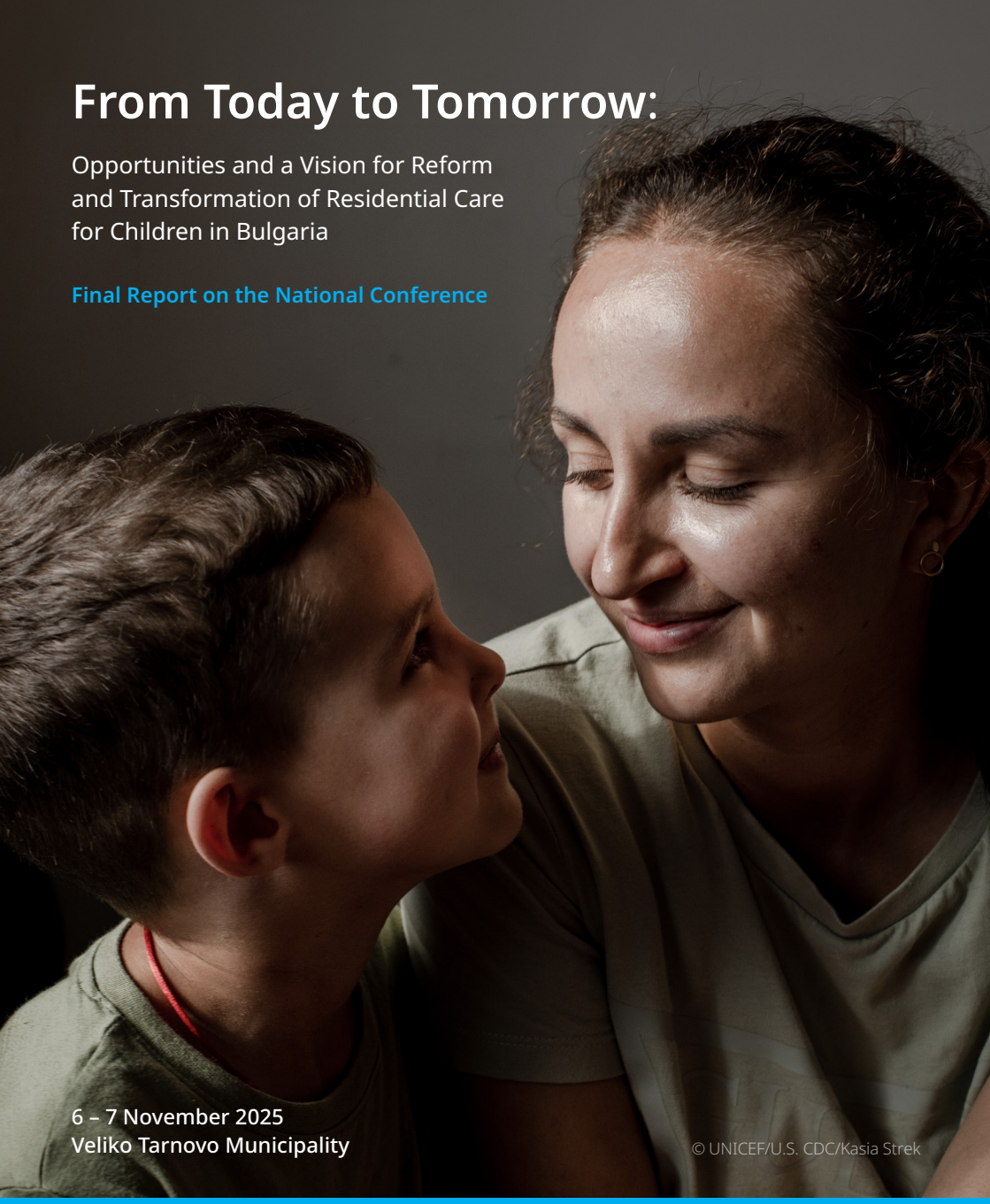
From Today to Tomorrow:

Opportunities and a Vision for Reform and Transformation of Residential Care for Children in Bulgaria

Final Report on the National Conference



6 – 7 November 2025
Veliko Tarnovo Municipality

MUNICIPALITY OF VELIKO TARNOVO

INTERNATIONAL SOCIAL SERVICE – BULGARIA

unicef for every child

Introduction

With over **4,600 children** in public care in Bulgaria, cooperation between the government, service providers and local authorities is essential to ensure that these vulnerable children receive the high-quality support they need to reach their full potential, pursue their aspirations, and succeed as adults.

Despite the significant progress achieved in reforming the child care system following the adoption of the Child Protection Act in 2000, the implementation of the Action Plans under the National Strategy *"Vision for Deinstitutionalisation of Children in the Republic of Bulgaria"* for the period 2010–2025, and the projects under the Human Resources Development Programme aimed at developing foster care, early childhood development, early intervention and other, challenges remain. These include ensuring children's safety, providing educational support and healthcare for children with severe and multiple disabilities, and improving the qualifications and the retention of care professionals. Addressing these challenges is critical to ensure the best possible support for children and young people at risk, as well as for care leavers.

In this context, and on the occasion of the **15th anniversary** of the adoption of the National Strategy "Vision for Deinstitutionalisation of Children in the Republic of Bulgaria" and its Action Plan for the period 2010–2016, as well as the updated Action Plan for the period 2016–2025, Veliko Tarnovo Municipality, the "International Social Service – Bulgaria" Foundation (ISS Bulgaria), and the United Nations Children's Fund in Bulgaria (UNICEF) organised the National Conference *"From Today to Tomorrow: Opportunities and a Vision for Reform and Transformation of Residential Care for Children in Bulgaria "*.

Objectives of the Conference

The conference was designed as a national expert forum and aimed to present the achievements in the care for children moved out of their birth families for various reasons and placed in residential care, as well as to discuss the barriers and challenges facing the residential care. It further sought to support the development of proposals for change and a vision for the role of residential care within the continuum of care and services for children and families, as well as for the direction of policies, measures, and practices supporting vulnerable children, their families, and young care leavers in Bulgaria.

Programme

The conference took place on **6–7 November 2025** in Veliko Tarnovo Municipality under the patronage of the Minister of Labour and Social Policy, Mr Borislav Gutsanov, and the Mayor of Veliko Tarnovo Municipality and Chair of the Management Board of the National Association of the Municipalities in the Republic of Bulgaria (NAMRB), Dr Eng. Daniel Panov. The main partners of the event were the Ministry of Labour and Social Policy (MLSP), the State Agency for Child Protection (SACP), as well as two executive agencies under the MLSP – the Agency for Social Assistance (ASA) and the Agency for the Quality of Social Services (AQSS).

For further details, please see **Annex 1**: Programme of the National Conference "From Today to Tomorrow: Opportunities and a Vision for Reform and Transformation of Residential Care for Children in Bulgaria".

Summary of Day 1

6 November 2025

SESSION 1

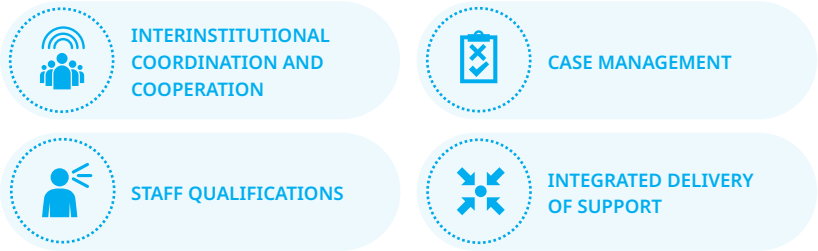
Session 1: Results of the reform of the public childcare system following the adoption of the “Vision for Deinstitutionalisation of Children in the Republic of Bulgaria” in 2010: progress, challenges, and potential solutions

> *“Every new vision for the future requires a fresh perspective on the past; to move forward, we must first look back…”*

Tsvetelin Kanev,
State Agency for Child Protection

The session included presentation of **the results of the monitoring and analyses conducted** by the State Agency for Child Protection, the Agency for Social Assistance, and the Agency for the Quality of Social Services. The impressive progress in reforming the childcare system in Bulgaria was highlighted, particularly following the adoption of the Child Protection Act in 2000 and the National Strategy "Vision for Deinstitutionalisation of Children in the Republic of Bulgaria" in 2010. At the same time, challenges related to ensuring effective family support and high-quality alternative care were also identified.

As the key challenges facing residential care following the initial difficulties related to the implementation of the 2020 Social Services Act, concerning the perception of services as support activities and their alignment with quality standards, were highlighted:



The session also laid out **the current international trends and developments in residential care, as well as its therapeutic functions** in supporting children and families, preventing separation and the sequence of placement breakdowns. To meet these objectives, residential care should be time-bound, trauma-informed, and capable of supporting children and families through appropriate psychosocial interventions, while also providing a safe environment and individual relationships, maintaining connections with the community and families, offering other support services, and ensuring child participation.

SESSION 2

Session 2: The role of residential care staff as one of the key factors in the quality of care, development of services, and supporting children for independent living

> *"For me, working in residential care for children is not just a profession, but a mission grounded in humanity, patience, and dedication. Every day here reminds me how important it is to be a stable and genuine adult children can rely on. Over time, I have come to realise that this work brings me not only professional experience, but also personal growth – it teaches me empathy, patience, and the ability to see small successes as great achievements."*
>
> Quoted from a survey of residential care staff

A key highlight of this session was **the presentation of the results of a survey of residential care staff, completed by 153 respondents**, including managers, professionals, social workers, carers/social assistants. The key challenges identified in the survey and confirmed during the conference discussions include managing the emotional and behavioural difficulties of children and young people in residential care, including the nonverbal ones, high levels of stress among staff, staff shortages and low pay, the access to healthcare, interaction with the healthcare, education, and judicial systems, as well as organisational challenges within services, including under-staffed shifts, a lack of dedicated spaces for children in crisis, and the required mandatory documentation. As with the analysis of the results from the survey of children aged 16+ placed in family-type placement centres (FTPCs) for children without disabilities, and of young people having left FTPCs or transitional housing, it should be noted that these data are not nationally representative. The findings suggest that the questionnaires were more likely completed by highly proactive teams from FTPCs for children with and without disabilities, who may, in turn, have encouraged children and care leavers from the same services to complete the other questionnaires.

The staff characteristics most frequently identified by the respondents include teamwork, cohesion, and good communication, followed by professionalism and responsibility, the application of an individualised approach and therapeutic care in the practice, and, less frequently, the creation of a home-like environment for children, diversity and cultural competence, partnerships, as well as various organisational aspects.

> All presentations delivered during the two days of the National Conference are available for download at the following link: NRCC 2026 and can also be provided by the organisers upon request.

Key findings from Day 2

7 November 2025

HIGHLIGHTS

Highlights of the presentations and the group work discussion on residential care for children and young people without disabilities

46
CHILDREN AGED 16–18

42
YOUNG PEOPLE AGED 18+

During this session, **the results of the opinion survey of 46 children aged 16–18 were presented.** They show that more than half of the respondents consider themselves partially or fully prepared to leave care and have been involved in the development of their individual plans. The children also indicated that the most commonly received support came from their key social worker and they clearly recognised the need for self-preparation for independent living, including the development of soft skills for coping and job searching. The main findings from the survey highlight the need for support in finding employment, securing housing and financial resources, as well as improving family relationships.

The results of the survey conducted among 42 young people aged 18+ were also presented. They show that 80% of the respondents believe that they were prepared to leave care, and that the timing of their leaving care was appropriate. They believe that they had received the necessary support from their key social worker, including information about what to expect after leaving care. They also noted the positive impact of meeting other young people and adults who had been through care and have gone on to live successful independent lives. The key findings from the survey point to the need for additional training in budgeting and financial literacy, for labour market integration, and the development of social skills for self-expression and standing by one's decisions. They also highlight the need for the government to identify ways to increase the financial resources available to young people after leaving care.

During the discussion, both **key challenges and good practices** were identified. The former included **the organisation and management of children's daily routines, nutrition, relationships, and the way services operate**, whereas the latter highlighted the introduction of different routines during the school year and holiday period, as well as practices where service staff and children jointly discuss and agree on measures for following rules and the consequences of not doing so, such as restricting children from going out or temporarily depriving them of their preferred activities.

> *"The children's job is to argue with us, and ours is to hear them."*
>
> Service Manager

With regard to nutrition, practices vary widely depending on how the respective municipal administration chooses to implement the regulatory framework. These may include catering, municipal meals delivery social service ("meals- on-wheels"), as well as involving children in meal preparation, which the participants in the discussion identified as the most appropriate approach.

During the discussion, it was also noted that a working group had been set up, comprising representatives of the Ministry of Health, the Ministry of Labour and Social Policy, the Agency for the Quality of Social Services, and the Agency for Social Assistance with a main task to review healthcare-related regulatory requirements and to assess the need for changes in line with the Social Services Act and the secondary legislation for its implementation.

Different views were expressed regarding interaction within services and documentation. These included ideas, some of which put forward by the young people participating in the discussion, for appointing a staff member exclusively responsible for documentation, data entry, and information processing, thereby allowing other staff more time to communicate and work directly with the children. Additional expert opinions and examples of good practice focused on aligning staff schedules with the daily routines of the children in care, as well as proposals to elaborate standards for life skills development in children.

> The National Helpline for Children 116 111 – a free service available 24/7 – was highlighted as a resource for providing information, counselling, and support to both children and young people as well as their caregivers. The helpline also offers a chat service operating from 8:00 to 20:00.

KEY CHALLENGES

Highlights of the group work discussion on residential care for children with disabilities

The key challenges identified by the teams of family-type placement centres for children with disabilities (FTPCCD) and family-type placement centres for children and young people with disabilities (FTPCCYPD) during the discussion were as follows:

- In recent years, there has been a trend of placing a growing number of children and young people in residential care for children and young people with disabilities, coming from their birth or foster families. The most common reason is a deterioration in children's health, although other factors are also at play. Very often, such placements are driven by poverty, with Child Protection Departments moving children out of their birth families precisely due to financial hardship. There is a lack of systematic support for families that would enable them to care for their children. In most cases, placements are carried out on an emergency basis, without prior preparation of either the service or the children and their families. This leads to secondary trauma for both newly placed children and the group already living in residential care. The adaptation process for people with disabilities is difficult and lengthy.
- According to the conference participants, there are many available resources within the child protection system–both institutional and community-based – that are not used effectively. Instead, moving out and placement in residential care are often pursued.
- One of the most acute issues shared by the teams is the lack of understanding and support from the healthcare system. Most care users have psychiatric diagnoses, behavioural difficulties, or complex disabilities and require therapeutic support, which, however, is not always adequate. There is a shortage of both child psychiatrists and comprehensive psychiatric care for those children.

The participants also noted that the documentation accompanying placements is often incomplete or misleading. Another negative trend is the transfer of children from family-type placement centres for children without disabilities to those for children with disabilities. In such cases "healthy" children are often issued medical expert assessments (called TELK in Bulgarian) – most frequently with psychiatric diagnoses – based solely on problematic behaviour.

The key recommendations made by the participants were as follows:

1.

Analyse the reasons for new placements of children from birth and foster families in order to develop measures and policies to prevent family separation.

2.

Develop weekly and respite care services for children and young people with disabilities, thus enabling families to receive the necessary break and support, and better cope with the challenges of raising their children.

3.

Regulate the interaction with healthcare institutions through a methodology or an order of the Minister of Health, similar to the existing responsibilities of general hospitals towards children in FTPCCYPD in need of permanent medical care.

4.

Address the need for an additional funding mechanism to cover the frequent hospitalisations of children and young people with disabilities. These hospitalisations often require the mandatory presence of an accompanying adult, making it difficult to maintain staff schedules and the day-to-day functioning of services.

During the general discussion, following the presentation of the results from the work of both groups, the need for **significant investment in early intervention for children with disabilities** was highlighted, with a view to preventing their placement in residential care. Other key points included **the development of new types of services for supported independent living for young people with disabilities,** in order to reduce the number of service users with disabilities in residential social services, as well as **the development of new measures and activities to continue the reform of the child care system and transform residential care.**

A proposal was also made to organise a meeting, with the support of the National Ombudsman, involving the Ministry of Health, the Ministry of Labour and Social Policy, representatives of civil society, and providers of residential care services for children with disabilities, **to discuss the challenges related to ensuring effective access to high-quality health services for children and young people in care.**

Closing session

Where are we now, where are we headed and what is our desired destination?

MAIN CONCLUSIONS

1. The political and expert consensus existing in our country on the characteristics of residential care (RC) has been confirmed

Residential care is the last resort for child placement outside the birth family after family-based options have been exhausted. It is a relatively small-scale service catering to children in small groups (8-12) for a limited period of time and not throughout their whole childhood. Residential care should rely on strong leadership, well-trained staff, shared goals, while being closely integrated in the community. It offers adequate support to young people who are about to leave care when they come of age. It actively encourages the involvement of birth parents in the children's life.

Some conference participants singled out the following RC characteristics as critically important:

- **Individual approach and holistic care;**
- **Family-like care – safety, warmth and sense of belonging;**
- **Preparation and support for independent living;**
- **Team work and professionalism;**
- **Socialisation and community integration.**

2. There is consensus on the needs of children and parents and the main challenges facing the effectiveness of the protection system, intersectoral coordination and the role of residential care:

- **Children and young people that are placed in residential care have experienced significant traumas,** they are victims of various forms of violence and neglect, they have attachment disorder and show signs of distress, therefore, they have **multiple and complex needs.**
  To be able to understand the behaviour of children and young people and respond to it in a most suitable fashion, RC staff need to have in-depth knowledge of trauma and attachment disorder and their effect on children.
- Notably, a significant number of surveyed RC staff identify children with problematic behaviour as a difficulty they face, while the ones identifying children with mental health problems as a difficulty account for a small percentage, which leads to the conclusion that RC professionals do not relate problematic behaviour to mental health problems, i. e. they fail to recognise children's distress.
- **Over the last 7–8 years, 90% of placements have happened on an emergency basis, i. e. without any preparation.** This means that the established sequence of protection measures was broken; the placement environment was unprepared, the placement did not match the group, potentially leading to a greater frequency of unacceptable children's behaviour. The children's life stories are not made available by the protection system both with regard to their behaviour in the case of children without disabilities and their health condition (available diagnoses, health risks) in the case of children with disabilities.

Over the last 7–8 years, 90% of placements have happened without any preparation.

- **Disability or lack thereof are the only factors considered in residential care placement.** Regardless of that, children with disabilities are being placed in RC for children without disabilities, which results in dramatic change in the group's microclimate. Lack of specialised services for young people with addictions or mental health problems results in the latter's placement in a residential care service for children without disabilities (mixed placement with children without disabilities). These placements result, in turn, in young people' problematic behaviour escalation, high levels of RC staff stress, inability on the latter's part to deal with the difficult behaviour of children and young people, which is a common reason for staff to resign and for high staff turnover.
- **RC staff claim that intersectoral cooperation is either non-existent or at a fairly low level.** Other stakeholders – also protection authorities – are often unwilling to actively cooperate in the process of problem solving or meeting the specific needs of children in residential care. Therefore, RC staff often feel left out on their own in providing childcare, which by its nature is a form of public care.
- **The majority of RC staff** support the participation of families in the provision of care to their children and the decision-making process concerning them. This, however, is hard to put into practice for a number of reasons, namely: a large proportion of RC teams have no or very little information about the children's families. Not everyone interacts with the children's families on a regular basis, a large proportion of RC staff never or hardly ever communicate with the latter.

The main reason for ineffective communication with the families is often lack of interest on their part, including poor attitude towards RC staff (threats, rude interference with their work with children, pitting children against the staff), as well as cultural and language differences, lack of spare time and resistance on the part of RC staff, etc.

3. Need for further support and guidance:

RC staff work under a high level of stress, they don't feel that they get sufficient support, despite the trainings and other forms of professional support they receive. They need further written work guidelines that would help reduce everyday stress.

4. It was established that a database needs to be built to collect and analyse data about children moved out of their birth families, specifying:

the reasons for moving the child out of the family, the child's age at that time, the length of placement in kinship care, in foster care or in residential care. Such a database will facilitate the management of the process and the planning of various forms of support for the families that would, in turn, help prevent moving the children out.

PROPOSALS FOR CHANGE

1. Regarding child placement in residential care and the quality of care:

- **Keep to a minimum the number of emergency moving of children out of families and their placements in care**, and observing the prescribed sequence of protection measures as the underlying philosophy of the Bulgarian child protection system.
- **Keep different target groups separate from one another** both in residential care for children without disabilities and in residential care for children with disabilities to reduce the instances of unacceptable behaviour on the part of children, as well as the occurrence of serious incidents caused by child aggression or self-harm.
- **Analyse the reasons for new placements of children** from birth and foster families in order to develop measures and policies to prevent family separation.
- **Develop weekly and respite care** services for children and young people with disabilities, thus enabling families to receive the necessary break and support, and better cope with the challenges of raising their children.
- **Regulate the interaction with healthcare institutions** through a methodology or an order of the Minister of Health, similar to the existing responsibilities of general hospitals towards children in FTPCCYPD in need of permanent medical care.

PROPOSALS FOR CHANGE

2. Proposals regarding staff in residential care services:

2.1. Develop written guidelines for:

- Implementing in practice the quality standards for residential care;
- Interaction with parents of children placed in care – violent, aggressive, with intellectual difficulties, as well as addicts;
- Defining the characteristics of support for unaccompanied children from different cultural and religious backgrounds;
- Guiding and de-escalating children's behaviour;
- Contents of daily reports entered in the Logbook

2.2. Meet the specific needs regarding residential care for children with disabilities:

- Working with children with intellectual difficulties and nonverbal children;
- Providing healthcare and health services to children and young people with disabilities;
- Kinesitherapy and specifics of care for children with cerebral palsy;
- Regulation of the emotions and behaviour of children with disabilities;
- Management of the finances of care users with disabilities, especially those placed under legal guardianship.

PROPOSALS FOR CHANGE

2.3. Organise and deliver specialised and advanced training for staff:

CONCERNING CHILDREN IN CARE

- Characteristics of various disabilities;
- Characteristics of child development at middle and high school age;
- Social integration and inclusive education strategies;
- The rights of the child and ethical standards;
- Recognising signs of distress in children and young people, providing support and addressing the problem;
- First aid;
- Managing unacceptable behaviour and aggression in children towards other children and staff;
- Psychosocial support for and working with children who have experienced trauma;
- Management of crisis situations and conflicts between children;
- Work with children with ADHD;
- Development of emotional intelligence.

CONCERNING STAFF

- Communication skills and teamwork – improvement of internal communication and cooperation;
- Use of technology and digital instruments in social work;
- Working in a multidisciplinary team and efficient communication;
- Project planning and management – search for funding opportunities, resource management and service development skills;
- Prevention of professional burnout;
- Placing individuals under legal guardianship;
- Implementing the legal framework related to working with children at risk;
- Managing crises and conflicts in the workplace;
- Dealing with stress at work;
- Cultural aspects and other specific features of working with refugees, migrants and unaccompanied or separated children.

PROPOSALS FOR CHANGE

CONCERNING MANAGEMENT

- Leadership and team management;
- Strategic planning in social service provision;
- Better understanding and implementing of the legal framework;
- Innovative approaches to quality enhancement;
- Stress management and prevention of professional burnout;
- Crisis management.

3. Proposals regarding providers of RC services:

- Increasing the number of staff per shift to assure individualised care;
- Enhancing support and assistance to RC staff following crisis situations instead of initiating inspections and imposing sanctions;
- Work schedules for staff designed by the management should provide for time for filling out documents and maintaining records;
- Organising events allowing the services to exchange good practices, as well as share and discuss real cases and the decisions taken to resolve them.

PROPOSALS FOR CHANGE

4. Proposals regarding individual aspects of residential care and interaction with children:

4.1. Integrating children's rights, child empowerment and responsibilities

Fostering better understanding on the part of responsible institutions (AQSS, SACP, municipality) of the work of RC staff and of the importance of keeping a balance between empowering children and requiring the latter to assume and carry out duties and responsibilities.

4.2. Working with parents

Improving the interaction of services with families of children and young people through encouragement of regular contact, delivery of training for staff on the role and importance of maintaining relationships and contacts with the family and overcoming the challenges associated with time constraints and staff resistance to interact with families.

5. Recommendations from young care leavers regarding improvement of the support they get with respect to:

5.1. Social contacts and activities

- More opportunities for social contacts and travel;
- Meetings with successful people and young care leavers;
- Involvement in various activities, sports and other opportunities for self-expression and development.

PROPOSALS FOR CHANGE

5.2. Organisation of everyday life

- Organisation of summer camps, field trips and meetings with other young people;
- Greater independence in everyday life;
- Tailor menus to users' preferences and age;
- More freedom and extended curfew (10pm);
- Limit the practice of turning in telephones in the evening.

5.3. Financial support for house rent, bills and everyday expenses.

5.4. Emotional support – most young people need:

- Conversations with and advice from social workers and key individuals in their lives, including meetings with young care leavers allowing the latter to share personal success stories and offer support;
- Continuous emotional support after leaving residential care.

5.5. Independence and responsibility:

Need for advice and support in dealing with the new challenges of independent living, like money saving skills, keeping a job, getting a driver's license, etc.

5.6. Education and professional career:

Need for support to complete secondary education and find a suitable job.

Annex 1: Programme of the National Conference On residential care for children in Bulgaria *"From Today to Tomorrow: Opportunities and a Vision for Reform and Transformation of Residential Care for Children in Bulgaria"*

Programme for 6 November 2025

12:30 – 1:30 PM

Registration with coffee and a light welcome treat

1:30 – 2:00 PM

Great Hall of the Municipality

Official opening

- **Dr Eng. Daniel Panov,** Mayor of Veliko Tarnovo Municipality and Chair of the Management Board of the National Association of the Municipalities in the Republic of Bulgaria (NAMRB)
- **Ms Christina de Bruin,** UNICEF Bulgaria Representative (video address)
- **Ms Velislava Delcheva,** Ombudsman of the Republic of Bulgaria
- **Ms Ivayla Kasarova,** Deputy Chairperson, SACP
- **Ms Victoria Tahova,** Executive Director, AQSS

2 PM – 3:30 PM

Great Hall of the Municipality

Results of the reform of the public childcare system following the adoption of the *"Vision for Deinstitutionalisation of Children in the Republic of Bulgaria"* in 2010: progress, challenges, and potential solutions

- Presentation of the results of the monitoring and analyses conducted by the responsible institutions – SACP, AQSS, MH;
- Characteristics of children placed in residential care – grounds, age of children, average stay in care, leaving the care – ASA;
- Contemporary trends and development of residential care in international context, Dr. Galina Markova, Know-how Centre for Alternative Care for Children at NBU;
- Therapeutic functions of residential care, Dr. Vessela Banova, "Child and Space" Association;
- Discussion.

3:30 – 4:00 PM

Coffee break

4:00 – 5:30 PM

Great Hall of the Municipality

The role of residential care staff as one of the key factors in the quality of care, development of services, and supporting children for independent living

- Presentation of the findings of a residential care staff survey. Where does Bulgaria stand compared to other countries in Europe and across the world? Dr. Sabina Sabeva, International Social Service – Bulgaria;
- Analysis of staff in residential care for children without disabilities and for children and young people with disabilities – Family-type Placement Centres and Transitional Housing – AQSS;
- Discussion of good practices and challenges facing residential care staff and recommendations for further support and development.

5:30 PM

Closing of Day 1

7:00 PM

Official dinner for conference participants at the Grand Hotel "Yantra"

Programme for 7 November 2025

9:30 – 11:00 AM

Great Hall and a Small Hall of the Municipality of Veliko Tarnovo

Children in the Centre – the perspective of children and young people (work in two parallel sessions)

- Participants will be divided into two groups to discuss the specifics of working with and support for:
  1) children without disabilities (in the great hall of the Municipality) and
  2) children and young people with disabilities (in the small hall).
- The session on residential care for children without disabilities will include a presentation of the findings of a survey of young people aged 16+ placed in FTPC and transitional housing for children without disabilities, and young people aged 18+, who have left residential care, regarding their support and preparation for independent living.
- Discussions in both groups will be focused on the main aspects of care including child-staff relationships; child and young people participation; organisation of group life; working with families; nutrition, health, education, etc.
- The view of the AQSS on this topic will be presented by Diana Petrova, Deputy Executive Director of AQSS (for children without disabilities) and Hristina Panteva – Director of Directorate "Control, Monitoring and Licensing of Social Services", AQSS (for children with disabilities).

11:00 – 11:30 AM

Coffee break

11:30 – 1:00 PM

Great Hall of the Municipality

Where are we now, where are we headed and what is our desired destination

- Presentation by the moderators of the findings of the parallel sessions;
- General discussion on the questions raised during the two days;
- Drawing up proposals and recommendations for changes.

1:00 PM

Closing of the Conference

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