⁸⁹

Some expert assessments refer to the presence of **correlation between poverty and the decision to place a child in alternative care**, although poverty is not a ground for out-of-family placement according to the Child Protection Act. Respondents in the current survey discussed: “Very often placements are directly related to the effects of poverty – behavioural, social, lack of parental capacity.”¹⁹⁰ These assessments have been confirmed also by international studies, indicating direct or indirect relation between the causes for moving the child out into alternative care and poverty or social exclusion, severe housing deprivation, lack of access to social assistance, etc.¹⁹¹

¹⁸² Child Protection Act, Article 36d.

¹⁸³ Information provided by the ASA under the Access to Public Information Act, 24.08.2021

¹⁸⁴ See table A9, Annex 7.

¹⁸⁵ UNICEF Bulgaria. *Analysis of the Child Protection System in Bulgaria*, 2019, document accessible at:

<https://www.unicef.org/bulgaria/en/documents/analysis-child-protection-system-bulgaria>

¹⁸⁶ See ASA, 2016, 2017, 2018, 2019, 2020 Reports.

¹⁸⁷ UNICEF Bulgaria. *Analysis of the Child Protection System in Bulgaria*, 2019.

¹⁸⁸ See *Annual Report on the Activities of the Ombudsman 2020. Presentation to the Committee of Environment and Water*, 8.09.2021, https://www.ombudsman.bg/pictures/Annual%20report_2020_ecology.pdf

¹⁸⁹ See the SACP. *Social-Pedagogical Boarding Schools and Correctional Boarding School 2002–2019*, accessible at (only in Bulgarian): <https://sacp.government.bg/статистика/възпитателни-училища-6>

¹⁹⁰ Interview, expert, NGO.

¹⁹¹ See, Social Protection Committee. *Tackling and preventing child poverty, promoting child well-being*. 2012, p. 35–36,

See also, European Roma Rights Centre. *Blighted Lives: Romani Children in State Care* (2021), p. 30, accessible at:

<https://reyn.eu/resources/blighted-lives/>.

There is uneven distribution of children in alternative care throughout the country. The relative share of children placed in foster families and in residential care is higher in Northern Bulgaria, where the share of the poor population is larger, while in Sofia the number of children in foster care is the lowest per capita.¹⁹² The services for family-based support are also unevenly distributed and in rural areas most often there are none.

Despite statutory restrictions the share of children with disability in alternative care is significantly higher than their proportion in the total population. The available data show that half of the children in FTPCs are children with disabilities and this proportion has not changed since 2015.¹⁹³ The share of children with disabilities in foster care remained within 2–3%.¹⁹⁴ This is indicative of lack of targeted and effective measures to meet the needs of this group of children. Over the recent years the number of professional foster families has been dropping due to challenges related to remuneration, requirements for hiring foster carers and insufficient support provided by social workers and other professionals.¹⁹⁵ These challenges continued also in 2021, although government secured budget financing for foster care as a social service regulated by the SSA. Further and targeted efforts to develop high-quality foster care in general and in particular for children with disabilities are needed which might also prevent social exclusion and the risk of poverty.

Multiple vulnerability of Roma children corresponds to the data about the disproportional share of Roma children in alternative care. While there is no official information available about the ethnic origin of the children, a study of the European Roma Rights Centre reported that over 60% of the children in the alternative care system are Roma, the individual figures by NUTS3 region varying between 30 and 80%, by all means by far exceeding their share in the total population.¹⁹⁶ The factor of forced eviction due to demolition of illegal dwellings, without offering alternative accommodation for the family, is also at work as regards placing children outside the family.¹⁹⁷

Precarious family situations, especially in single parent families or large families, facing high risk of poverty or social exclusion is another cause for placing the children out of the family. According to an analysis of the SACP shows that “most children placed for care out of their families in the FTPCs came from a single-parent family, a family with multiple children, a family where one of the parents has died or the parents are permanently residing in a foreign country.”¹⁹⁸ Additional factors could be alcohol and/or drug abuse within the family, mental disorders of parents, criminal behaviour or imprisonment.¹⁹⁹

¹⁹² Institute of Market Economy, *Оценка на потребностите от социални услуги на местно ниво*. 2021 г.; document accessible at: https://ime.bg/var/images/SocialCareNeeds_190321_f.pdf

¹⁹³ UNICEF Bulgaria. *Situational Analysis of Children's Rights in Bulgaria*. 2020 (pending publication)

¹⁹⁴ Data provided by the ASA under the Access to Public Information Act, 24.08.2021

¹⁹⁵ Professional foster parents get 150% of the minimum wage for one child, for two children – 160%, and for three and more children 170%. They have no employment contract, but are self-employed instead, hence the full amount of their social security contributions is paid by them. Foster families do not have income in between placements of children, and this may last for several months. See ASA, Annual report 2020, p. 24, see also NNC “Over five years the prospective foster carers have dropped three times”, 3.02.2021, <https://nmd.bg/za-pet-godini-tri-pati-sa-namaleli-zhelaeshtite-da-badat-priemni-roditeli/>

¹⁹⁶ European Roma Rights Centre, *Blighted Lives: Romani Children in State Care*, January 2021.

¹⁹⁷ National Network for Children (NNC), 2020, *Report Card 2020: What is the Average Government Score for Childcare*, p. 49;

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

This review shows that children living in a risk of poverty or social exclusion are more likely to end up in alternative care. This leads one to believe that the systems of social assistance and child protection are not in a position to address effectively the problems of poverty among families in Bulgaria and poverty is often the reason for moving a child out of their family and for the risk of social exclusion.

3.8. Children in precarious family situations

Within the meaning of the Council Recommendation establishing a European Child Guarantee | ‘children in precarious family situations’ means children exposed to various risk factors that could lead to poverty or to social exclusion. This includes: living in a single-earner household; living with a parent with disabilities; living in a household where there are mental health problems or long-term illness; living in a household where there is substance abuse, or domestic violence; children of a Union citizen who has moved to another Member State while the children themselves remained in their Member State of origin; children having a teenage mother or being a teenage mother; and children having an imprisoned parent.

Children in precarious family situations in Bulgaria are broadly described, with no specific definition in the government policies and programmes. **Violence within the family is one of the most significant drivers** of a precarious family situation. According to data by the National Helpline for Children for 2020, the family is the place where children were the subject to violence most often – 560 reported cases. In 2020, upon consultations, the National Helpline for Children team referred 896 cases to the CPDs; the number of cases referred by the Directorate General ‘Control of the Rights of Children’ with the SACP was 383. In 2020 the number of reports of violence against children where multidisciplinary teams were mobilised under the Coordination Mechanism for joint action in cases of child victims of violence or at risk of violence and for joint action for crisis intervention totalled 1,008.²⁰⁰ Although globally it has been established that poverty and social and economic challenges for the family are factors associated with violence against children, no analyses of the link between the established cases of violence in the family environment and the poverty of the family are available in our country.²⁰¹

Children who are most often left outside the scope of child poverty analyses and are frequently not defined by the system as children at risk are **the children whose parents moved to other countries as labour migrants**. The phenomenon is most frequent in North West Bulgaria as the poorest and most rapidly depopulating region in the EU²⁰². While the financial needs of these children in most cases are provided for, they often have serious difficulties to complete their schooling, get adequate health care, social and emotional support. Some of these children temporarily suspend their education in Bulgaria through travelling on a seasonal basis together with their parents, which poses difficulties to their return to school later on due to the lack of mechanisms to validate their knowledge or too wide learning gaps.²⁰³

²⁰⁰ National Network for Children, *Report Card 2021: What is the Average Government Score for Childcare*

²⁰¹ World Health Organisation. *European Report on Preventing Child Maltreatment*. 2013, p. 48

²⁰² Milanov, I. “Comparative analysis of the implementation of policies for children and families in Northern and Southern Bulgaria”. *Bulgarian School of Politics*. 2018: https://www.schoolofpolitics.org/oak/Pdf/Sravnitelen_analiz_Sever_Yug.pdf

²⁰³ Bogdanov G. *Feasibility Study for a Child Guarantee: Country Report – Bulgaria*, Internal document, Feasibility Study for a Child Guarantee (FSCG). 2019.

Another group of children in a precarious family situation are **teenage mothers**, whose number for 2020 according to NSI data remains high – a total of 2,897 births by girls younger than 18 years.²⁰⁴ According to Eurostat data, in 2017 Bulgaria is the country with the highest rate of children born to mothers below 20 – 12.5% compared to the EU27 average of 3.7%.²⁰⁵ Early birthing triggers school dropout and entering a situation of economic and social dependency.

A group of children in precarious family situation which practically remains outside the focus of attention of policies addressing child poverty is **children with a parent/parents on whom a deprivation-of-freedom measure is imposed**. Irrespective of this, children from this group are also exposed to an increased risk of poverty, violence, difficulties at school. For 12,500 Bulgarian children, whose fathers are in prison²⁰⁶, a system of care for psychological and socio-economic support needs to be established.

In the online survey with experts the situations identified most often as resulting in precarious family situations are in households whose parents are either unemployed or have no permanent employment (36%) and children of teenage mothers (29%) (Figure 8). It should be noted that those participants in the consultation failed to recognise as ‘in precarious family situations’ single-parent families, skipped-generation families where the parent generation is missing, families with a child or children with disabilities, families of migrant parents or parents in conflict with the law, no regional disparities being observed within this tendency.

3.9. Conclusions

Economic factors in the family environment are key for the risk of poverty or social exclusion in children. These include unemployment, low level of remuneration for non-qualified work, taking care of a larger number of dependent children (persons), including children with disabilities and, consequently, reduced level of income per household member, among others. Guaranteed access to public services is key in combating social exclusion. Addressing solely economic inequalities, via the system of social assistance at that, has a weak and totally insufficient effect. What is needed is the planning of synchronised measures in the areas of ECEC, education, healthcare and nutrition, and housing, which are to guarantee access to health, social and education services, taking into account the specifics of each individual group of children at increased risk of poverty or social exclusion. Adequate housing requires a comprehensive approach including national standards and local measures and special addressing and seeking priority solutions to the housing problems of families with dependent children.

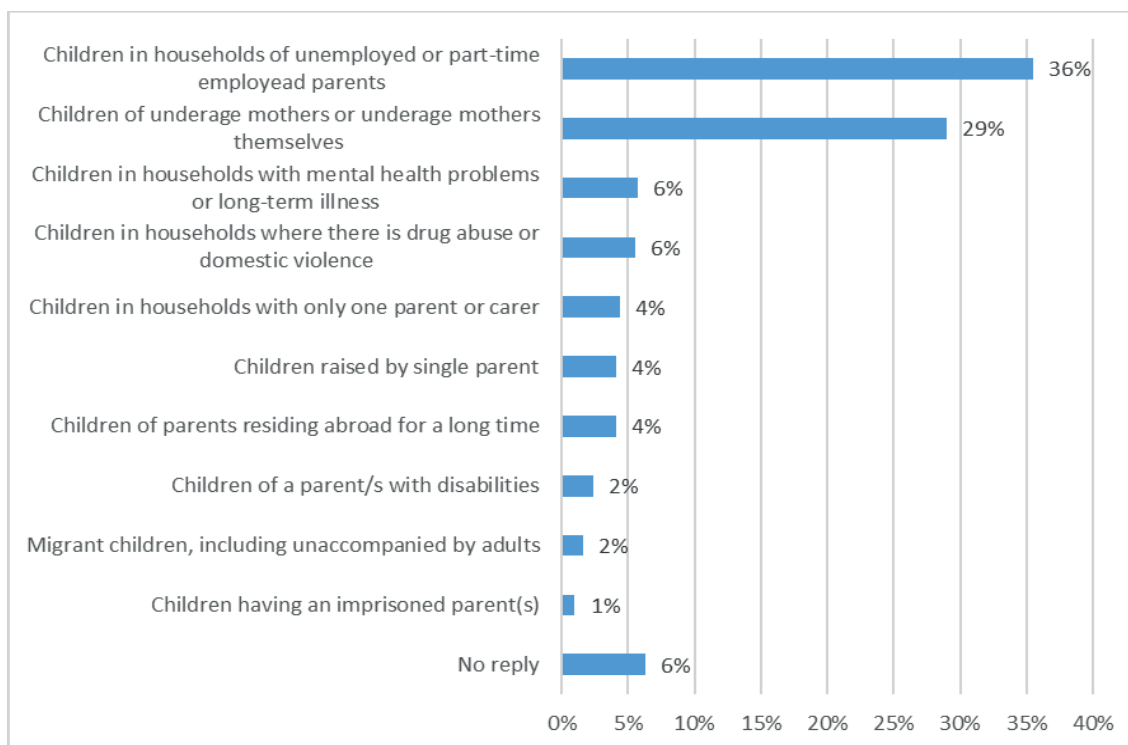
²⁰⁴ NSI. *Population and Demographic Processes in 2020*, accessible at:

<https://nsi.bg/en/content/18746/прессъобщение/population-and-demographic-processes-2020>

²⁰⁵ Eurostat. *Young and older mothers in the EU*, 2017, <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20190801-1>

²⁰⁶ National Network for Children (NNC). *The National Network for Children Supported an Initiative to Set Up a National Network in Support of Parents in Prison and their Children* (available only in Bulgarian), 28.05.2018

Figure 8. Type of precarious family situation specified as most common by staff members in the system of ASA %



Source: Online consultation

Priority needs to be given to addressing the problems of children living in extreme poverty/serious material deprivation, including the eradication of practices which deepen the risks they encounter (for example, evictions in the case of demolishing illegal dwellings of families for whom this is the only housing). A special approach is also required in terms of the planning of measures aimed at preventing the placement of children in alternative care due to poverty.

A crucial challenge before the analysis, hence before objective setting and the planning of measures and indicators to address the drivers for the various groups of children at increased risk of poverty or social exclusion, is the lack of sufficient and systematically collected data to enable the development of a comprehensive profile of the individual groups. It is necessary to develop a framework and gather quantitative and qualitative data on the number, profile and drivers of child poverty and the reasons for social exclusion, as well as to define the boundaries of the groups of children in line with the national context.

4. Access of children from vulnerable groups to basic services

Poverty and material deprivation are a significant factor limiting access to adequate and quality services. Conversely, the limited access to quality services – not just educational but also health and social services – additionally perpetuates the circle of poverty and social exclusion.

The Council Recommendation establishing a European Child Guarantee provides definitions of the concepts of ‘effective access’ and ‘effective and free access’ to key services. ‘Effective access’ means a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner and where the potential users are aware of their existence, as well as of entitlements to use them. ‘Effective and free access’ means a situation in which services are readily available, accessible, of good quality, provided in a timely manner and where the potential users are aware of their existence, as well as of entitlements to use them, and provided free of charge, either by organising and providing such services or by adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access.²⁰⁷

The current chapter focuses on the barriers for effective and free access to services for each of the areas of the EU Child Guarantee and the possible approaches to address them.

4.1. Barriers to the effective and free access to early childhood education and care

The positive outcomes of the ECEC for vulnerable groups of children in particular, as well as for children in general, are contingent on the quality of services. According to the criteria of the European Quality Framework for provision of ECEC, this includes provision that is affordable and available; that encourages participation, strengthens social inclusion and embraces diversity; with relevant qualification of staff and curriculum promoting the potential of the child and engaging parents; monitoring and evaluation of services and interaction of stakeholders.²⁰⁸

The overall inclusion of children in ECEC services in Bulgaria is below the EU27 average, in particular in the age group under 3 (Table 3)

²⁰⁷ Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee, item 3, Definitions

²⁰⁸ European Commission. *Proposal for Key Principles of a Quality Framework for Early Childhood Education and Care*. European Union, 2014, p. 10–12, document accessible at: https://ec.europa.eu/assets/eac/education/policy/strategic-framework/archive/documents/ecec-quality-framework_en.pdf

Table 3: Inclusion of children in ECEC services – data at national level

Indicator	Value for Bulgaria	EU27 average	Goal at EU level
Share of children aged 4 and over in ECEC services	82.7% (2019) ²⁰⁹	95.1(2019) ²¹⁰	95% (2020) ²¹¹ , 96% (2030) ²¹²
Share of children aged 3 and under in ECEC services	15% (2020) ²¹³	35.3% (2019) ²¹⁴	33% (2010) ²¹⁵

Data is available indicating **inequality in the access to ECEC services for children at risk of poverty or social exclusion and for children from the Roma community**, where poverty and social exclusion are pervasive (Figure 9). Analysis of the 2019 EU SILC data reveals a larger share of children aged 4–7 living in households at risk of poverty or social exclusion who do not attend kindergarten: 41.5% with Bulgarian background, 42.7% with Roma background and 33.3% with Turkish background, respectively.²¹⁶ The situation is similar for children living in material deprivation – the share of children not attending full-time nursery or kindergarten is 30.2% for children with Bulgarian background and 42.7% for children with Roma background. Upon factoring in the level of education and employment status of parents, the disparities in attendance by ethnicity become far less pronounced – children whose parents are unemployed or economically inactive are less likely to attend nursery or kindergarten.²¹⁷ This data reveals **substantial impact of poverty on participation of children in ECEC services**.

²⁰⁹ See Eurostat. *Pupils from age 4 to the starting age of compulsory education at primary level, by sex – as % of the population of the corresponding age group*, accessible at:

https://ec.europa.eu/eurostat/databrowser/view/educ_uae_enra10/default/table?lang=en

²¹⁰ Ibid.

²¹¹ *Council conclusions of 12 May 2009 on a strategic framework for European cooperation in education and training ('ET 2020')* (2009/C 119/02), accessible at: [https://eur-lex.europa.eu/legal-content/en/TXT/PDF/?uri=CELEX:52009XG0528\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/en/TXT/PDF/?uri=CELEX:52009XG0528(01)&from=EN)

²¹² *Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021–2030)*, (2021/C 66/01), [https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021G0226\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021G0226(01)&from=EN)

²¹³ Eurostat. *Children aged less than 3 in formal childcare*. 2020, accessible at:

https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp210/default/table?lang=en

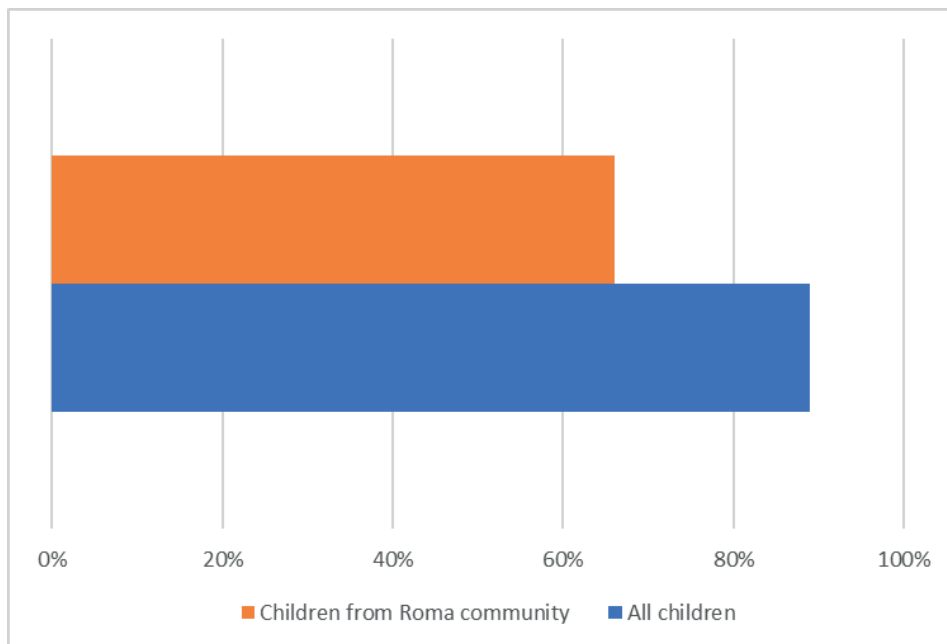
²¹⁴ European Pillar of Social Rights. Social Scoreboard Indicators, <https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/indicators/social-scoreboard-indicators>

²¹⁵ *Presidency conclusions, Barcelona European Council*, 15–16 March 2002. However, it must be borne in mind that, these indicators are influenced also by the 2-year parental leave, guaranteed to the Bulgarian parents by the Bulgarian law.

²¹⁶ NSI. *Statistics of Income and Living Conditions* (2019 EU-SILC) and own calculations.

²¹⁷ See Table A4 “Factors having an impact on children’s attendance of nurseries and kindergartens” in Annex 7.

Figure 9: Inclusion of Roma children aged 4 and over in ECEC services



Source: EU MIDIS II, Eurostat data, 2014

Financial barriers may be overcome by waiving the fees for ECEC services, as evidenced in a World Bank survey, 2017, focused on low-income Roma families.²¹⁸ Such a fee-waiver measure increased by 20% the attendance of children from the Roma community and reduced non-enrolment by half.²¹⁹ Although the study focused on the access of children from the Roma community, it is justifiable to believe that the measure would remove the financial barriers for children living in poverty and for their parents, regardless of the ethnic background. It should be noted that along with the fees there are other hidden components of financial barriers to the access to ECEC in terms of expenditures for clothes, study materials, after-school learning activities etc.²²⁰

A good quality system of ECEC services influences favourably the inclusion of children with special needs in the education system and the fulfilment of their rights.²²¹ With respect to **children with disabilities**, the main barriers are in terms of the large sizes of groups²²² in

²¹⁸ International Bank for Reconstruction and Development, *Supporting Disadvantaged Children Enter Kindergarten: Experimental Evidence from Bulgaria* 2017, Accessible at:

<https://documents1.worldbank.org/curated/en/847901497276242862/pdf/116056-REVISED-JUNE13-Supporting-Disadvantaged-Children-en.pdf>

²¹⁹ International Bank for Reconstruction and Development, *Supporting disadvantaged children to enter kindergarten: experimental evidence from Bulgaria*. 2017.

²²⁰ Пампоров, А., Ангелов, Г., Димитров, Д., Белчева-Петрова, Др., Йорданов, И., Брайнова, П. и Димитрова, Р. *Ранното детство в ромските общности в България. Доклад за приобщаването на ромите в образованието и грижите, здравеопазването и социалните услуги в ранна детска възраст в Република България*. 2020, Sofia: Open Society Institute, p. 125.

²²¹ Шалапатова, И. *Прилагане политиките на Европейския съюз за ранно детско образование и грижа в България*, dissertation paper, 2020, p. 51

²²² For Our Children Foundation. *Bulgaria Grows with its Children: Building Professional Competences of the Early Childhood Workforce*. Sofia, 2020

kindergartens and the non-accessible structural environment²²³. Although the number of children with special educational needs that attend kindergarten grows, no data is available about the share of children that remain outside the system. The inclusion of children with disabilities under 3 in ECEC services is hindered also by the lack of inclusive education standards for the children of this age group.

The access for **migrant children** to ECEC services can be impeded due to inability of parents to provide evidence regarding vaccinations of their children. The scarcity of data regarding this group is a challenge when attempting to study the barriers closer. There is a similar problem in relation to **homeless children and children experiencing housing deprivation, children with mental health issues and children in precarious family situations**. Some children from the latter group are entitled to priority admission in nursery or kindergarten.²²⁴

Apart from financial barriers, **shortage of capacity of nurseries and kindergartens, especially in bigger cities and towns**,²²⁵ hampers the access of all children, including children at risk of poverty or social exclusion. It is still too early to evaluate the impact of the measure introduced in 2021 for compensating parents for expenditures for upbringing and education of children aged three and over who were not admitted to childcare facilities due to under-capacity. The access to nurseries is seriously hampered in villages where the number of these childcare facilities is very low. According to NSI data for 2020, for seven NUTS3 regions, there is not a single nursery in the villages – Veliko Tarnovo, Gabrovo, Dobrich, Kardjali, Sliven, Targovishte and Shumen, while in Pernik and Haskovo there is only one.²²⁶

Qualification of professionals in the ECEC is one of the conditions for quality of services.²²⁷ Research data show that if ECEC professionals have a high level of competence and are familiar with the diverse factors that impact families this would improve the quality of care for the child and would fulfil the social role of care and education provided by nurseries and kindergartens.²²⁸ Studies from recent years demonstrate absence of skills for working with the families of children among professionals working with children in early age.²²⁹ Pre-school teachers who took part in 2020 survey shared that working with parents is among the greatest challenges for them.²³⁰ On the one hand the focus on building such skills in the education curricula for pre-school educators is insufficient²³¹, and on the other – due to the building inadequate cross-sectoral cooperation a large part of ECEC professionals

²²³ National Strategy for People with Disabilities 2021–2030, p. 9

²²⁴ Children of single parents or parents with multiple children, parents with permanent disability or child victims of violence.

²²⁵ Institute for Market Economics. *265 истории за икономика. Места в детските градини на 100 деца 2018–2020 г.*

²²⁶ National Statistical Institute. *Healthcare 2020*, p. 145.

²²⁷ COUNCIL RECOMMENDATION of 22 May 2019 on High-Quality Early Childhood Education and Care Systems (2019/C 189/02).

²²⁸ Шалапатова. И. *Прилагане политиките на Европейския съюз за ранно детско образование и грижа в България.*

²²⁹ Markova, G., Manolova, H., Hristova, M. “Child Welfare Reform in Bulgaria – from Institutional to Family Based Community Care: Engaging with Families, Children and Colleagues?”, in *Journal of Intellectual Disability – Diagnosis and Treatment*, Vol. 5, No 4, 2017, p. 4–5.

²³⁰ For Our Children Foundation. *Bulgaria Grows with its Children: Building Professional Competences of the Early Childhood Workforce*. Sofia, 2020, p. 50.

²³¹ Ibid, p. 48.

have no information about the alternative forms of care where some of the children are being raised.²³²

Prejudice and discriminatory practices are a major part of the barriers that children living at a higher risk of poverty or social exclusion encounter. Children from Roma communities, as well as migrant children are affected by the absence of systemic training for working in a multicultural environment for the professionals, because this absence hampers the overcoming of prejudice towards these vulnerable groups.²³³ Experts who participated in the online surveys and interviews report that in smaller locations and in some of the regional urban centres the access of migrant children to ECEC is strongly restricted due to resistance on the part of kindergarten staff and parent community alike, especially if this is a child with special educational needs.²³⁴

Level of impact of barriers to the access to ECEC – data from online consultation

The data from the online consultation with staff members from the system of ASA, RDE, RHI regarding the extent to which different barriers impact the access to ECEC for vulnerable groups are presented in Table 4.²³⁵

²³² Interviews within the framework of a survey of *For Our Children* Foundation, *Bulgaria grows with its children: Building professional competences of the early childhood workforce*, 2020.

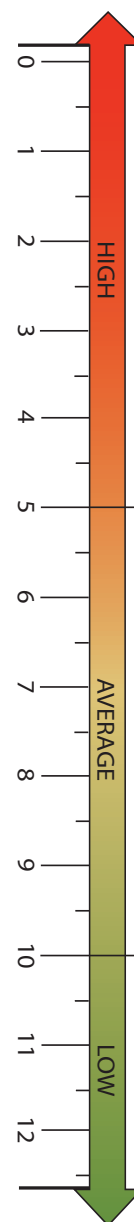
²³³ Пампоров, А., Ангелов, Г., Димитров, Д., Белчева-Петрова, Др., Йорданов, И., Брайнова, П. и Димитрова, Р. *Ранното детство в ромските общности в България. Доклад за приобщаването на ромите в образованието и грижите, здравеопазването и социалните услуги в ранна детска възраст в Република България*. 2020г., София: Институт "Отворено общество", p. 114.

²³⁴ *Interview, NGO experts.*

²³⁵ Data reflect the replies of a total of 682 respondents: 507 social workers from the ASA structures at regional and municipal level; 129 experts from the RDE; 43 experts from the RHI; and 3 representatives of municipal administrations. The values in the table represent ranks. They are obtained upon transforming primary percentage distributions of responses on the level of impact of each of the listed barriers for the specific group of children according to the following scale: 'a significant barrier,' 'a barrier to some extent,' 'not a barrier at all,' 'undecided', 'have not worked with this group of children.' As a first step, the positive support (the first two answers) for each barrier is summed; then, ranks in reverse proportionality order are ascribed – the strongest support gets first rank, etc. As the objective of the instrument is to synthesise the impact of barriers at supra-group level, their order is determined on the basis of average ranks, obtained for each of the groups (the last column in the Table).

Table 4. Level of impact of barriers to the access to ECEC

Barriers to access/Target groups	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma/	Children in alternative care	Children in precarious family situations	Average
Unwillingness of parents/caregivers to have their children attend nursery and/or kindergarten	1	1	1	5	1	1.8
Financial barriers to the access (payment of fees and other costs)	2	3	2	10	2	3.8
Insufficient number of child care staff for children with special needs in the nurseries and/or kindergartens	5	2	5	1	6	3.8
Insufficient awareness of parents/caregivers of the availability of early childhood education services	3	4	3	7	3	4
Language and/or cultural barriers in working with the children and families	6	9	4	8	5	6.4
Administrative barriers to the access (e.g. setting requirements and criteria that are impossible to meet or too many that are hard to meet)	4	10	6	11	4	7
No flexible working hours of the childcare establishments	9	5	8	3	10	7
Lack of adequate support and inclusion measures (on the part of the professionals) in the nursery/kindergarten and of a specific approach to the children from this group	7	11	7	2	8	7
Remoteness and difficulties with transportation to nurseries and/or kindergartens	8	6	10	9	7	8
Large number of children the staff has to work with in one group at the nurseries and/or kindergartens	10	8	9	4	9	8
Inaccessible environment at the nurseries and/or kindergartens for persons with reduced mobility	11	7	12	6	12	9.6
Exclusion due to stigma and discrimination related to poverty, disability or minority status	12	13	11	12	11	11.8
Insufficient number of nurseries and/or kindergartens in the settlement	13	12	13	13	13	12.8



The analysis of opinions of experts indicates that according to them the strongest factor inhibiting access to ECEC is in terms of **financial barriers, shortage of staff and insufficient awareness**. Additionally, another reported factor is the unwillingness of parents to use the services of the system – this factor is among the critical ones for four out of the five studies groups, the group of children in alternative care being an exception. It is notable that here as well as in connection with other areas, according to the **experts the leading factor is the unwillingness and lack of engagement on the part of parents, and this factor is with precedence over problems such as lack of data, gaps in the functioning of the system, discriminatory practices, etc.**

The insufficient awareness of parents about the availability of services for homeless children or children experiencing severe housing deprivation, children with minority background (with a particular focus on children from the Roma community) and children in precarious family situations is reported as a factor with a higher level of impact. Regional analysis reveals a significant impact of language and cultural barriers with respect to children from the Roma community in the two NUTS2 eastern regions of the country. Children with disabilities have more restricted access due to a physical environment that is not consistent with the needs of people with reduced mobility in the eastern regions of the country as well as in the South East Region.²³⁶

Understaffing of care for children with special needs concerning children with disabilities and children in alternative care is a specific factor relevant for the individual groups that has been reported to be with a stronger impact. The absence of adequate measures for inclusion on the part of professionals as well as the large sizes of kindergarten groups are identified as a factor with high and relatively high level of impact for children in alternative care.

Targeting of measures to address the barriers to access to ECEC for the children falling in the groups at a higher risk of poverty or social exclusion is of key importance. Measures to alleviate financial barriers such as subsidies for nursery and kindergarten fees for children at risk of poverty are a necessary condition but by no means not sufficient in themselves to increase this access. Reducing the size of kindergarten groups, adapting work hours of childcare establishments to suit the needs of families and improving staff-to-children ratio are also important changes in the system and the operating environment. Investment in workforce is a significant factor, both concerning educators and medical nurses in nurseries as well as the helping staff in nurseries and kindergartens.

Coupling initiatives to raise the awareness of parents and to sensitise them with respect to the importance of ECEC with measures to improve the qualification of workforce to engage with parents, including in terms of working in a multicultural environment could potentially have strong impact. Efforts are required for ongoing support for improving the qualification of workforce in ECEC and their skills for engagement with children with disabilities and children in alternative care. Exceptionally important are the efforts for additional study of attitudes towards children from different ethnic backgrounds and children with disabilities.

²³⁶ The complete data from the regional analysis is provided in Annex 6.

4.2. Barriers to the effective and free access to education and school-based activities

The strategic priorities of the EU in the sector of education up until 2030 focus on improving quality, equity, inclusion and success for all in education and training.²³⁷

As of 2020, the achievements of students in Bulgaria were lagging behind the EU27 average on a number of indicators (see Table 5). In terms of early school leavers rate²³⁸ – one of the key indicators of the European Pillar of Social Rights, according to the classification of the EU, the situation in Bulgaria for 2019 was ‘critical’, i.e. the level was much below the EU average and failed to improve fast enough or deteriorated.²³⁹ According to data of the MES as of the summer of 2021, students in Bulgaria at risk of leaving the education system early were around 180,000, or 25%.²⁴⁰

Table 5: Data on access to education and quality of education

Indicator	Value for Bulgaria	EU27 average	Goals at EU level
Share of early school-leavers (18–24)	12.8% (2020) ²⁴¹	9.9% (2020) ²⁴²	10% (2020) ²⁴³ <9% (2030) ²⁴⁴
Share of 15-year-old pupils, underachievers in reading	47.1% (2018) ²⁴⁵	22.5% (2018) ²⁴⁶	<15% (2030) ²⁴⁷
Share of 15-year-old pupils, underachievers in mathematics	44.4% (2018) ²⁴⁸	22.9% (2018) ²⁴⁹	<15% (2030) ²⁵⁰
Share of 15-year-old pupils, underachievers in science	46.5% (2018) ²⁵¹	22.3% (2018) ²⁵²	<15% (2030) ²⁵³
Share of 16-19-year-old pupils with basic or higher digital skills	57% (2018) ²⁵⁴	82% (2018) ²⁵⁵	Share of low achieving eight-graders in digital skills <15% (2030) ²⁵⁶

²³⁷ See *Council Resolution on a strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021–2030 e.)*, (2021/C 66/01), [https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021G0226\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021G0226(01)&from=EN)

²³⁸ The early school leavers rate is a measure of the share of young people aged 18–24 who have attained level of education not higher than 0–2 according to the ISCED – International Standard Classification of Education, which corresponds to primary education under the PSEA.

²³⁹ European Commission. *Joint Employment Report as adopted by the Council on 9 March 2021*, p. 31:

<https://ec.europa.eu/social/main.jsp?advSearchKey=joint+employment+report&mode=advancedSubmit&catId=22&policyArea=0&policyAreaSub=0&country=0&year=0>

²⁴⁰ <https://www.mon.bg/bg/news/4252>

²⁴¹ Eurostat. *Early Leavers from education and training by sex and labour status*. The early school leavers rate is a measure of the share of young people aged 18–24 of the total population of the same age group, who have attained level of education not higher than primary education and have not been attending education or training in the previous 4 weeks

²⁴² Ibid.

²⁴³ European Commission. *An updated strategic framework for European cooperation in education and training*, COM(2008) 865 final.

²⁴⁴ *Council Resolution (2021/C 66/01)*.

²⁴⁵ European Commission. *PISA 2018 and the EU*, p. 8, https://ec.europa.eu/education/sites/default/files/document-library-docs/pisa-2018-eu_1.pdf

²⁴⁶ Ibid.

²⁴⁷ *Council Resolution (2021/C 66/01)*.

²⁴⁸ European Commission. *PISA 2018 and the EU*, p. 10.

²⁴⁹ Ibid.

²⁵⁰ *Council Resolution (2021/C 66/01)*.

²⁵¹ European Commission. *PISA 2018 and the EU*, p. 12.

²⁵² Ibid.

²⁵³ *Council Resolution (2021/C 66/01)*.

²⁵⁴ European Commission. *Second Survey of Schools: ICT in Education*, 2019, <https://data.europa.eu/euodp/data/storage/f/2019-03-19T084831/FinalreportObjective1-BenchmarkprogressinICTinschools.pdf>

²⁵⁵ Ibid.

²⁵⁶ *Council Resolution (2021/C 66/01)*.

The key barriers to equal access to education are associated with social and economic inequalities, different forms of segregated education, migrant background, gender.²⁵⁷ For children from the Roma community the low level of education is both a result of prior exclusion and a factor for future exclusion.²⁵⁸

Unequal access of children from low-income families and having parents with low education

Data from the international survey PISA 2018²⁵⁹ for Bulgaria highlighted the strong impact of social and economic status of families on school performance of children. The gap in the average performance in reading for students of favourable social and economic status on the one hand, and students of underprivileged social and economic status on the other hand is 106 points which is equivalent to more than two and a half years of schooling.²⁶⁰ In general 70% of students from families with unfavourable socio-economic status have difficulties in reading against 25% of their peers from families with favourable socio-economic status. This gap of 45% is the highest in Europe and shows that *the intergenerational transmission of poverty and low educational attainment is a strong factor limiting the access to education for children.*²⁶¹ Also students from rural areas lag behind those from urban areas.²⁶²

According to an analysis of the World Bank, *schools in Bulgaria tend to contribute to widening pre-existing inequities* among students.²⁶³ The school value-added²⁶⁴ measures are higher for students whose parents have higher levels of educational attainment and have employment as well as for students whose mother language is Bulgarian compared to students whose mother language is Roma or Turkish.²⁶⁵

Unequal access of children from vulnerable groups

An international assessment of students highlighted the *serious* lag of students whose mother tongue is Roma or Turkish – equivalent to three and a half years of schooling in reading and two years of schooling in math and science.²⁶⁶ **Roma children are exposed to a higher risk of early school leaving.** According to an EU MIDIS II survey based on 2015 and 2016 data, **67% of children of the Roma community** in the country aged 18–24 have left school early compared to 13% of the general population.²⁶⁷ The same survey indicates

²⁵⁷ UNICEF. Innocenti report Card 15. *An Unfair Start: Inequality of Children's Education in Rich Countries*, 2018, p. 3–4, https://www.unicef-irc.org/publications/pdf/an-unfair-start-inequality-children-education_37049-RC15-EN-WEB.pdf

²⁵⁸ Ibid., p. 45.

²⁵⁹ PISA. *Резултати от участието на България в Програмата за международно оценяване на училищата (Results from the Participation of Bulgaria in the Programme for International Student Assessment)*. 2018, p. 48–55, document accessible at: http://copuo.bg/upload/docs/2020-07/Pisa_2018_full.pdf

²⁶⁰ Ibid, p. 48.

²⁶¹ European Commission. *Education and Training Monitor 2020. Bulgaria*. Accessible at:

<https://op.europa.eu/webpub/eac/education-and-training-monitor-2020/countries/bulgaria.html>

²⁶² Gortazar, Lucas; Kuznetsova, Dessislava. *A Policy Agenda to Boost Human Capital in Bulgaria*. World Bank, Washington, DC, 2019. World Bank. <https://openknowledge.worldbank.org/handle/10986/32305> License: CC BY 3.0 IGO , p. 12

²⁶³ Ibid, p. 14.

²⁶⁴ The school value-added measure represents the net impact of the school on learning of children. This indicator captures the contribution of schools to the education of children based on the progress made by students, factoring in key student characteristics (such as gender, language spoken at home, level of education of parents, economic activity of parents, etc.).

²⁶⁵ Ibid.

²⁶⁶ Ibid p. 12.

²⁶⁷ See European Union Agency for Fundamental Rights. *Second European Union Minorities and Discrimination Survey. Roma – Main Results*. 2016, p. 30.

considerable gaps between children from the Roma community and from the general population in terms of the gross ratio of enrolment²⁶⁸ in secondary education – 57% among the Roma compared to 87% for the general population.²⁶⁹ The impact of social and economic factors for Roma children is strong because of the high levels of poverty and social exclusion in Roma families. In addition, the lack of established patterns and attitudes in the family and in the community favouring attainment of higher levels of education are a further contributor for early school leaving.²⁷⁰ Among particular Roma communities, expectations to get married can also be a reason precluding education beyond primary education.²⁷¹

Children with disabilities are another group experiencing serious inequalities in terms of access to and quality of education. Deficits in the system of inclusive education such as lack of accessible environment, of resources to support children with special educational needs and the inadequate preparation of teachers²⁷² pose serious challenges to the meaningful inclusion of children with disabilities in education and school-based activities. According to UNICEF data around 10,000 children with disabilities and special needs in Bulgaria are estimated to be out of school as of 2020.²⁷³

Although in the recent years the number of children with disabilities dropping out of school has been on the decline, as of 2018 the percentage of people with disabilities²⁷⁴ in the 18–24 age group leaving school early was 24.9%, compared to people with no disability.²⁷⁵ Analysis of responses of primary education teachers (grades 5–7) in the 2018 TALIS survey reveals that the percentage of teachers teaching classes with more than 10% of children with SEN is as low as 8.4%, against the EU-23 average of 30.4%.²⁷⁶ This evidence suggests lower level of integration of children with SEN in mainstream education.

According to data obtained from experts in the current study, early school leaving for children with disabilities is attributable to rejection from specialised schools without alternative for individual solutions. *“Actually, a lot of children are rejected even at this stage. For example, a child with mobility impairment wants to study in a transport vocational school but it is not possible since he cannot drive a car. No one takes into account the fact that the*

²⁶⁸ The gross ratio of enrolment represents the share of children of the relevant age attending any level of education out of the total number of children of the same age.

²⁶⁹ Ibid, p. 28.

²⁷⁰ UNICEF Bulgaria. *Research on the social norms which prevent Roma girls from access to education (Summary)*. 2016, p. 2–3.

²⁷¹ Ibid.

²⁷² General Comment No.4 of the Committee on the Rights of Persons with Disabilities defines the core features of inclusive education as: whole systems approach to ensure embedding the necessary changes in institutional culture, policies and practices; committed leadership of educational institutions to introduce and embed the culture, policies and practices to achieve inclusive education at all levels: personalised educational response to every child; supported teachers; learning-friendly environment; recognition of partnerships with school boards of trustees, parents and other functioning school support groups, organisations of persons with disabilities, etc. See Committee on the Rights of Persons with Disabilities. *General Comment No.4 (2016). Article 24: Right to Inclusive Education*, https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/CRPD_General_Comment_4_Inclusive_Education_2016_En.pdf, p. 4–6.

²⁷³ UNICEF Bulgaria. *A Voice for Every Child*, <https://www.unicef.org/bulgaria/en/voice-every-child>.

²⁷⁴ Eurostat uses the indicator ‘activity limitation’ for the existence of disability.

²⁷⁵ For comparison, according to Eurostat data for Bulgaria for 2014–2016, more than 40% of people with activity limitation aged 18–24 left early education or training compared with 20% of people with no activity limitation. See *European pillar of social rights. Social Scoreboard and Persons with disabilities. Headline indicators*. Working paper prepared by Stefanos Grammenos from Centre for European Social and Economic Policy (CESEP ASBL) on behalf of the Academic Network of European Disability Experts (ANED), March 2019, p. 13.

²⁷⁶ TALIS 2018 results, Vol. 1, Annex C, Table I.3.28.

*boy is able to do something else related to vehicles – e.g. car repair. There should be programmes with some degree of vocational specialisation, so that we can allow children develop their potential*²⁷⁷ Oftentimes schools do not take along children with disabilities in school trips, visits to libraries or other extra-mural activities.²⁷⁸

In parallel with the system for inclusive education of children with SEN regulated in the PSEA, as of 2021 there are 42 Centres for Special Educational Support (CSES) in operation²⁷⁹, where 2,156 children and students with disabilities are taught, including 164 children with physical disabilities.²⁸⁰ The findings of an evaluation of special schools conducted in 2017 with a view of transforming them into CSES were that only 13 of the 46 evaluated special schools did manage to achieve a high level of work with children and parents and hence were suitable for transformation.²⁸¹ One of the recommendations of evaluators was to reconsider the boarding-school form of education which represents “a form of hidden institutionalisation”.²⁸² Despite the conclusions and recommendations made, almost all special schools were eventually transformed into CSES. The boarding homes of CSES are also still extant, with 93 children placed in them as of 2021.²⁸³

Although there is no available systematically collected data on the access to education for **children in alternative care**, the observations of specialists are that some of the barriers to the access to education have stopped being at work in the recent years. At the same time in some places attitudes of confining the educational service within the social service have been reported, especially with respect to residential care for children with disabilities.²⁸⁴ There are also financial barriers such as under-resourcing in the residential services for the purchase of training materials.²⁸⁵ The existence of barriers to access to quality education for children placed in SPBS and CBS as a measure under the CABMA is clearly manifested through the learning outcomes during the external evaluation and the difficulties teachers struggle with due to insufficient skills for handling specific behavioural problems of children in conflict with the law.²⁸⁶

School-age children and adolescents who are seeking or have been granted international protection, have the same rights and obligations to be in education, as their counterparts

²⁷⁷ Interview with expert, Community Support Centre.

²⁷⁸ Interview with expert, Community Support Centre.

²⁷⁹ The Centres for Special Educational Support (CSES) were established under the Preschool and School Education Act for diagnostic, rehabilitation, therapeutic work with children with SEN; psychological and pedagogical support; and educating children in compulsory preschool and school age and vocational training. See Rules on the structure and operation of the CSES, issued by the Minister of Education and Science, promulgated in State Gazette, issue 11, 5.02.2019.

²⁸⁰ MES. *National Programme for Accessible Architectural Environment*.

²⁸¹ MES. Letter 010136/26.05.2017 regarding conducted audit of the system of special schools in the Republic of Bulgaria.

²⁸² Ibid.

²⁸³ MES. *Information on the number of children and students, of classes and groups, as well as of educational establishments as of January 1, 2021, as per the information system of the MES – the National Electronic Information System for Pre-school and School Education (NEISPUO) by first-line budget holder – municipalities*.

²⁸⁴ Now-how Centre for Alternative Care for Children, New Bulgarian University, *Деинституционализацията „Случаят България – 2017 г.“, Report on the research of the process of deinstitutionalisation of care for children in Bulgaria, 2018*.

²⁸⁵ Non-published analysis of the Permanent Working Group on Deinstitutionalisation with the SACP, prepared in 2018 and submitted to the Interdepartmental Working Group for the Management of the Process of Deinstitutionalisation

²⁸⁶ Ombudsman of the Republic of Bulgaria, *Thematic report on inspections performed and assessment of the status and respect for the rights of children placed in Correctional Boarding Schools and Socio-Pedagogical Boarding Schools in the Republic of Bulgaria, 2015*. Same findings by Bulgarian Helsinki Committee, *Children Deprived of Liberty in Bulgaria: between Legacy and Reform, 2014*. Regrettably, there is no effective independent monitoring of CBS and SPBS, and the MES in the recent years has restricted the access of independent researchers to these institutions which precludes obtaining of more current data on conditions therein (*Reference originally in Bulgarian*).

who were born in Bulgaria.²⁸⁷ According to some sources, the conditions for unimpeded access to education are among the key motives for refugee families to settle in Bulgaria.²⁸⁸ In late 2018 the share of migrant children in the education system in Bulgaria has seen five-fold increase compared to 2016–2017, reaching 60% (189 children) of the total number of children placed in the centres of the Stage Agency for Refugees.²⁸⁹ **The small share of unaccompanied minors with migrant background covered by the education system,** some of whom are completely illiterate or have missed a substantial number of years of schooling, indicates the need for solutions in the education system that are consistent with the needs of these children.²⁹⁰ Their integration in the education system involves a number of difficulties due to the absence of an adult to see to their inclusion in education; due to inability to understand the lessons and due to poor motivation to learn Bulgarian because of the intention to relocate from the country, etc.²⁹¹

This study did not establish any data regarding the access to education for children with mental health issues. With respect to children living in severe housing deprivation/homeless children, as well as for the different groups of children falling in the category of children in precarious family situations, no data on the access to education is available either. The children from this group are not identified by educational policies as vulnerable children towards whom additional measures for inclusion in the education system are applicable.

Low level of inclusion in school of children from various social and ethnic groups

International organisations identify several characteristic elements of inclusive nature of education, referring to inclusion of children from various social and ethnic groups: i) social, economic and cultural/language diversity of students in school; ii) isolation index measuring the probability that an average student from one socio-economic or culture group will be in contact at school with members of another socio-economic or culture group; iii) the degree to which diversity in school reflects the social diversity in the country.²⁹²

Bulgaria is among the countries in Central and Eastern Europe with lowest level of inclusion in education of children from families with lower income and lower education of parents.²⁹³ PISA 2018 highlighted the strong concentration of students from vulnerable groups in particular schools, which leads to more unfavourable teaching environment and lower learning outcomes.²⁹⁴ There is also high level of isolation of students from vulnerable groups from students with higher attainments in school.²⁹⁵ The chance of a

²⁸⁷ Preschool and School Education Act, Article 17.

²⁸⁸ BULREFCOUNCIL. „Грамотни и обичани: децата бежанци в българската класна стая“, published in *Бежанците: днес и утре. Академичен портал по въпросите за принудителната миграция и бежанците*. 2.10.2020

²⁸⁹ Ibid.

²⁹⁰ Ibid.

²⁹¹ Ibid.

²⁹² See UNESCO. 2021. *Global Education Monitoring Report 2021 – Central and Eastern Europe, the Caucasus and Central Asia – Inclusion and education: All means all*. Paris, UNESCO, p. 63–65. See also PISA 2018 Results (Vol. II). *Where All Students Can Succeed*.

²⁹³ UNESCO. 2021. *Global Education Monitoring Report 2021 – Central and Eastern Europe, the Caucasus and Central Asia – Inclusion and education: All means all*, p. 64.

²⁹⁴ OECD. *PISA 2018 Results. (Vol. II) Where All Students Can Succeed*. “Chapter 4: Social Diversity and Equity in Learning Outcomes”, <https://www.oecd-ilibrary.org/sites/2a009264-en/index.html?itemId=/content/component/2a009264-en>. See also OECD. *Balancing School Choice and Equity. An international perspective based on PISA*, p. 68.

²⁹⁵ Ibid. Fig. II 4.6. Students with strongest performance are the ones within the quartile with highest scores in reading in PISA.

student from a vulnerable group to study in a school where students with stronger academic performance study is one to eight.²⁹⁶

Roma children, at least 60% of whom study in schools in which all or the majority of children are Roma, are seriously affected by the barriers to access to quality education in segregated schools.²⁹⁷ The existence of **segregated schools based on ethnicity** further entrenches the high rate of functional illiteracy, impedes equal access to quality education and effective reintegration of students after dropping out and reduces the chance for enrolment in secondary education.²⁹⁸ Respondents in our survey report the following: *“There are no efforts on the part of the state to promote joint activities of children from different backgrounds. Segregation is a severe factor. Apart from being segregated within their own community, all too often Roma tend to go to schools that are segregated too. They are confined to this track, being denied the chance to see something different.”*²⁹⁹

Additionally, experts point at the limited impact of the Mechanism of the MES for identifying and keeping in the education system of children and students in compulsory preschool and school age vis-à-vis the children in segregated schools in terms of the quality of education there.³⁰⁰ Moreover, oftentimes children studying in segregated schools pass from one grade into the other failing to get good command of the Bulgarian language.

Qualification of professionals engaged in the sector of education

Training of teachers to implement the principles of inclusive education is a key factor in overcoming the inequalities in the access to education for disadvantaged children. TALIS 2018 data shows that less than half of teachers in Bulgaria have been trained in teaching children with different abilities during their formal education or training, and as low as 37% of the respondents in the survey feel ready to teach children from this group.³⁰¹ According to the same survey the share of teachers who had some training connected to teaching in a multicultural or multilingual environment during their university studies is even lower – 26.5%.³⁰²

For children with disabilities the challenges related to shortage of special education teachers and other professional educators in the area of inclusive education remain serious³⁰³ despite the growth in the past years in the number of special education teachers and the number of schools providing special education support for children with SEN.³⁰⁴ According to data from the MES, in Bulgaria, children and students receiving special

²⁹⁶ OECD. *PISA 2018 Results. Combined Executive Summaries*, p. 15.

²⁹⁷ European Commission. Midterm review of the EU framework for national Roma integration strategies. COM (2017) 458 final, p. 11.

²⁹⁸ European Commission. *Civil society monitoring report on the implementation of the National Roma Integration Strategy: Assessing the progress in four key policy areas of the Strategy*, 2019, p. 46–47.

²⁹⁹ Interview with expert, Community Support Centre.

³⁰⁰ Interview with expert, Community Support Centre.

³⁰¹ OECD. *Results from TALIS 2018: Country Note: Bulgaria*, 2019, p. 4.

³⁰² Centre for Assessment in the Preschool and School Education. *Предизвикателства пред преподаването и ученето. Резултати от международното изследване TALIS 2018 на Организацията за икономическо сътрудничество и развитие*. 2020, p. 39–40.

³⁰³ See for example, See for example, *Annual Report on the Activities of the Ombudsman, 2018*.

³⁰⁴ In 2019 there were 1,126 special education teachers in Bulgaria (1,218 in 2020). The number of schools with available special education assistance is also on the rise in the recent years: 1,687 schools in 2019/2020 school year and 1,720 in 2020/2021 school year (out of a total of 1,948 schools in this country). Data provided by the MES under the Access to Public Information Act, Decision 1105–82/30.06.2021.

educational support are around 3.5% of all students whereas in other EU Member States their share is around 5%.³⁰⁵ The challenges are also purely logistical since the responsibility for the procurement of specialists lies with the Regional Centres for Inclusive Education (RCIE) but travelling to smaller locations is difficult.³⁰⁶

Concerning training for working with children in alternative care, the workforce in the system insists on engaging teachers and other specialists when working out the care plans with the relevant activities therein as well as on having extra courses and trainings for teachers to improve their skills to work with children placed in nonfamily-based care.³⁰⁷

Prejudice and discriminatory practices

The inclusion of children with SEN, including children with disabilities is still hampered by prevailing public attitudes especially with respect to inclusive education of children with intellectual difficulties.³⁰⁸ A survey from 2016 among 6,200 Bulgarians demonstrated that 65% of respondents did not want children with mental health issues to be in the preschool groups or school classes of their children; 20% of respondents said they did not want any children with physical disabilities in the preschool groups or school classes of their children.³⁰⁹ The problem in terms of intolerance towards children with disabilities in schools is pointed out in the annual reports of the Ombudsman of the Republic of Bulgaria as well.³¹⁰

Other groups of children for whom prejudice and discrimination are barriers vis-à-vis the access to education, are the children with Roma and migrant backgrounds. The education system is no exception with respect to the established highly prevalent negative stereotypes and discriminatory attitudes against Roma, including hate speech which, as per research, are prevalent among 68% of the Bulgarian population.³¹¹ This is illustrated with several notorious incidents of schools refusing to admit children based on ethnicity or parents threatening to take their own children away from the school if Roma children or refugee children enrol in their classes (Kalishte, 2014³¹²; Blagoevgrad, 2018³¹³).

³⁰⁵ Interview, expert from the state administration.

³⁰⁶ Interview, expert from the state administration.

³⁰⁷ National Foster Care Association, „НАПГ потърси помощ от МОН за по-толерантна и недискриминационна училищна среда за приемните деца“, 08.08.2017.

³⁰⁸ See *National Strategy for People with Disabilities 2021–2030*, p. 7–9.

³⁰⁹ UNICEF Bulgaria, document accessible at: <https://www.unicef.org/bulgaria/заедно-от-детската-градина>.

³¹⁰ See *Annual Report on the Activities of the Ombudsman 2018*, p. 58.

³¹¹ Pew Research Centre, *Global Attitudes & Trends*, October 14, 2019, Cited in: European Roma Rights Centre. *Blighted Lives: Romani Children in State Care* (2021), p. 25

³¹² *The Village of Kalishte Says ‘No’ Refugee Children in School*, bTV, 15.09.2014, <https://btvnovinite.bg/tazi-sutrin/reportazhi/selo-kalishte-ne-iska-deca-bezhanci-v-uchilishteto-si.html> (original reference in Bulgarian)

³¹³ *Blagoevgrad School Would Not Admit Roma Children*, Mediapool, 30.06.2018, <https://www.mediapool.bg/uchilishte-v-blagoevgrad-otkazva-priem-na-romski-detsa-news280930.html> (original reference in Bulgarian)

The impact of COVID-19 pandemic on access to education

One aspect of the pandemic's impact is **the worsening of the existing educational inequalities** among children from different socioeconomic backgrounds, according to a survey conducted in 22 European countries.³¹⁴ The findings reveal that Bulgaria is among the countries with the highest share of students with no sufficient resources available to them both in terms of school resources (access to internet) and individual ones (appropriate conditions at home and support by the parents with higher level of education) for online distance learning.³¹⁵ The deepening of educational inequalities is identified also by an analysis of MES, revealing that as little as 12.5% of the children living in rural areas have access to internet, compared to 43.5% of those living in the cities. Distance learning has increased the risk of dropping out of school.³¹⁶

The children with SEN are among the most heavily affected groups during the pandemic. The limited access to education due to insufficient resources available is aggravated during the distance learning, and many children are prevented from attending any kind of education activities because they lack the required technical equipment and education resources. According to parents' complaints submitted to the Ombudsman of the Republic of Bulgaria, keeping the children away from the school environment, the latter being a very important factor for the socialisation of children with SEN, coupled with the isolation at home, causes regress in children's educational achievements and severe stress.³¹⁷ According to teachers' self-assessment, 42% of them do not have the necessary skills and resources to support children with SEN in the process of online distance learning.³¹⁸

SACP survey reveals that **the access to distance learning in the residential services was hampered during the pandemic.**³¹⁹ According to the survey, the number of services where all users had access to a digital device and were engaged in the education process was 157, whereas in 62 services there was shortage of devices. Subsequently, efforts were made to provide devices and internet connectivity by the *Social Protection* Fund of the MLSP.³²⁰ A Lumos survey on the Impact of COVID-19 on the Process of Deinstitutionalisation in Bulgaria revealed that in most of the cases child care institutions' staff were supported and provided with the required resources and information³²¹. However,

³¹⁴ Blaskó, Zs., da Costa, P., Schnepf, S.V. *Learning Loss and Educational Inequalities in Europe: Mapping the Potential Consequences of the COVID-19 Crisis*. IZA DP No 14298, April 2021, p. 10, document accessible at: www.iza.org The research is conducted based on a sample of 4,400 students from 22 EU Member States, including Bulgaria. Data from the international TIMSS 2019 survey of the International Association for Educational Assessment is used. TIMSS survey is focused on monitoring trends in student achievement in mathematics and curriculum-based sciences. The data contains also information about the parents, teachers and the children's schools.

³¹⁵ Blaskó, Zs., da Costa, P., Schnepf, S.V. *Learning Loss and Educational Inequalities in Europe: Mapping the Potential Consequences of the COVID-19 Crisis*. IZA DP No 14298, April 2021, p. 10, document accessible at: www.iza.org The research is conducted based on a sample of 4 400 students from 22 EU Member States, including Bulgaria. Data from the international TIMSS 2019 survey of the International Association for Educational Assessment is used.

³¹⁶ See Ministry of Education and Science. *Дистанционното обучение задълбочи образователните неравенства*, July 2021.

³¹⁷ *Special report of the Ombudsman of the Republic of Bulgaria. Децата и COVID-19. Въздействието на кризата върху правата и интересите на децата. (Children and COVID-19. The impact of the crisis on the rights and interests of the children in the Republic of Bulgaria*, May 2021.

³¹⁸ Ministry of Education and Science. *Обучение от разстояние в електронна среда 2020-2021 г.: Последствия и поглед напред*, July 2021.

³¹⁹ State Agency for Child Protection. *Summary of the Analysis Findings of a Survey on the Operation of and Measures Undertaken in Residential Services and Specialised Institutions for Children during Emergency Situation*, 2020 (in Bulgarian)

³²⁰ Ministry of Labour and Social Policy. „Nearly 1800 children and young people from social services will receive computer equipment funded by MLSP”, 17.08.2020

³²¹ Lumos Foundation, Survey: „Анкетно проучване: Как COVID 19 се отрази на процеса на деинституционализацията в България?” 6.10.2020, accessible at: <https://www.wearelumos.org/bulgaria/media-centre/publications/>

according a report of the Ombudsman, in CBS and SPBS there were no special instructions and/or guidance on safety measures, that would take into account the specifics of the environment and of the children placed therein.³²²

The exclusion of Roma children from education during the pandemic was exacerbated due to the lack of digital devices for distance learning and the absence of opportunities for support by parents at home.³²³

Level of impact of barriers to the access to school education – data from online consultation

The data from the online consultations with staff members from the system of ASA, RDE and RHI across the country on the level of impact of different barriers on the access to education for vulnerable groups is presented in Table 6.³²⁴

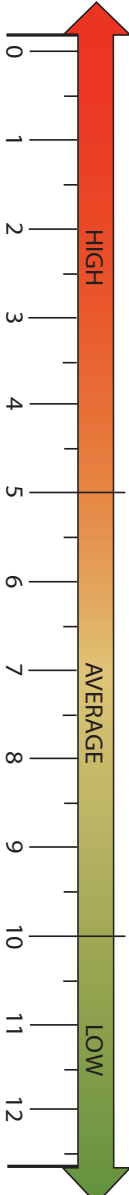
³²² Ombudsman of the Republic of Bulgaria „Децата и COVID-19. Въздействието на кризата върху правата и интересите на децата“, 2021.

³²³ EU Agency for Fundamental Rights. “Coronavirus pandemic in the EU – impact on Roma and Travellers.”, p.12–13.

³²⁴ Data reflect the replies of a total of 538 respondents: 507 social workers from the ASA structures at regional and municipal level; 129 experts from the RDE; and 2 representatives of municipal administrations.

Table 6. Level of impact of barriers to the access to school education

Barriers to access /Areas of impact	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma/	Children in alternative care	Children in precarious family situations	Average
Parents'/caregivers' negligence of their responsibility for their children's education	1	1	1	4	1	1.6
Financial barriers to the access (extra costs related to education)	2	2	2	9	2	3.4
Insufficient awareness of parents (about school drop-out prevention resources)	3	3	3	7	3	3.8
Lack of adequate support and inclusion measures (on the part of the professionals) in school and of a specific approach to the children from this group	5	5	5	2	5	4.4
Shortage of special education teachers and of other specialists for working with children with SEN	6	6	6	1	6	5
Language and/or cultural barriers in working with children and families	4	8	4	6	4	5.2
Inaccessible environment at the school for persons with reduced mobility	8	4	10	5	10	7.4
Poor quality of education in the segregated schools	9	9	7	3	9	7.4
Remoteness and difficulties with the transportation to school	7	8	10	7	7,8	7.8
Exclusion due to stigma and discrimination related to poverty, disability or minority status	10	11	9	8	8	9.2
No school in the settlement	11	10	11	12	11	11
Shortage of teachers in school education	12	12	12	11	12	11.8



There is a similarity in the key drivers identified by experts with respect to access to ECEC and with respect to access to education. According to the experts the most important factor is the one related to **parents' neglecting their responsibility for the education of their children**. The group of children in alternative care is the only exception. The inadequate

awareness of parents of the measures for prevention of early school leaving is also identified as a factor with great significance. Along with those, financial barriers are also key (again with the exception of children in alternative care in connection with whom the leading factors are in terms of insufficient measures for support and inclusion and in terms of shortage of special education teachers).

The ascertained major significance of language and cultural barriers for homeless children, children with Roma background and children in precarious family situations begs the conclusion that respondents tend to associate all those three groups of children with Roma background. This data is an important indication of the multiple vulnerability of Roma children as well as of the limited ability for their families to support the education of their children.

For children with disabilities the physically inaccessible environment in schools too proves to have a big impact on the access to school education. For children in alternative care (a considerable part of whom are also children with disabilities), the most severe problems are in terms of the shortage of special education teachers and adequate measures for inclusion and in terms of poor quality of education in segregated schools.

The regional analysis demonstrates that the opinion regarding the significance of the absence of knowledge about working with children in vulnerable position is prevalent among the experts from the South West, North East and North West Regions while the support for this is smaller in the South East Region and in the central NUTS2 regions. The insufficient command of Bulgarian language is reported as a significant problem in the North East, South East, and North Central Regions.³²⁵

With the exception of education of children in alternative care, respondents do not attribute big weight to the poor quality of education in segregated schools which is inconsistent with findings from European and international studies as well as data from the interviews conducted. These responses are indicative of the need for more active action on the part of the state to sensitise teachers and social workers alike to the problems of segregation in education as well as to actively counter these factors and promote awareness of the quality in education.

Exclusion due to stigma and discrimination related to poverty, disability or minority status is one of the factors that is least impactful in the opinion of experts. The only factor that has an even lower ranking is the factor in terms of the absence of a school in the relevant location and the shortage of teachers in secondary education.

Despite the right to free-of-charge education enshrined in the PSEA, financial barriers are among the key factors preventing access to education for children at risk of poverty or social exclusion. In addition to the correlation between poverty and risk of early school leaving, there is also a correlation between poverty and lower academic outcomes. This is an extra contributor reinforcing the circle of poverty.

The training and qualification of specialists in the education system, including provision of the required resources for inclusive education, play a key role in addressing the barriers leading to exclusion of children from the education system.

³²⁵ The complete data from the regional analysis is provided in Annex 6.

The leading role that experts ascribed to the factor related to negligence of parents of their responsibility for the education of their children with precedence over systemic factors such as segregated schools, inadequate training of teachers, barriers related to interinstitutional cooperation, etc., is indicative of the absence of skills to engage parents in the education process and is a signal of the pressing need to nurture such skills. The insufficient awareness of parents about the measures for prevention of early school leaving reported by experts can be construed to signify that these measures need to be more relevant and targeted to the most vulnerable groups and in particular the Roma community.

Last but not least, the failure to recognise prejudice and discrimination as a barrier to access to education for some groups of children mandates special attention and further study. Both surveys as well as specific cases in the recent years demonstrate that although such attitudes cannot be defined with respect to the children living in poverty as a whole, in fact a considerable part of the groups of children living at a higher risk of poverty are subject to discrimination – children with Roma background and children with disabilities.

4.3. Effective and free access to quality healthcare

Principle 16 of the European Pillar of Social Rights holds that “Everyone has the right to timely access to affordable, preventive and curative health care of good quality”. Access to healthcare is the result of interaction between different factors, including health system coverage (i.e. who is entitled to healthcare), depth of coverage (i.e. what are citizens entitled to), affordability and availability of healthcare services.³²⁶

Children from poor families are at higher risks for their health due to the combined effect of numerous adverse factors at play, such as lack of adequate housing, of hygienic living conditions, adequate nutrition, etc.³²⁷ These socio-economic risks are amplified by restricted access to health services. According to Eurostat data on Bulgaria, in 2017 **children under 16, from families with income under the poverty line were more likely to have unmet medical needs** – the gap in the rate of unmet medical needs between poor and non-poor children being 3.8 percentage points.³²⁸ Even though the health insurance of children under 18 is covered by the state budget, the costs of medicines that parents have to cover hinder children’s access to healthcare services.³²⁹ The share of out-of-pocket payments for healthcare in Bulgaria is very high³³⁰, and around 70% of the out-of-pocket payments are made for pharmaceuticals and medical devices, against a EU average of 35%.³³¹ These high out-of-pocket payments affect disproportionately poor households with children, and in particular Roma households, where the poverty rate is the highest.

³²⁶ European Commission. *Communication from the Commission on Effective, Accessible, and Resilient Health Systems*, COM(2014) 215 final, p. 10, https://ec.europa.eu/health/system/files/2016-11/com2014_215_final_en_2.pdf

³²⁷ World Health Organisation Regional Office for Europe. *Poverty and social exclusion in the WHO European Region: health systems respond*. Copenhagen, 2010.

³²⁸ Eurostat. *Children with unmet needs for medical examination or treatment by income group, household composition and degree of urbanization*.

³²⁹ NNC. *Report Card 2021*

³³⁰ In 2019 household out-of-pocket (OOP) payments made up 37.8% of current health expenditure compared to 15.4% EU average. OECD. See OECD. *State of Health in the EU. Bulgaria. Country Profile*. 2021

³³¹ COMMISSION STAFF WORKING DOCUMENT. *Country Report Bulgaria 2020. 2020 European Semester: Assessment of progress on structural reforms, prevention and correction of macroeconomic imbalances, and results of in-depth reviews under Regulation (EU) No 1176/2011.*, pp. 54–55: <https://eur-lex.europa.eu/legal-content/EN/TEXT/PDF/?uri=CELEX:52020SC0501&from=EN>

Further analysis of EU SILC 2019³³² data outlines the main factors affecting access to medical care³³³. First, the needs of medical services increase in proportion to the *child's age*. Households of *minority origin* with dependent children are more likely to have unmet needs for medical care compared to households from the Bulgarian ethnic group (reference category); households of *unmarried couples* (reference category) compared to married couples; *single-parent* households (reference category) compared to households of two adults and dependent children; households *with higher number of children*; and also households of people with *disabilities and limitations in daily activities*.

Access to healthcare services for **children with disabilities** incurs extra financial costs due to the limited funds available for outpatient treatment, tests, special foods and consumables covered by the state budget.³³⁴ According to data from the National Ombudsman, the access to aids is frequently limited due to the higher market value of medical devices compared to the earmarked allowances under the People with Disabilities Act (PDA), as well as due to the mismatch between these resources and the child's actual needs.³³⁵

Even though there is no official data available on access to healthcare based on ethnicity, indirect data from specialised surveys show unequal treatment of **children from Roma community**. Infant mortality rate is significantly higher in the NUTS3 regions with bigger share of Roma population (compared to the national average of infant mortality of 5.1‰ in 2020, the rates for the NUTS3 regions of Sliven and Montana are twice as higher, 11.7‰ and 10.8‰ respectively.)³³⁶ There is an increased health risk to *Roma teenage girls*, who become mothers and give birth to premature and often underweight babies.³³⁷ *Poverty and material deprivation in Roma families*, related also to them not being able to pay for medicines, result in high rates of hospitalisation among Roma children.³³⁸

Structural problems in the healthcare system

In 2020 the European Commission recommended that Bulgaria take action to “mobilise adequate financial resources to strengthen the resilience, accessibility and capacity of the health system, and ensure a balanced geographical distribution of health workers.”³³⁹ **The unbalanced geographical distribution** of healthcare services and professionals hampers the access, especially for low-income households, due to the extra transport costs.³⁴⁰ The

³³² The EU SILC 2019 survey does not pose a direct question about children's unmet needs. We assume that if at least one of the adult persons in the household has unmet needs of medical services, this can be associated also with the children. EU SILC 2017 survey contains information about children's unmet medical needs, however, due to the small number of children with unmet needs, no detailed analysis can be made.

³³³ Logistic Regression Model of EU-SILC data

³³⁴ See UNICEF Bulgaria. *Situation Analysis of Children and Women in Bulgaria*. 2018, p. 87–88. See also: European Disability Forum. *EDF Recommendations on EU policies on children rights*. December 2020, p. 5–6.

³³⁵ *Annual Report on the Activities of the Ombudsman 2019*, pp. 98–99.

³³⁶ NSI. *Population and Demographic Processes 2020*, p.11.

³³⁷ UNICEF Bulgaria. *Situation Analysis of Children's Rights in Bulgaria. Report 2020*. (pending publication).

³³⁸ Томова, И, Л. Стойчев. Демографски дисбаланси и социални неравенства между големите етнически групи в България. (*Demographic Imbalances and Social Inequalities between the Large Ethnic Groups in Bulgaria*) 2020. С. АИ „Проф. М. Дринов“, p.175–176.

³³⁹ European Commission. *Recommendation for a COUNCIL RECOMMENDATION on the 2020 National Reform Programme of Bulgaria and delivering a Council opinion on the 2020 Convergence Programme of Bulgaria*. COM(2020) 502 final, p. 11, <https://eur-lex.europa.eu/legal-content/en/TXT/PDF/?uri=CELEX:52020DC0502&from=EN>

³⁴⁰ See *National Programme for Improvement of Maternal and Child Health 2021–2030*, p. 22. See also findings of a number of publications of the National Network for Children. *Report Card 2021, Report Card 2020 and Report Card 2019*. See also UNICEF Bulgaria. *Situation Analysis of the Services for Young Children with Developmental Delays and Disabilities in Bulgaria, conducted in the period December 2018–April 2019*

impact of this factor could be easily seen in the data for the higher share of children with unmet medical needs, living in rural areas, which is 2.6 percentage points higher than that of the children living in urban areas.³⁴¹ Children placed in residential services located in settlements where the needed healthcare services are absent, are also affected by this problem.³⁴² **The serious shortage of paediatricians and doctors in specialised paediatric clinics** in the country is an overall risk for the healthcare of children. In 2018 the National Health Map revealed shortage of paediatricians almost across the entire country; in many locations the number of available specialists is 3 to 4 times lower than the required population/health professionals ratio.³⁴³ The limited number of child psychiatrists, 22 for the entire country, the lack of day care psychiatric centres for children and adolescents with mental health disorders, as well as the limited number of inpatient psychiatric departments for child psychiatry (2 for the entire country), constitute a barrier to the access to healthcare services for **children with mental health issues**.³⁴⁴

Children with developmental delays or disabilities, especially in the age group 0–3 are at risk of not being referred for specialised consultation in due time and of having delayed diagnosis due to **serious problems in the operation of the system for prevention and early diagnosis of disabilities**. These problems are linked to the insufficient capacity to apply up-to-date universal screening tools for early childhood development; lack of standard decision-making procedures for the medical professionals and for referral of children to early intervention services; the insufficient awareness on the part of the professionals of the services supporting child development outside of the healthcare system, and other.³⁴⁵ **The lack of opportunities to plan early intervention**, along with subsequent integrated health-and-social services and rehabilitation of children with disabilities has been recognised as a problem in the National Programme for Improvement of Maternal and Child Health, and some measures have been planned.³⁴⁶

The limited access to free medical check-ups to follow the pregnancy and to medical diagnostic work for pregnant women with no health insurance, increases the risks to the health of both mothers and children.³⁴⁷ This problem is especially severe for Roma women, more than half of whom have no health insurance.³⁴⁸ According to NGO referring to data from the NHIF, in 2020 7,000 women gave birth without having a single check-up during pregnancy.³⁴⁹ The terms and conditions for the provision of OB/GYN care to uninsured women stipulated in Ordinance 26 of the Ministry of Health from 14.06.2007 limit the access of these women to medical services and pose serious risk for mothers and infants alike. The Ordinance allows a single free of charge regular check-up during

³⁴¹ Eurostat. *Children with unmet needs for medical examination or treatment by income group, household composition and degree of urbanization*.

³⁴² Unpublished analysis of the Permanent Expert Working Group on Deinstitutionalisation with SACP of 2018, presented to the Interdepartmental Working Group for the Management of the Process of Deinstitutionalisation.

³⁴³ See Annex 32, item. 3 to the National Health Map of Republic of Bulgaria.

https://www.mh.government.bg/media/filer_public/2018/06/06/priturkakmbr45-nzk_2018.pdf

³⁴⁴ *Draft National Health Strategy 2021–2030*, p. 39.

³⁴⁵ UNICEF Bulgaria. *Ситуационен анализ на услугите за малки деца със затруднения в развитието и с увреждания в България. (Situation Analysis of the Services for Young Children with Developmental Delays and Disabilities in Bulgaria)*, 2019; <https://www.unicef.org/bulgaria/media/7036/file/BGR-sit-an-cwd-in-bulgaria.pdf.pdf>

³⁴⁶ *National Programme for Improvement of Maternal and Child Health 2021–2030*, p. 26.

³⁴⁷ *National Programme for Improvement of Maternal and Child Health 2021–2030*, p. 23.

³⁴⁸ According to data of the EU Agency for Fundamental Rights, Bulgaria is the country with the third largest share of Roma population with no health insurance – 59% of women and 57% of men. EU Agency for Fundamental Rights. *Analysis of FRA Roma survey results by gender* (2013), <https://www.europarl.europa.eu/cmsdata/193477/20130917ATT71422EN-original.pdf>.

³⁴⁹ LARGO Association, *Цената на безразличието: a report under Ordinance 26 for more healthy babies and happy mothers* Project, 2021

pregnancy for uninsured women, compared to a minimum of 12 check-ups for insured women.³⁵⁰ Respondents in the survey also point at problems related to monitoring during pregnancy for women who have been granted refugee status as well as for women who have yet another decline of such status right before their due date, ending up in a legal vacuum and unable to get admitted to hospital to give birth.³⁵¹

Health activities for monitoring the growth and development of all children 0–18 within the coverage of the mandatory health insurance are funded from the budget of the NHIF under the “Child Health” Programme. In addition to these funds, the MH finances activities with significant impact for the health to improve child health care, especially for children with disabilities and children from other vulnerable groups. In this context, the operation of 31 consultation centres for Maternal and Child Health, established under the National Programme for Improvement of Maternal and Child Health is a good prerequisite for improving the access to health services of children with chronic conditions, disabilities and of preterm children. However, **the absence of a methodology and funding standard** impedes the effective coverage of all children up to the age of 3 with disabilities and developmental difficulties. Additionally, the annual reports of the MH in the recent years demonstrated that a number of additional activities key for the access to health care for vulnerable children were not implemented at the planned scale because of **underfunding**.³⁵²

According to expert assessments, *children placed in alternative care face a higher risk for limited access to healthcare services* due to insufficient funding secured by the financial standard for FTPC for hiring additional specialists, including therapists, as well as for purchasing of medicines.³⁵³ At the same time, there is some alarming information available – that for children placed in FTPC *“psychotropic medication is being prescribed to address challenging behaviour rather than a diagnosed psychiatric illness.”*³⁵⁴ According to a UNICEF analysis, *children placed in SPBS and CBS have no adequate access to health care.*³⁵⁵ There are reports of the Ombudsman of the Republic of Bulgaria to the same effect.³⁵⁶

With migrant children, a barrier to effective access is formed by the lack of information about their entitlement, guaranteed under the Bulgarian legislation, to having a GP and free outpatient healthcare.³⁵⁷ The data shows that there are challenges with respect to vaccination, child refugees and migrants being three times less likely to be vaccinated.³⁵⁸

Migrant children face also specific problems related to the mental health, as a result of

³⁵⁰ *National Programme for Improvement of Maternal and Child Health 2021–2030*, p. 23.

³⁵¹ Interview with a migrant family.

³⁵² See reports of the MH for 2018, 2019 and 2020 on the execution of the budget programme ‘Medical and Social Care for Disadvantaged Children, Maternal and Child Health’, incorporated in the general Reports on the Implementation of the Budget Programmes of the Ministry of Health for the relevant year. For example, in 2020, 632 children with disabilities and chronic illnesses received diagnosis and treatment against a target of 2000. While the target set for monthly medical examinations of children in residential care, including children with disabilities was 3,360, only 368 medical checks were actually carried out. Similar discrepancy between targets and actuals is observed in 2019 and 2018 as well.

³⁵³ Unpublished analysis of the Permanent Expert Working Group on Deinstitutionalisation with SACP of 2018, presented to the Interdepartmental Working Group for the Management of the Process of Deinstitutionalisation.

³⁵⁴ Lumos Foundation. *Ending institutionalisation: An assessment of the outcomes for children and young people in Bulgaria who moved from institutions to the community*. 2016

³⁵⁵ UNICEF Bulgaria. *Situation Analysis of Children’s Rights in Bulgaria. Report 2020*. (pending publication)

³⁵⁶ Ombudsman of the Republic of Bulgaria. *Thematic report on inspections performed and assessment of the status and respect for the rights of children placed in Correctional Boarding Schools and Socio-Pedagogical Boarding Schools in the Republic of Bulgaria*, 2015.

³⁵⁷ Interview with a refugee family

³⁵⁸ UNICEF Bulgaria. *Situation Analysis of Children’s Rights in Bulgaria. Report 2020*. (pending publication)

the poor living conditions, the lack of supporting social networks, the lack of social integration opportunities and the discriminatory and hostile behaviours in the receiving communities.³⁵⁹

Training and qualification of professionals working in the healthcare services

According to a 2020 survey of “For Our Children” Foundation, health care professionals report the need to develop skills for working with children in vulnerable situation, effective communication with parents, assessment of the risk for the child and of parenting capacity.³⁶⁰ One of the measures in the Draft National Health Strategy 2021–2030 provides for training of specialists to deliver integrated services for people from vulnerable groups.³⁶¹ A systemic way to address this problem, however, would require analysis of university education in medicine with a view to promote competences of health care professionals in accordance with the recommendations of the WHO in the area of early childhood development,³⁶² the recommendations of the European Academy of Paediatrics³⁶³, etc.

The analysis of the Permanent Expert Working Group on Deinstitutionalisation with the State Agency for Child Protection (SACP) indicates that one of **the problems with residential services for children with disabilities is that no appropriate training is available to the staff** to prepare them to meet the specific needs of children in terms of basic health care, which puts children’s health and safety at risk.³⁶⁴

In the online consultation among staff members from the system of ASA and RHI, part of the respondents point out that underage mothers **experience difficulties in registering their children with general practitioners since the children are a risk group**. Registration with a general practitioner/family doctor is often refused to parents from socially disadvantage groups with no address registration, with Roma background or with mental health issues. RHI do not respond to requests for assistance in registering with a family doctor and vaccinations, and the families receive no support.³⁶⁵

Professionals’ skills for **working with children coming from different cultural and religious communities** are particularly important for the effective access to healthcare services of children with minority ethnic background and migrant children. The development of such skills is important with a view to building trust among the Roma in the healthcare system and its

³⁵⁹ Ibid.

³⁶⁰ For Our Children Foundation, *Bulgaria grows with its children: Building professional competences of the early childhood workforce*. Sofia, 2020.

³⁶¹ *Draft National Health Strategy 2021–2030*, p. 53.

³⁶² SeaWorld Health Organisation. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. 2018, p. 30: <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

³⁶³ The European Academy of Paediatrics stresses that students of paediatrics must be aware of the effects of socio-economic factors and poverty on children’s health; they must have skills for working with children and families in poverty to identify the risk factors associated with poverty and to undertake action to address those. See European Academy of Paediatrics (2018). *EAP Contribution to WHO Nurturing Care Framework*, retrieved from: <https://www.eapaediatrics.eu/wp-content/uploads/2019/12/6EAP-contribution-nurturing-care.pdf>.

³⁶⁴ Unpublished analysis of the Permanent Expert Working Group on Deinstitutionalisation with SACP of 2018, presented to the Interdepartmental Working Group for the Management of the Process of Deinstitutionalisation.

³⁶⁵ This information is obtained on the basis of responses to the following open-ended question: Is there a specific group/s of children in your municipality/NUTS3 region/NUTS2 region (falling outside the categories of children with disabilities, children with minority background, children in alternative care and the children experiencing severe housing deprivation; e.g children with mental health issues, children in conflict with the law, etc.), who face barriers to the access to healthcare and what are they?“. The total number of respondents – 306.

professionals.³⁶⁶ According to data provided by staff members of institutions who took part in online consultations, healthcare providers often do not have the relevant language skills and cultural sensitivity to provide adequate support, including to meet the mental health needs of migrant children, especially in the case of unaccompanied children.³⁶⁷

Lack of cross-sectoral cooperation

The lack of coordination and interaction among the institutions from various sectors (healthcare, education, social activities) is identified by a number of studies dealing with child welfare.³⁶⁸ Healthcare professionals have no communication with the social services. According to a UNICEF survey, only 15 % of parents report that someone assisted them in coordinating the care of their child among the various service providers.³⁶⁹ The data available in the individual sectors is not systematised and quite often institutions from other sectors have no access to it.³⁷⁰

The Impact of the COVID-19 pandemic on children's mental health

Several surveys reveal the negative effect of the lockdown measures during the pandemic on the **mental health of children**. According to data released by the Ombudsman³⁷¹, distance schooling increases the levels of stress among children and causes problems with their emotional state. The absence of support services affects adversely the mental state of children with disabilities. Increased levels of anger and anxiety are observed among children in residential services and institutions.³⁷² The findings from an anonymous online survey conducted by UNICEF Bulgaria among young people aged 15–19 across the country³⁷³ revealed that due to the emergency situation teenagers experienced much more negative emotions – boredom, irritability, fear and anxiety, sense of uselessness and helplessness, compared to the ordinary course of life.

Level of impact of barriers to the access to healthcare – data from online consultation

The data from the online consultation with staff members from the system of ASA and RHI across the country on the barriers to the access to healthcare of children from vulnerable groups are presented in Table 7.³⁷⁴

³⁶⁶ Interview, expert, NGO.

³⁶⁷ Interview, expert, NGO.

³⁶⁸ See, e.g., *For Our Children Foundation, Early Childhood Development in Bulgaria, Study of the systems supporting early childhood development, interconnections and interactions among them and with the parents*. See also UNICEF Bulgaria. Analysis of the Child Protection System in Bulgaria, 2018; The World Bank. Systems Approach for Better Education Results (*SABER*). 2014.

³⁶⁹ UNICEF Bulgaria. *Situation Analysis of the Services for Young Children with Developmental Delays and Disabilities in Bulgaria, conducted in the period December 2018–April 2019*.

³⁷⁰ Interviews with experts.

³⁷¹ Ombudsman of the Republic of Bulgaria. *Children and COVID-19. Въздействието на кризата върху правата и интересите на децата*, pp. 13, 33.

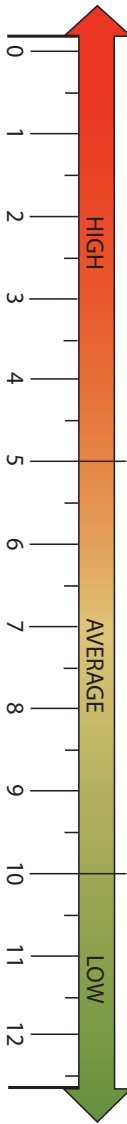
³⁷² Ombudsman of the Republic of Bulgaria. *Children and COVID-19. Доклад от оценка на въздействието на мерките срещу разпространението на Covid19 върху правата на уязвимите групи деца в България*, p. 21.

³⁷³ See UNICEF, For Every Child. “Summary of Results from a Study on the Subjective Perceptions and Reactions of Teenagers in the Covid Lockdown”, pp. 7, 15.

³⁷⁴ Data reflect the replies of a total of 550 respondents: 507 social workers from the ASA structures at regional and municipal level and 43 experts from the RHI.

Table 1 Level of impact of barriers to the access to healthcare

Barriers to access /Target groups	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma/	Children in alternative care	Children in precarious family situations	Average
Financial barriers to the access (need to pay for the services or for the transportation to the latter)	2	1	1	3	1	1,6
Parents' negligence or lack of awareness of children's health needs	1	2	2	4	2	2,2
Remoteness and difficulties with the transportation to the medical establishments	4	3	6	2	4	3,8
Lack of mobile services	5	4	5	1	6	4,2
Administrative barriers to the access to the services (e.g. due to lack of ID, setting of a great number of criteria, etc.)	3	5	4	8	3	4,6
Insufficient awareness of parents of the children's entitlement to social insurance	6	8	3	9	5	6,2
Inaccessible environment at the health services for persons with reduced mobility	9	7	9	5	8	7,6
Parents/caregivers having no health insurance	7	9	7	11	7	8,2
Insufficient number of medical establishments and healthcare services	10	6	10	6	10	8,4
Language and/or cultural barriers in working with children and families	8	10	8	10	9	9
Stigmatisation and discrimination related to poverty, disability or minority status	11	12	12	12	11	11,6



According to staff members from the system of ASA and RHI, who took part in the online consultation, leading factors contributing to difficult access to healthcare and similarly to education services are the financial barriers, negligence on the part of the parents themselves. Professionals consider the family and parents responsible for the lack of

access, i.e. there is access available but parents fail to make use of it. These findings are indicative of the fact that the systems are not actively engaged in informing the parents, securing their involvement, supporting the development of parenting skills.

Difficulties with transportation and remoteness of medical establishments is a relevant factor mostly for children with disabilities and children placed in alternative care. Another specific barrier for the children placed in alternative care is the lack of mobile services. These data can be aligned with the data about larger number of children being placed in foster families in smaller settlements, where access to healthcare services is generally difficult. The problem with the uneven territorial distribution of professionals and medical care is confirmed by the high significance for the children with disabilities of barriers such as lack of mobile services and remoteness and difficulties with transportation. The regional analysis establishes that the lack of mobile services proves to be the most significant challenge in the North West region.³⁷⁵

The insufficient awareness of the parents about children's entitlement to health insurance is regarded as a more significant obstacle for the group of children of minority background/ children from the Roma community. The North West and North East regions rank first also in terms of other healthcare system deficits caused by shortage of staff, medical establishments or due to inaccessible environment for persons with reduced mobility.

Stigmatisation and discrimination are again considered least significant in terms of the risk they pose to the access of children who are at high risk of poverty or social exclusion.

Even though there are no data available about the different attitude to children from vulnerable groups, especially to Roma children and migrant children, the survey findings about the other NUTS3 regions point to a necessity of further examination of this potential barrier.

Despite the fact that the state guarantees free access of children to healthcare, provision of health services is associated with extra costs, falling outside the health insurance coverage, which is a challenge for the families of the vulnerable groups of children. The high share of out-of-pocket payments for healthcare, major part of which are being made for medicines and medical devices, form a serious barrier to the access to quality healthcare of children living at risk of poverty.

There is an overlapping of the likelihood of unmet medical needs and the types of households, which most often live at risk of poverty: single-parent households or families with multiple children and households with disabled persons.

There are lots of data about the group of Roma children being at increased health risk and at the same time facing significant barriers to healthcare access.

A substantial part of the barriers to the healthcare access are associated with the structural problems of the healthcare system. The uneven territorial distribution, the limited access to free medical check-ups during pregnancy, measures designed for children with disabilities that were planned but not delivered due to lack of funding, the lack of trained professionals – these are some of the factors which need to be addressed with a view to countering the disparities in the access to healthcare services.

³⁷⁵ Full data from the analysis is available in Annex 6

4.4. Effective access to healthy nutrition

Malnutrition is a threat to the growth and development of children.³⁷⁶ It includes two types of conditions – undernutrition, manifested by weight or height lower than the typical ranges for the relevant age, and overweight and obesity.³⁷⁷ The UN Decade of Action on Nutrition 2016–2025 focuses on mobilising political efforts to ensure access to healthier nutrition for all.³⁷⁸ The Council of the EU invites Member States to design cross-sectoral policies to reduce socioeconomic inequalities and improve access to healthy diets for children from vulnerable groups.³⁷⁹

Globally, factors related to nutrition account for 45% of deaths of children under 5.³⁸⁰ Mortality among children under 5 for 2019 in Bulgaria is 7 per 1,000 live births, compared to the EU average for the same year of 3.95 per 1,000 live births.³⁸¹

Breastfeeding of babies for the first six months of life is an important condition for optimal development.³⁸² According to data from UNICEF Bulgaria, only 5% of mothers breastfeed their babies for six months,³⁸³ compared to around 25% for the WHO European Region.³⁸⁴ Adequate nutrition is also important for children with low birthweight.³⁸⁵ In terms of this indicator Bulgaria ranks near the top for the EU as of 2018 (9.2%), against an EU27 average of 6.6%.³⁸⁶ As of 2016, 61.7% children below 18 are overweight, the indicator exceeding by more than 3 percentage points the average value for the WHO European Region.³⁸⁷ The share of children with obesity in Bulgaria is also above the average for the WHO European Region (25% and 23.3% respectively).³⁸⁸

Low income of households is key reason for the unequal access to healthy eating for children. Poor children live in so-called “food deserts”, defined by prevalence of malnutrition and use of low-quality but cheap food products.³⁸⁹ Eurostat data for 2020 demonstrated serious inequalities in the access to adequate nutrition for poor and non-poor families; most disadvantaged were the **households with two adults with three or more children and the households with one adult with dependent children** (Table 8).

³⁷⁶ UNICEF. *The State of the World's Children. Children, food and nutrition. Growing well in a changing world (executive summary)*. October 2019.

³⁷⁷ World Health Organisation. *Malnutrition, Key Facts*, <https://www.who.int/news-room/fact-sheets/detail/malnutrition>

³⁷⁸ Ibid.

³⁷⁹ Council conclusions to contribute towards halting the rise in Childhood Overweight and Obesity ⁽¹⁾ (2017/C 205/03), p. 49.

³⁸⁰ World Health Organisation. *Children – Improving survival and well-being*, <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

³⁸¹ The World Bank. *Mortality rate under 5 — European Union*, <https://data.worldbank.org/indicator/SH.DYN.MORT?locations=EU>

³⁸² World Health Organisation. 2020. *Breastfeeding*, https://www.who.int/health-topics/breastfeeding#tab=tab_1.

³⁸³ UNICEF Bulgaria. *YES! To the Breastfeeding in Public Spaces*, <https://www.unicef.org/bulgaria/en/yes-breastfeeding-public-spaces>

³⁸⁴ World Health Organisation. 2015. *WHO European Region has lowest global breastfeeding rates*, <https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2015/08/who-european-region-has-lowest-global-breastfeeding-rates>

³⁸⁵ Below 2,500 g, according to the WHO definition.

³⁸⁶ OECD. *Health at a Glance: Europe 2020 : State of Health in the EU Cycle*, <https://www.oecd-ilibrary.org/sites/8960f330-en/index.html?itemId=/content/component/8960f330-en>

³⁸⁷ World Health Organisation. European Health Information Gateway. *Overweight*, https://gateway.euro.who.int/en/indicators/h2020_6-overweight/visualisations/#id=17077&tab=table

³⁸⁸ World Health Organisation. European Health Information Gateway. *Obesity*, https://gateway.euro.who.int/en/indicators/h2020_9-obesity/visualisations/#id=17080&tab=table

³⁸⁹ UNICEF. *The State of the World's Children. Children, food and nutrition. Growing well in a changing world (executive summary)*. <https://www.unicef.org/reports/state-of-worlds-children-2019>.

Table 8: Households that cannot afford one meal with meat, poultry or fish every other day

Household characteristics	All households irrespective of income	Households with income below the poverty line	Households with income above the poverty line
All households	25.9%	54.6%	16.9%
Two adults with three or more dependent children	47.8%	67.4%	19.3%
One adult with dependent children	24.8%	44.1%	12.2%
Two adults with dependent children	16.3%	52.2%	11.4%

 Source: Eurostat, EU SILC 2020³⁹⁰

Daily intake of fruit and vegetables among children is also a function of the social and economic status – this intake tends to be lower for poorer families, the differences for intake of vegetables and for intake of fruit being 12 and 7 percentage points respectively.³⁹¹ According to data from the NSI for 2019, nearly 58% of **children in the Roma community** fail to get fresh fruit and vegetables daily due to financial reasons, and 52% cannot have a meal with meat, chicken, fish (or vegetarian equivalent) every second day, again because of affordability issues.³⁹² The limited access for Roma children to adequate nutrition accounts for higher incidence of anaemia in some Roma communities: *while the share of children with anaemia for the age group of 1–4 is 25.8%, the corresponding share of children with this problem among Roma communities is 35.4%*.³⁹³ In childhood the consequences of anaemia are associated with higher morbidity and disorders in the physical and cognitive development.

Another factor is the **low level of education of parents**. According to WHO data, child obesity is more prevalent among children whose mothers have lower education status.³⁹⁴ Inadequate practices of early introduction of complementary foods and feeding of infants with unsuitable foods, due to limited or incorrect knowledge are observed among Roma mothers.³⁹⁵

The absence of detailed evaluation of difficulties with nutrition of children with particular types of disabilities may deteriorate the nutrition status of some groups of children with disabilities. A study conducted in Bulgaria in 2017–2018 among 109 children with neuropsychiatric disorders (NPD) reveals a relatively big share of undernutrition, with prevalence of underweight children (44.9%), children with low height (43.3%), emaciation (48.9%) and a high rate of possible protein deficiency (33.8%).³⁹⁶ The authors stress the

³⁹⁰ Eurostat. *Inability to afford a meal with meat, chicken, fish (or vegetarian equivalent) every second day – EU-SILC survey*, <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

³⁹¹ Inchley J., Currie D., Budisavljevic S., Torsheim T., Jåstad A., Cosma A. et al., editors. „Spotlight on adolescent health and well-being.“ *Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada*. International report. Volume 2. Key data. Copenhagen: WHO Regional Office for Europe; 2020. Licence: CC BY-NC-SA 3.0 IGO., p. 14–17.

³⁹² NSI, accessible at: https://www.nsi.bg/sites/default/files/files/pressreleases/SILC2019_en_ARTRFBK.pdf

³⁹³ UNICEF Bulgaria. *Situation Analysis of Children and Women in Bulgaria* (2017).

³⁹⁴ World Health Organisation. *Obesity and Inequities*, 2014, p. 3–6.

³⁹⁵ UNICEF Bulgaria. *Situation Analysis of Children and Women in Bulgaria*, p. 31.

³⁹⁶ Тонева, А. и др. „Недохранване при деца с нервно-психични заболявания“. *Практическа педиатрия*, 8.05.2019

issue of neglecting the problems of nutrition of children with NPD and of the need for monitoring the nutrition status of children by multidisciplinary teams according to standardised protocols.

Concerning the nutrition of **children placed in residential care**, the food is prepared according to approved guidelines and recipes and there are effective legislative requirements in place.³⁹⁷ The children and families can be referred for additional support to other services in the community such as the subsidised catering for babies and toddlers and the Programme for food and basic material assistance.³⁹⁸ No research is available on the extent to which the legislative requirements are complied with and on the current status of nutrition among children. According to experts, some of these children suffer from developmental or growth delays upon their placement in alternative care due to malnutrition. Some FPTC continue the extremely harmful institutional practice of feeding children and young people with severe and multiple disabilities while they are lying in their cots.³⁹⁹ Although, according to the experts involved in the study, these practices stem from the mentality and attitudes of the FTPC staff, **the insufficient budget allocated as a standard for the FPTC service** also hampers to an extent the improvement of the situation therein. The shortage of staff does not allow fully individualised treatment of children and dedicating enough time to feeding. There is also underfunding for foods required for the specific diet of every child, dietary foods, specialised formulas and food supplements as well as aids and special utensils.⁴⁰⁰

The nutrition of **children who are homeless and live in severe housing deprivation** is part of the social services provided by Street Children Centres (SCC).⁴⁰¹ The children these centres work with come from families with low economic status and in social exclusion.⁴⁰² One example of a good practice in the area of healthy nutrition are the efforts to motivate young mothers to take advantage of the subsidised catering service for babies (a traditional service partly subsidised by municipal authorities for providing meals on take-away basis for babies and toddlers, [translator's note]) in the Roma neighbourhood and spread the information about the service in the community.⁴⁰³

There is no information available about the **migrant children** and the support for breast-feeding or provision of replacement feeding for mothers with infants and small children but it can be assumed that part of the parents fail to get such support due to the insufficient information regarding the signing up with a GP along with the administrative barriers some of them are faced with.

³⁹⁷ Ordinance 2 of 20.01.2021 on the specific requirements towards the safety and quality of food supplied in childcare establishments, school canteens and retail outlets on the premises of schools and childcare establishments as well as towards food catered at organised events for children and students, issued by the Minister of Agriculture, Food and Forestry.

³⁹⁸ In 2014–2020 the Programme provided support in terms of individual food parcels, warm lunch and referral to social services, persons with low or no income included –people living alone, people with permanent disability, persons older than 65; children, including children with deceased parents, single parents of children under 18, children with permanent disabilities, parent of a child up to 3 years of age, children placed in kinship or foster care. See Agency for Social Assistance. *Operational Programme for Food 2014–2020*

³⁹⁹ Lumos Foundation, *Ending institutionalisation: An assessment of the outcomes for children and young people in Bulgaria who moved from institutions to the community*, 2016.

⁴⁰⁰ Unpublished analysis of the Permanent Expert Working Group on Deinstitutionalisation with SACP of 2018, presented to the Interdepartmental Working Group for the Management of the Process of Deinstitutionalisation.

⁴⁰¹ According to ASA data, a total of 21 SCC with combined capacity of 409 children operate in this country. 2020 Activity Report, ASA.

⁴⁰² Interview, expert, NGO.

⁴⁰³ Interview, expert, NGO

Due to the **lack of specialised national programmes for healthy nutrition outside childcare establishments and schools**, children from vulnerable groups, especially in the age group 0–3, are in a more disadvantaged position, because a large part of them do not attend nursery or kindergarten. Subsidised catering for babies and toddlers is provided in support of children from vulnerable groups, with a daily fee payable and discounts for groups of children, overlapping to an extent with the groups specified in this report.⁴⁰⁴

Level of impact of barriers to the access to healthy nutrition – data from online consultation

Table 9 below presents the data from the online consultation with staff members from the system of ASA, RDE and RHI across the country, on the level of impact that barriers have on the access to healthy nutrition of the vulnerable groups of children.⁴⁰⁵

⁴⁰⁴ Data from Sofia Municipality accessible at: <https://www.sofia.bg/en/childrens-kitchens>

⁴⁰⁵ Data reflect the replies of a total of 682 respondents: 507 social workers from the ASA structures at regional and municipal level; 129 experts from the RDE; 43 experts from the RHI; and 3 representatives of municipal administrations.

Table 2 Level of impact of barriers to the access to healthy nutrition

Barriers to access/Target groups	Homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma	Children in alternative care	Children in precarious family situations	Average
High prices of healthy food products compared to parents/caregivers' income	1	1	2	1	1	1,2
Lack or limited scope of social services, providing assistance to persons affected by food poverty (soup kitchens, free food parcels, etc.)	3	2	3	2	3	2,6
Insufficient awareness of parents/caregivers of the availability of public modalities of support for food poverty	4	3	4	3	4	3,6
Insufficient parental/caregiver awareness about children's healthy nutrition	2	7	1	7	2	3,8
Insufficient attention given to the quality of food offered in childcare establishments (nurseries, kindergartens)	7	4	5	4	7	5,4
Insufficient attention given to the quality of lunchtime meals offered in the schools	6	5	6	5	6	5,6
Unwillingness on the part of the parents/caregivers to use the available public modalities of support for food poverty	5	6	7	6	5	5,8



According to the participants in the online consultation, a leading factor hampering the healthy nutrition of children is undoubtedly the high prices of healthy food products compared to parents' income. 81.5% of the respondents from the social sector point out the impact of this barrier as the major one. **The only group where this factor does not have a leading role is the group of children of minority background/Roma community; it is the opinion of the participants in the online consultation that with this group the major barrier is the insufficient parental awareness about children's healthy nutrition.**

It is pointed out as the second important one with relation to the groups of children experiencing severe housing deprivation and the children in precarious family situations. The lack or limited scope of social services for support in food poverty (soup kitchens, free food parcels, etc.) also has a serious impact, with a greater significance among the groups of children with disabilities and the children in alternative care.

The regional analysis establishes that the lack of parental awareness forms a more significant barrier in the South East and the South West regions. These same regions are also associated by the participants in the online consultation with parents' negligence of the children as a leading factor.⁴⁰⁶

The inadequate food intake, insufficient care and feeding practices for the children from the vulnerable communities reinforces the need for specialised and sustainable programmes in support of nutrition in early childhood with a focus on families living in material deprivation and poverty. Along with the material support by way of provision of food and products, an important element of the programmes for support of nutrition of children should be in terms of educating mothers about children's healthy nutrition.⁴⁰⁷

The current policies for social assistance and social services fail to ensure the required support for parents so that they would be able to provide healthy nutrition to the children from vulnerable groups. The barrier associated with parents' awareness highlights the need of better identification and referral with respect to this type of support for the poorest families and the Roma children. This data underpins the need of adequate measures for bringing the nutrition in all forms of alternative care in line with the specific requirements of the children.

4.5. Effective access to adequate housing

The right to assistance for access to housing is guaranteed under the Charter of Fundamental Rights of the European Union.⁴⁰⁸ The funding and investment operations of the InvestEU Fund are aimed at accomplishing the policy objective of the EU, including solutions for affordable social housing to eliminate social exclusion.⁴⁰⁹

Children aged under 18 from poor households are much more likely to live in overcrowded housing (Table 10); almost half of poor households with dependent children are unable to keep their homes adequately warm (Table 11); three times more children from poor households live in a dwelling with a leaking roof or damp walls (Table 12).

⁴⁰⁶ Full data from the regional analysis available in Annex 6

⁴⁰⁷ Д-р Савка Савова. Доклад от проведено качествено изследване „Нужди и предизвикателства в храненето на децата. Advocacy Project ‘Good Food for Good Future’, p. 23

⁴⁰⁸ Article. 34, para 3, Charter of Fundamental Rights of the European Union.

⁴⁰⁹ European Commission. Commission Delegated Regulation (EU) 2021/1078 of 14 April 2021 supplementing Regulation (EU) 2021/523 of the European Parliament and of the Council by setting out the investment guidelines for the InvestEU Fund, p. 60, <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021R1078&from=EN>

Table 10: Overcrowding rate by age and poverty status

Status vis-à-vis poverty	0–6	6–11	12–17
Children in households with income below the poverty line	75.1%	80.4%	74.8%
Children in households with income above the poverty line	55.8%	52.0%	56.9%

 Source: Eurostat, EU SILC 2020⁴¹⁰

Table 11: Inability to keep home adequately warm

Household characteristics	Households with income below the poverty line	Households with income above the poverty line
Households with dependent children	48.2%	17.7%
Two adults with three or more dependent children (all, irrespective of income)	48.7%	15.9%
One adult with dependent children	49.9%	23.7%
Two adults with two dependent children	43.5%	15%

 Source: Eurostat, EU SILC 2020⁴¹¹

Table 12: Total population living in a dwelling with a leaking roof or damp walls

Household characteristics	Households with income below the poverty line	Households with income above the poverty line
Household with children under 18	27.8%	7%
Two adults with three or more dependent children	48.4%	2.5%
One adult with dependent children	31.1%	8.9%
Two adults with two dependent children	7.5%	6.6%

 Source: Eurostat, EU SILC 2020⁴¹²

The European Union Minorities and Discrimination Survey conducted in 2016⁴¹³ reveals **serious disparities in the access to adequate housing between the Roma and the rest of the population in Bulgaria**. Such disparity is identified both in terms of overcrowdedness (the average number of rooms per person in the household for Roma is 0.7, compared to 1.1 for the general population) and in terms of basic living conditions (the share of Roma living in

⁴¹⁰ https://ec.europa.eu/eurostat/databrowser/view/IILC_LVHO05A_custom_1175295/default/table?lang=en

⁴¹¹ Eurostat. *Inability to keep home adequately warm*, 2020, EU SILC survey ilc_mdcs01.

⁴¹² Eurostat. *Total population living in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames or floor*, ilc_mdho01, <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

⁴¹³ European Union Agency for Fundamental Rights. *Second European Union Minorities and Discrimination Survey. Roma – Selected findings*. 2016, pp. 36–39

households with no tap water inside the dwelling is 23%, compared to 0.7% for the general population); 44% of the Roma live in homes without a toilet and shower/bathroom compared to 12% of the general population. The bad living conditions in the ghetto-type of neighbourhoods are a matter of fact, just as the overcrowding, the lack of zoning plans, the illegal housing and housing inconsistent with the urban zoning plans.⁴¹⁴ The problem with illegal housing and housing inconsistent with the urban zoning plans creates a vicious circle “lack of title documents – lack of personal ID”. Following the 2012 amendments to the Civil Registration Act⁴¹⁵, due to inability to provide permanent address, a lot of Roma people, including adolescents aged 14–18 ended up undocumented. **Children’s access to basic services**, such as signing up with a GP or enrolment in kindergarten or school, **is precluded due to the fact that their parents are undocumented.**⁴¹⁶

There is no research or data on the housing conditions of children with disabilities. The state provides targeted housing allowances for children with disabilities and parents of children with disabilities⁴¹⁷, yet there is no data as to what needs these allowances meet and what is the share of parents of children with disabilities that get these allowances.

A survey on the housing needs of migrants shows that the key problem for them is the limited municipal housing stock – it accounts for as low as 2–4% of the aggregate housing stock, with waiting lists for years.⁴¹⁸ Most often families rent a home at market rates, which contributes to greater insecurity of survival and planning for the future due to the fact that rent dynamics is difficult to predict.⁴¹⁹

Foster families undergo evaluation of housing conditions prior to approval. The small monthly amounts of remuneration and the uncertainty of income may be indirect indications of the difficulties some of those families may encounter and could be factors precluding home renovation. Since 2019, foster families are entitled to one-off allowance for prevention and reintegration for exigent needs.⁴²⁰ Finding appropriate housing is a challenge for **young leavers of alternative care.**⁴²¹

According to the World Bank⁴²² data, the high levels of poverty of the population and the **prohibitive housing costs relative to income** are among the key barriers to adequate housing in Bulgaria. **At the same time public expenditures for housing support for people**

⁴¹⁴According to research of *Shelter for Mankind* Foundation in Nadezhda Neighbourhood in Sliven, with compact Roma population, as low as 12.8% of respondents had some kind of title document, and almost three quarters of households had no document at all, which placed them at a huge risk of eviction. See original reference in Bulgarian: *Жилищни потребности и нагласи на семействата в квартали с концентрация на бедност в гр. Сливен, гр. Търговище, с. Тополчане и с. Голямо Ново*, С.р 2021, р. 99

⁴¹⁵ See Михайлова, Д.(автор), Кашъмов, А. (рецензент). *Гражданската регистрация в България – състояние на неопределеност. Проучване на проблеми, свързани с издаването на лични документи на граждани от ромски произход по Закона за гражданската регистрация*. Sofia, *Open Society Institute*, 2013

⁴¹⁶Analyst and advisory group commissioned by Fund – Iga Foundation. *Набиране и анализ на допълнителна информация относно лица без лични документи в България*. Sofia, 2021.

⁴¹⁷ Persons with Disabilities Act, Art. 77(1).

⁴¹⁸ Гъбова, С. *Общинските жилищни политики: ключов фактор за успешна интеграция на местно ниво*. Sofia 2020, р. 4.

⁴¹⁹ Interview, experts from NGO.

⁴²⁰ Child Protection Act, Article 44(6).

⁴²¹ See SOS Children's Villages Bulgaria. *От грижа към самостоятелност: подкрепа за младежите напускащи грижа в България*, May 2019, р. 104.

⁴²² World Bank. “A Roof Over Our Heads – Housing in Bulgaria.” 2017.

<http://documents.worldbank.org/curated/en/702751508505445190/A-roof-over-our-heads-Housing-in-Bulgaria>

with low income and from vulnerable groups are negligible – 0% of the GDP⁴²³, compared to the EU27 average of 0.4%. In view of the fact that social housing is only 3% of the housing stock in the country, this measure for social support fails to meet even a minimal part of outstanding needs.⁴²⁴

The Draft National Housing Strategy 2018–2030 identifies **the shortage of mechanisms for housing support targeting the groups of the population that are most in need and are most vulnerable** as a key barrier to access. The majority of respondents in the online consultations attach great significance to the insufficient number of dwellings in the social housing stock, the insufficient housing subsidies, the insufficient number of social services for temporary placement and the absence of a social fund for home acquisition at preferential rates, as barriers for all the groups of vulnerable children studied. According to data from the MRDPW, as of 2021, there were 1,092 social housing units with combined capacity of 2,548 persons under construction under OP “Regions in Growth” 2014–2020.⁴²⁵ Under the programming strategy of the Programme for Development of Regions 2021–2027, construction of affordable municipal housing for vulnerable groups will continue.⁴²⁶

Level of impact of barriers to the access to adequate housing – data from online consultation

Table 5 below presents the data from the online consultation with staff members from the system of ASA on the level of impact that barriers have on the access to adequate housing for children from the vulnerable groups.⁴²⁷

⁴²³ 2021 SPC annual review of the Social Protection Performance Monitor (SPPM) and developments in social protection policies, Annex 1. SPPM Country Profiles, Bulgaria, October 2021, p. 9.

⁴²⁴ World Bank. “A Roof over Our Heads – Housing in Bulgaria.” 2017, p. 7.

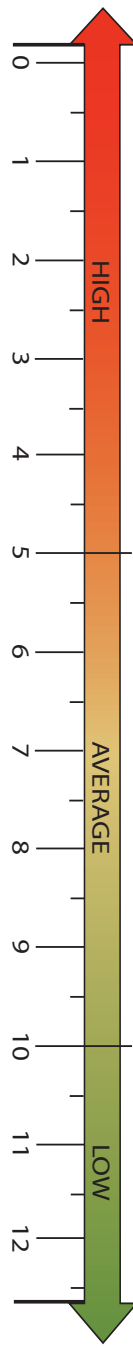
⁴²⁵ The information is accessible at: <https://www.mrrb.bg/bg/1095-socialni-jilista-za-nad-2-500-dushi-se-izgrajdat-s-evropejski-sredstva/>

⁴²⁶ As of the date of finalisation of this report programming for the period 2021–2027 was still ongoing, the adoption of the Programme for Development of Regions pending. Information from the MRDPW, outgoing ref. No 04-13-426/17.12.2021/.

⁴²⁷ Data reflect the replies of a total of 509 respondents: 507 social workers from the ASA structures at regional and municipal level and 2 representatives of municipal administrations.

Table 3 Level of impact of barriers to the access to adequate housing

Barriers to access/Target groups	homeless children or children experiencing severe housing deprivation	Children with disabilities	Children with minority racial or ethnic background /particularly Roma/	Children in alternative care	Children in precarious family situations	Medium
Parents'/caregivers' negligence of the needs for better living conditions	1	1	1	2	1	1,2
Insufficient number of housing units in the social housing stock for rent	2	3	2	3	2	2,4
Insufficient number of social services of temporary accommodation type	3	2	3	1	4	2,6
Insufficient housing subsidy (financial aid for renting, purchase or renovation)	4	4	4	5	3	4
Lack of a social fund for the purchase of housing at preferential rates for those in need	5	5	5	4	5	4,8
Residing in a neighbourhood with concentration of Roma population	6	6	6	7	6	6,2
Administrative barriers (setting requirements and criteria that are impossible to meet) to the access to housing assistance/benefits	7	8	7	6	7	7
Lack of clear regulation concerning the actions to be undertaken by the municipalities with respect to illegal housing	8	7	8	10	9	8,4
Poor living conditions in the housing units of the social housing stock for rent	9	9	9	9	8	8,8
Insufficient awareness of available assistance and services for people in need	10	10	10	8	10	9,6
Remoteness and difficulties with the transportation to housing assistance services	11	13	11	13	11	11,8
Inaccessible environment for persons with reduced mobility at the housing assistance services or at the social housing stock for rent	12	12	12	11	12	11,8
Excessive workload of services, understaffing compared to the number of those in need	13	11	13	12	13	12,4
Language and cultural barriers to the access to housing assistance	14	14	14	14	14	14
Exclusion as a result of stigma and discrimination related to poverty, disability or minority status	15	15	15	15	15	15



According to the respondents in the online consultation *parents'/caregivers' negligence of the needs of better living conditions* is the leading factor with regards to all groups of children, with the exception of the children in alternative care – in their case this factor comes second in terms of significance (the leading one is the insufficient number of temporary accommodation social services). The rest of the barriers of significant impact are associated rather with the lack of housing policy for families living at risk of poverty or social exclusion: insufficient housing units in the social housing stock for rent, insufficient temporary accommodation services, insufficient housing subsidies and lack of a social fund for the purchase of housing at preferential rates. For children in alternative care the identification of these barriers can be interpreted as one of the reasons for taking children away from the family.

The regional analysis reveals that the existing problem with the insufficient subsidy for the housing needs is more often considered a barrier by the participants in the online consultation from the North East and South West regions for the children with disabilities, the Roma children and the children in alternative care. Along with this, with the exception of the South-Central region, more than half of the participants in the online consultation consider that the lack of this kind of local policies hampers the access of children with disabilities to better housing.

Like in the other areas, according to the participants in the online consultation, a leading factor associated with the barriers to access is parents' attitude, taking precedence over factors arising from systemic and structural problems.

The rest of the barriers with significant impact are mostly associated with the lack of housing policy and specific measures, designed for families with dependent children.

4.6. Conclusions

The barriers to access to services for children from vulnerable groups are similar across the different policy sectors. In the first place these are the **financial barriers**. In sectors such as education and healthcare the presence of hidden and additional expenditures compromises the access which otherwise should be for free. Financial barriers related to healthy nutrition and adequate housing result in serious challenges for families at risk, to provide for basic conditions for raising their children.

The financial barriers oftentimes are the most obvious part of the problem, the impact of other factors remaining in part or in full concealed. Such factors are for example **structural problems** such as uneven territorial distribution of services, lack of access to mobile services, etc., which aggravate inequalities in the access to public services. There are further difficulties related to **collection and analysis of information** relating to unsystematic planning of policies in the majority of areas of support explored.

Investment in the workforce engaged with children in the various sectors is one prerequisite to tackle the barriers identified in the analysis. Dedicated efforts are required for training of professionals to work with parents, to accommodate the specifics of multicultural environment and promote inclusion of children with disabilities and children in alternative care.

Cross sectoral cooperation is another barrier identified by professionals. This is also confirmed by the findings of a number of studies and practices. Additionally, this aspect is

important from the standpoint of considering the cumulative risk for children that belong to multiple groups at a higher risk of poverty or social exclusion.

There are **specific features of the individual groups of children** which need to be taken into account when planning measures targeting those children.

The tendency of staff members of institutions, working with children to emphasise the disengagement, unawareness, and negligence of children on the part of parents requires special attention. In the majority areas of access to services staff members of institutions who took part in the online consultation, identify as the leading factor the negligence, lack of attention and efforts on the part of parents (one exception being the area related to adequate nutrition where this option is replaced with an option related to insufficient awareness of parents/caregivers of adequate nutrition for children). These opinions are also valid for the children from the Roma community but also for the children living in severe housing deprivation (it can be posited that to some extent the perception with respect to both groups overlaps). The attitudes that the key factor are parents and that they are primarily to be 'blamed' for ending up at risk can be also traced through the emphasis on 'learned helplessness' of parents and their expectations that the state should take them out of poverty without the need to contribute with enough personal initiative.

Stigmatisation and discriminatory practices remain an important factor along with the failure on the part of staff members of institutions to recognise the barriers to the access to public services, and respectively social inclusion.

The ramifications of the COVID-19 pandemic further aggravate the inequalities among various children, the most vulnerable of them bearing the brunt. The additional economic, health, educational and social challenges in the context of the pandemic and the situation of emergency clearly highlight the most problematic areas in addressing child poverty and social exclusion.

5. Data, monitoring and evaluation in the main areas of intervention of the European Child Guarantee

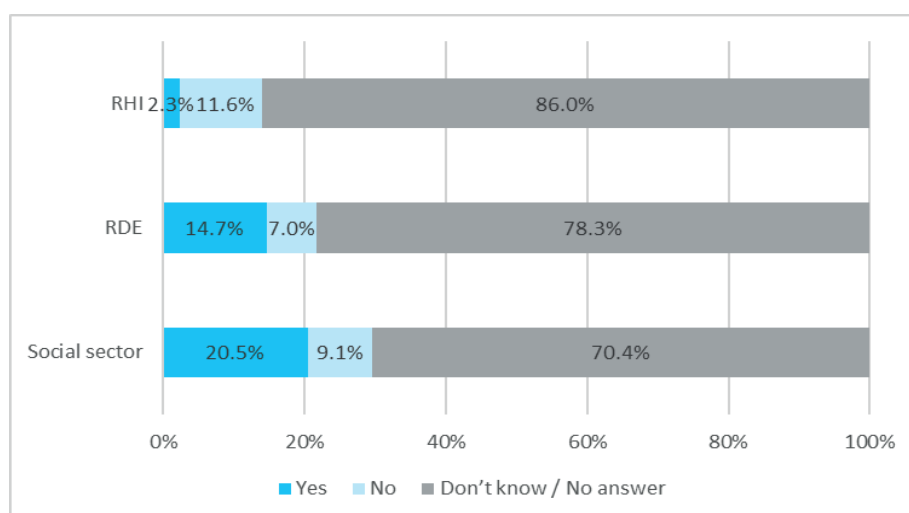
Having a system for collecting indicators from different sources in the key intervention areas of the European Child Guarantee will enable a complete and systematic analysis of the profile of children from different groups who are at a higher risk of poverty or social exclusion, as well as of the factors that need to be addressed to overcome inequalities, including through access to public services. This chapter consists of two parts: first, review of the outcomes of the online consultation on access to data and its use by the participants in the consultation, and second, the principles and approaches as proposed by the researchers' team regarding the National Framework for data collection, monitoring and implementation of the European Child Guarantee (Annex 5).

5.1. Functionality and accessibility of the systems for monitoring and evaluation of measures to reduce child poverty and social exclusion

The data from the online consultation conducted show that the vast majority of staff members of institutions who took part in it do not have available data to monitor and plan their work in the area of child poverty and social exclusion. One in five respondents represent

ing the health sector and one in ten respondents from the social protection and education sectors say they cannot do anything about the data shortage. A large percentage of the respondents did not answer definitively the question regarding the availability of databases necessary for their work (70–86%) (Figure 10). This information points to the need to raise the awareness regarding the role and responsibilities of the line agencies and institutions to collect, process and analyse data in a single synchronized cross-sectoral system.

Figure 10: Staff members having available data for the purposes of planning and ongoing monitoring of policies



Source: Online consultations

Only 48 of all 682 staff members of institutions who took part in the consultation extended specific recommendations regarding the data they need to inform their

work. Of these, 11 experts identified specific types of data; 10 experts made rather general comments on the topic; and 9 respondents saw no additional needs for data.

The specific types of additional data needed can be summarised as follows (Table 14):

Table 14 Areas and data types

Area	Data type
Poverty and housing	Up-to-date information on the poverty line; number of children in poor housing conditions; availability of housing; number of homeless families; number of poor or homeless families in need of support (as reported by health mediators); number of children in need by kindergarten groups, by age and data regarding the parents.
Unemployment	Number of children in unemployed families who need support; employment data; register of unemployed parents with children at risk and unemployed families in need of financial support.
Health and nutrition	Access to an information system collecting data from GPs on the health status and prevention of child patients. The system should provide information on the number of check-ups and vaccinations of children; a database on children and persons with disabilities; a register of GPs and paediatricians working with children at risk; the number of children in poor housing conditions who do not eat healthy, an information system with data from health mediators,
Education	Data on ECEC and education; number of children per school who received a tablet for learning.
Other	Data on large families, unemployed parents of children at risk.

There is a clear need for cross-sectoral access to existing registers and databases of different institutions (e.g. current census data; data from the National Institute of Statistics, from municipalities, Citizens’ Register (GRAO), National Social Security Institute, Ministry of Education and Science, National Health Insurance Fund; access to the registers of the Ministry of Health – checks for number of check-ups and vaccinations of children; data on the support provided by municipalities, data by types of support and persons supported through municipal resources). There is an evident **need for a system ensuring access of the line agencies and institutions to uniform data collected throughout the country.**

5.2. Proposal for a National Framework for Data Collection, Monitoring and Evaluation of the ECG

In accordance with the Council Recommendation establishing a European Child Guarantee, the national action plans should include a national framework for data collection, monitoring and evaluation (hereinafter the National Monitoring Framework).⁴²⁸ This part of the report outlines the research team’s proposal for the structure and the content of the Framework. The proposal for a National Monitoring Framework is based on the main findings of the study conducted for this report, as well as on its conclusions and recommendations.

⁴²⁸ Council Recommendation (EU) 2021/1004, 11. (c) (v).

The proposal includes two types of indicators: **indicators monitoring the implementation of the ECG at EU level**⁴²⁹, proposed in a Commission working document, and **indicators monitoring the implementation of the ECG at national level**, proposed by the research team. The first category includes comparable indicators for Member States measuring policy outcomes. The second category includes indicators reflecting the specific regulatory framework, policies and outcomes for children in need in Bulgaria. Both the EU- and national-level indicators take into account the size of the groups of children in need and their access to the key services outlined in the ECG.

ECG monitoring indicators at national level

The proposed set of national-level ECG monitoring indicators covers all of the key ECG services and is based on a generally accepted model including: structural indicators, process indicators and outcome indicators.⁴³⁰ **The structural indicators** were formulated on the basis of Bulgaria's commitments arising from international and European conventions and documents, and they monitor the development of an enabling environment for the implementation of ECG policies. **The process indicators** measure the implementation of measures to achieve the goals under the structural indicators. **The outcome indicators** measure the outcomes for children in need achieved as a result of the implementation of policies for effective access to the respective key services. In accordance with the Council Recommendation, which highlights the access to quality services, the process and outcome indicators are split as follows: **access indicators and quality indicators for each service**, where, depending on the service, the latter include important quality components such as equal access requirements, professional training for specialists, parent participation and cross-sector cooperation.

The national-level monitoring indicators were identified on the basis of international and European conventions and other statutory documents, in accordance with the country's commitments arising from them, and in line with international and European studies containing comparable data. These sources include:

As regards access to ECEC services: CRC; Council Recommendation on High Quality Early Childhood Education and Care Systems; TALIS – the OECD Teaching and Learning International Survey; indicators concerning the right to education arising from the CRPD.

As regards access to school and school-based activities: CRC; indicators concerning the right to education arising from the CRPD; OECD's PISA and TALIS indicators; indicators used by the World Bank; Council Resolution on the governance structure of the strategic framework for European cooperation in education and training towards the European Education Area and beyond (2021–2030); ECG; Eurostat/NSI; European Commission; and MES.

As regards access to healthcare: CRC; CRPD; European Social Charter (revised); UN's SDG indicators; indicators used in the cross-national study "Health Behaviour in School-aged Children" (HBSC); UNICEF; Eurostat/NSI; MH.

⁴²⁹ See Commission document "Discussion Note on the Monitoring of the European Child Guarantee", SPC/ISG/2021/11a/3, 19 Nov. 2021. As the EU monitoring framework is still under preparation, the indicators may be amended.

⁴³⁰ See UN OHCHR. *Indicators for Promoting and Monitoring the Implementation of Human Rights*, HRI/MC/2008/3, 6 June 2008.

As regards access to sufficient and healthy nutrition: CRC; UN's SDG indicators; indicators used by the WHO; ECG.

As regards access to adequate housing: ICESCR; ECG; Eurostat's EU SILC survey; European Union Agency for Fundamental Rights; National Strategy for Roma Inclusion and Participation (2021–2030).

An important aspect of the indicators is their **disaggregation by feature, which allows for monitoring outcomes for vulnerable groups of children**. The 2030 Agenda for Sustainable Development of the UN sets a goal to increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other relevant characteristics in national contexts.⁴³¹ The European Pillar of Social Rights Action Plan sets out to improve the timeliness of social statistics following the Regulation on the Integrated European Social Statistics and the collection of data disaggregated by racial or ethnic origin in line with the EU anti-racism Action Plan.⁴³²

5.3. Conclusions

The review of the existing data and data collection systems reveals their fragmented and sector-centred nature, and the absence of a comprehensive framework on child welfare containing indicators across all domains of child development.

Establishing a unified and synchronised system for collecting, processing and analysing data on all policy initiatives to combat child poverty and social exclusion will bring about a systematic approach and ensure that the data are part of a comprehensive framework; and that they contain clear objectives and expected outcomes at different levels alongside with indicators to identify and evaluate progress. Such database will integrate different sources of information and thus help monitor the effectiveness of relevant policies. The lack of clear objectives, expected outcomes, and therefore data results in a process-centred approach (provision of interventions, measures, services, etc.) with no clear idea of the difference such processes will make for children and their families.

The national framework for data collection, monitoring and evaluation of the implementation of the European Child Guarantee should comply with some basic recommendations:

- **The process of developing the future National Plan for implementing the Council Recommendation should go hand in hand with developing a national data collection, monitoring and evaluation system.** The involvement of key stakeholders in the elaboration process is a basic prerequisite for the commitment and motivation of different institutions, agencies and organisations to take real action towards synchronising the available systems and data by following a common logic and structure, and ensuring cross-sectoral access.

⁴³¹ OHCHR. *International human rights standards and recommendations relevant to the disaggregation of SDG indicators*. 9 April 2018, <https://unstats.un.org/sdgs/files/meetings/iaeg-sdgs-meeting-07/Human%20Rights%20Standards%20for%20Data%20Disaggregation%20-%20OHCHR%20-%20Background%20Document.pdf>

⁴³² European Commission. *European Pillar of Social Rights Action Plan* {SWD(2021) 46 final}, p. 36–37, https://eur-lex.europa.eu/resource.html?uri=cellar:b7c08d86-7cd5-11eb-9ac9-01aa75ed71a1.0001.02/DOC_1&format=PDF

- **Planning the establishment of a single, cross-sectoral database with input from all stakeholders with analytical competences** in order to overcome data fragmentation and be in line with expected outcomes. The challenges experienced so far in attempting to build a national information system on children under the leadership of the SACP and other similar initiatives are proof that such a nation-wide endeavour should be backed by a serious political will and commitment.
- **We also recommend developing a transparent and reliable mechanism for clear access authorisation in the new information system to achieve evidence-based child-centred decisions by the decision-makers** for implementing policies to combat poverty and social exclusion.
- **Introducing functionalities in the existing databases for data disaggregation in line with the needs of the new system, and ensuring the necessary resources for this process.** Indicators for monitoring and assessing poverty and social exclusion among vulnerable children should include information at national, regional and lower level, with the highest possible coverage of the groups identified in the European Child Guarantee.
- **Synchronising and ensuring participation of academic and civil society research organisations** in the development of the new system and populating it with data generated by such organisations. This approach will harness the research potential of all institutions focusing their work on child poverty and social exclusion.

6. General conclusions and recommendations

The multifaceted nature of the phenomenon of child poverty requires careful prioritisation of the key measures that will most effectively and efficiently redress inequalities for children at risk of poverty or social exclusion. The research and analysis allow several key conclusions to be drawn:

- Firstly, **removing barriers to access to health, education, social and other public services for all children** is key to addressing the inequalities resulting from situations of poverty and social exclusion.
- Child poverty cannot be considered in isolation from the **poverty of parents and families**. Ensuring that a child's right to a family is respected requires an approach of involvement and support for parents/caregivers that enables them to achieve basic security and fulfil their potential as parents and, ultimately, to create the best possible conditions for children's life and development.
- The need for **systematic and consistent work to eliminate stigmatisation and discriminatory practices** in relation to a significant part of the groups of children who are at increased risk of poverty or social exclusion (Roma children, migrant children, children with disabilities, etc.). This includes working towards changing attitudes both within children's communities and among the public and professionals working with them, which is integrated across all areas.

In response to these questions, three main priorities can be identified to structure both the objectives and a set of measures to address the multidimensional nature of child poverty and social exclusion.

- Introduce a **holistic approach**⁴³³ to the planning, implementation and monitoring of policies addressing child poverty and social exclusion
 - **Comprehensive support**⁴³⁴ to parents of children living in poverty and social exclusion.
 - **Targeted measures to provide access** for children from groups at risk of poverty or social exclusion to services in the key areas of intervention of the European Child Guarantee.
-

The work in the three main priorities addresses all areas of life and the groups and communities to which the child belongs, putting the child at the centre. Objectives, measures and activities in the different areas and for the different groups of belonging must be planned with the effects on the children themselves first and foremost in mind, and be consistent with each other.

⁴³³ 'Holistic approach' refers to the planning, implementation and evaluation of anti-poverty measures, which requires the integration of sectoral policies, inter-institutional cooperation and coordination, integrated or coordinated provision of universal and specialised services, workforce investment and resourcing.

⁴³⁴ Comprehensive support in the sense of an independent family policy with clear objectives, measures and activities and the adoption of a family-centred approach in all areas affecting children's welfare – socio-economic measures, education, health, housing, child protection, social assistance, etc. (see Vision for Family Policy, National Network for Children, 2016)

Guidance on a holistic approach to the planning, implementation and monitoring of policies addressing child poverty and social exclusion:

1. It is necessary to **define child poverty as a problem with its own specifics, indicators for measuring and target values.**

Possible approaches:

- Defining a specific target and specific indicators for reducing the number of children at risk of poverty or social exclusion in the National Development Programme: Bulgaria 2030.
 - Development of a thorough and comprehensive analysis of the resource endowment of policies to combat child poverty and social exclusion, based on data on sectoral funding of measures for children from groups at higher risk of poverty or social exclusion.
2. Building **mechanisms for cross-sectoral information exchange** and cooperation.

Possible approaches:

- Adoption of the National Strategy for the Child 2030 with regulation of coordination and interaction of sectoral systems in sectoral statutory acts and by-laws.
 - Establish a framework to allow addressing the multiple risks for children falling into more than one risk group. A possible approach is through the factors that determine child poverty and social exclusion, not so much through different groups of children.
 - Development of a cooperation mechanism for integrated support and services, including a comprehensive assessment of the needs of children and families from groups at risk of poverty or social exclusion (such as the coordination mechanism, as set out in the National Strategy for Poverty Reduction and Promotion of Social Inclusion 2030).
 - Creation of a unified, cross-sectoral database on child poverty.
3. Developing and resourcing a **workforce strategy** for health, social and education sectors.

Possible approaches:

- Synchronise plans and strategies for the qualification and career development of health, social and education workforce to include key themes on poverty and groups of children most at risk of poverty or social exclusion.

Guidance on comprehensive support for parents of children living in poverty and social exclusion.

1. **Increasing the effectiveness of the financial support for families with children**

Possible approaches:

- Conducting a comprehensive analysis of the effectiveness of social assistance for families with children.
- Proposals for changes in the Social Assistance Act, the Family Allowances Act, the Social Security Code, and the Taxation of the Income of Natural Persons Act to ensure a minimum per capita household income for families with dependent children, which would cover basic needs.

2. Implementation of a family-centred approach in the work of sectoral services (health, education, social services)

Possible approaches:

- Coordinated development of requirements and guidelines for targeting active family support measures in the three welfare systems – health (MH, RHI), education (MES, RDE) and social (MLSP, ASA, DSA) and training of professionals on the meaning and mechanisms for implementation.
- Planning and taking targeted measures to support families with children in precarious family situations within the social services system under the SSA.
- Development of guidelines and training for the staff of the CPD/DSA for not allowing practices for moving a child out into an alternative care due to poverty of the family, the presence of developmental difficulties or disability, as well as belonging to the Roma ethnic group.
- Provision of social mediation services to the family and support in overcoming administrative barriers within social services.

3. Support parents' employment

Possible approaches:

- Identification of indicators for the assessment of results achieved, by which the employment or training of unemployed parents with children is measured in the strategic and statutory framework for employment promotion within the system of the National Employment Agency.

Guidance on the provision of effective access to the key services of the European Child Guarantee to children at risk of poverty or social exclusion and to children from vulnerable groups

1. Improving access to ECEC services

Possible approaches

- Adoption of a National Early Childhood Development Strategy, including quality standards for inclusive ECEC services for all children aged 0–7 years;
- Securing a place in nursery or kindergarten for all children;
- Reducing the number of children in a group and improving the staff-to-child ratio to achieve individualisation and consideration of the specific needs of each child, through changes in the MES Ordinance on financing the establishments in the system of pre-school and school education.
- Introduce measures to raise awareness and sensitise and increase understanding among parents about the importance of ECEC for child development through the work of social services and health mediators.
- Development of competences of both teaching and support staff, as well as nurses in nurseries, for working with children in early age, and for working with children with

different needs; (set out in the Strategic Framework for the Development of Education, Training and Learning in the Republic of Bulgaria 2021–2030).

- Upholding the policy to remove the financial barriers preventing access to ECEC services;
- Systematic implementation of measures to counter stigma and rejection of vulnerable groups of children and to create a culture of acceptance of differences in the school environment, including training for working in multicultural environments and zero tolerance measures for hate speech.

2. Improving access to education services

Possible approaches

- Identification and definition of the groups of children at increased risk of poverty or social exclusion / the groups of children in the European Child Guarantee in the strategic and statutory framework in the field of education (the PSEA, the Strategic Framework for the Development of Education, Training and Learning in the Republic of Bulgaria 2021–2030, the Ordinance on Inclusive Education, National Programmes, etc.).
- Measures to reduce the inter-school segregation of children at risk of poverty or social exclusion, and of Roma children;
- Measures to overcome the impact of socio-economic factors on educational attainments of children;
- Measures for provision of accessible architectural environment in all schools and increasing the number of professionals providing educational support to children with special educational needs;
- Strengthening the role of educational mediators (municipal and in educational institutions) to raise awareness and sensitise parents about the benefits of education.
- Systematic implementation of measures to counter stigma and rejection of vulnerable groups of children and to create a culture of acceptance of differences in the school environment, including training for working in multicultural environments and zero tolerance measures for hate speech.

3. Improving access to healthcare services

Possible approaches

- Ensuring free access of children to preventive care, treatment, rehabilitation and habilitation, as well as free access to necessary medicines for children at risk of poverty or social exclusion through changes in the Health Act and Ordinance 9 on the determination of the package of health activities guaranteed by the NHIF budget or amendments in the Social Assistance Act.
- Development of guidelines and support for the coordinated work of home-visiting service and health mediators and widening the scope of the newly introduced in 2021 free home-visiting care through Ordinance 9/2019 of the Minister of Health
- Expanding the scope and number of examinations and tests covered by Ordinance 26 on access of uninsured pregnant women to regular examinations and tests during pregnancy.

- Providing data on the dimension of the problems of children with disabilities and setting targets for indicators that can be used to measure the achievement of the expected results in the National Disability Strategy 2021–2030.
- Provide mobile health services and strengthen the role of health mediators to overcome the unbalanced distribution of health services and ensure access to health services for families with children from vulnerable groups in smaller settlements.
- Measures to improve the capacity of the system for prevention and early diagnosis of disabilities by implementing universal screening tools, training for out-patient care professionals, standard procedures for referring children for early intervention;
- A focus in the National Strategy for Poverty Reduction and Promotion of Social Inclusion 2021–2030 on children with mental health issues.
- Revising the financial standards in residential services to ensure that adequate resources are available to provide specialised medical care for children in these services
- Taking measures to sensitize health professionals to the specific needs of vulnerable groups of children aimed at preventing stigma and discrimination.

4. Access to services related to provision of healthy nutrition

Possible approaches

- Develop, secure and implement a comprehensive strategic framework for healthy nutrition, including the provision of healthy meals for children in need. Setting common national targets and measures for their implementation, as well as mechanisms for coordination between different institutions.
- Provide the necessary support through social assistance and social services to families to ensure the access of children from vulnerable groups to healthy nutrition.

5. Access to adequate housing

Possible approaches

- Developing, securing and implementing a comprehensive strategic framework and statutory framework to ensure access to housing and adequate housing support for people in poverty and social exclusion with a special focus on families with dependants.
- Securing financial resources for housing support to families from the vulnerable groups.
- Ending the practice of demolishing illegal buildings, which are the only housing without a working mechanism to support social peace and guarantee the rights of children of evicted families.

In addition, in terms of access to services, it is recommended that a survey be conducted among families living at risk of poverty or social exclusion regarding their access to information and services in the five key areas of ECG, with a particular focus on the views and experiences of the children themselves from the identified groups at increased risk.

List of annexes:

Annex 1: Conceptual framework of the research.

Annex 2: List of respondents who took part in semi-structured interviews.

Annex 3: Policy framework analysis tool

Annex 4: Tools for in-depth interviews and online consultation

Annex 5: Child poverty and social exclusion indicators (Monitoring and evaluation framework)

Annex 6: Barriers to access to basic services, according to the participants in the online consultation, per NUTS2 regions

Annex 7: Analysis of child poverty and social exclusion data and indicators

Annex 8: References

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