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SITUATION ANALYSIS OF CHILDREN AND WOMEN IN BULGARIA

2017

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Situation Analysis of Children and Women in Bulgaria

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ABBREVIATIONS USED

AIDS	Acquired Immune Deficiency Syndrome
ARA	Asylum and Refugees Act
ASA	Agency for Social Assistance
BAS	Bulgarian Academy of Sciences
BHC	Bulgarian Helsinki Committee
CC	Children's Council
CC	Crisis Centre
CCEQSE	Centre for control and evaluation of quality of school education
CEE	Central and Eastern Europe
CISE	Center of Information Support of Education
CPD	Child Protection Department
CRC	Convention on the Rights of the Child
CYwD	Children and youths with disabilities
DPD	District Police Department
EAMA	Executive Agency Medical Audit
EU	European Union
EU SILC	EU Statistics of Income and Living Conditions
FRA	European Union Agency for Fundamental Rights
FRBA	Foreigners in the Republic of Bulgaria Act
FTPC	Family-type Placement Centre
GA	General Assembly
GDP	Gross Domestic Product
GNA	Grand National Assembly
HBSC	Health Behavior in School-aged Children
HCDPC	Home for children deprived of parental care
HCYID	Homes for children and youths with intellectual disability
HDI	Human Development Index
HRMSCC	Home for residential medical and social care for children
ICD	International Classification of Diseases
ICT	Information and Communication Technologies
IOM	International Organization for Migration
IPDA	Integration of People with Disabilities Act
JCPD	Juvenile Crime Prevention Division
JHA	Justice and Home Affairs Council
LCABMU	Law on Combating the Anti-social behaviour of Minors and Underaged
LCCABMU	Local Commission for Combating the Anti-social Behaviour of Minors and Underaged
LCCTHB	Local Commission for Combating Trafficking in Human Beings
MoES	Ministry of Education and Sciences
MoH	Ministry of Health

Mol	Ministry of Interior
MoJ	Ministry of Justice
MoLSP	Ministry of Labour and Social Policy
NAMRB	National Association of Municipalities in the Republic of Bulgaria
NCCTHB	National Commission for Combating Trafficking in Human Beings
NCPHA	National Centre for Public Health and Analyses
NEET	Youth not in Employment, Education and Training
NGO	Non-governmental organization
NHIF	National Health Insurance Fund
NHLC	National Help-Line for Children
NNC	National Network for Children
NPM	National Prevention Mechanism
NSI	National Statistical Institute
OECD	Organization for Economic Cooperation and Development
OP	Operational Programme
OP HRD	Operational Programme “Human Resource Development”
PC	Penal Code
PISA	Programme for International Student Assessment
PJCF	Juvenile Correctional Facility
PPC	Penal Procedure Code
RHCC	Regional Health Care Centre
RIE	Regional Inspectorate of Education
SACP	State Agency for Child Protection
SAD	Social Assistance Directorate
SAR	State Agency for Refugees
SDG	Sustainable Development Goals
SEN	Special Educational Needs
SESG	Science and Education for Smart Growth
SG	State Gazette
SH	Sheltered homes
SI	Social institutions
SPBS	Socio-pedagogical boarding schools
SSRT	Social services of residential type
TALIS	Teaching and Learning International Survey, OECD Survey
TEMC	Territorial Expert Medical Commission
TH	Transitional Housing
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNESC	United Nations Economic and Social Council
WHO	World Health Organization

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INTRODUCTION AND METHODOLOGY

INTRODUCTION AND METHODOLOGY

This paper contains a review and analysis of data, cause-and-effect relations and key issues affecting the lives of children in Bulgaria. They allow for analysis of the situation of children and women in the country, identifying major challenges and opportunities, and development of recommendations for national partners' actions.

The methodology includes review of official statistical data, key legislation, strategic documents and studies. The analysis of the situation and the factors impacting the implementation of children's rights, the interrelation between these factors, the identified needs and gaps, and the conclusions and recommendations are based on studies and surveys, national statistics data and international statistical and research organizations, as well as information from administrative sources and registers and reports. Meetings and consultations were arranged with National Statistical Institute (NSI) experts and major partners. The analysis also includes a review of the progress on major recommendations in the area of children's rights. Where there is available information, the analysis puts an emphasis on the vulnerable groups of children and families. However, there are still remaining spheres where no reliable data are available and areas for which data is incomplete or altogether absent.

The analysis compilation process took place in the period 2015-2017, and major data is current as of the end of 2016. The analysis will be periodically updated to follow the progress and trends in the individual areas.

The preparation of this document is possible thanks to the active contribution and kind assistance of experts from the Ministry of Labour and Social Policy, Ministry of Education and Science, Ministry of Interior, Ministry of Health, Ministry of Justice, Ministry of Youth and Sports, the State Agency for Child Protection, Agency for Social Assistance, State Agency for Refugees, the Ombudsman of the Republic of Bulgaria, the National Center for Public Health and Analysis, National Statistical Institute and other partners.

NATIONAL CONTEXT AND KEY TRENDS

Bulgaria is an upper-middle-income country and an EU (European Union) member state since 2007. Its population as of the end of 2016 is 7,101,859 people¹, of which children aged 0-17 (completed years) are 1,194,454, or 16.8% of the country's population. Data of the latest census (2011) indicate that the main ethnic groups are: Bulgarians 84.8%, Turks 8.8% and Roma 4.9% (325,343 people). Bulgaria's Human Development Index (HDI) for 2014 was 0.782², which places the country in the group of states with high degree of human development and ranks it 59th of 188 states and territories.

Despite macro-economic stability, the country still strives to attain the EU standards in socio-economic development and social cohesion. The per-capita income is only 47% of the average for the EU, i.e. the lowest in the EU³. The Gini coefficient at the level of 37.0 (after social transfers) is among the highest in the EU, which indicates significant income inequalities and weak impact of social transfers. According to the EU SILC study "Social Inclusion and Living Conditions", almost half of the Bulgarian children – 43.7%⁴ or 527,200 children live at risk of poverty or social exclusion. Particularly vulnerable are those living in poor households, in families with more than 3 children or with only one parent, children of Roma and Turkish ethnicity, those not attending school, children with disabilities, those

¹ http://www.nsi.bg/sites/default/files/files/pressreleases/Population2016_722R06L.pdf.

² <http://hdr.undp.org/en/composite/HDI>.

³ http://ec.europa.eu/eurostat/statistics-explained/index.php/GDP_per_capita_consumption_per_capita_and_price_level_indices#Relative_volumes_of_GDP_per_capita.

⁴ <http://www.nsi.bg/en/content/8288/social-inclusion-and-living-conditions>

living in remote rural areas or in regions with limited employment, children of migrant and refugee families (and particularly those who are unaccompanied and separated from their families) as well as children in resident care.

For the last 14 years, the infant mortality rate in Bulgaria has almost halved. However, it still remains twice higher than the EU average, and in some parts of the country the mortality rate of children up to 1-year old is almost three times higher than the national average (6.5 per 1,000 live births in 2016). In spite of the sustainable downward trend, the mortality rate during the first year of life remains higher than the EU average (the neonatal mortality rate in Bulgaria in 2015 was 4.00 per 1,000 live births, compared to 2.52 per 1,000 for the EU), which requires further measures for improving the access to and quality of care during pregnancy, birth and in the post-natal period.

9.5% of the live-born infants are born to adolescent girls aged under 20⁵, and in some regions their share is even higher. The average share of abortions among young women aged under 20 is 36.7 per 100 live births of women of the same age group⁶. A major cause of pregnancies and abortions among adolescents include harmful social norms in some communities, early initiation of sexual life and risky sexual behavior in a context of inadequate sexual education at school and lack of access to sexual and reproductive health youth-friendly services. Thus, 40% of the 15-year old boys and 20% of same age girls admit they have already had a sexual intercourse, but only 56% of the girls and 66% of the boys have used a condom in their latest sexual intercourse⁷.

In 2015, nine out of ten children aged 5 and 6 were enrolled in the educational system. However, in the case of 3 and 4-year olds, one out of four does not attend a kindergarten⁸, and a larger part of those unrolled children are from the most vulnerable groups. In the 2015/2016 school year, almost 15 thousand children dropped out from primary education⁹. At the same time, the share of public spending for education in Bulgaria remains sustainably among the lowest in the EU – ranging from 3.7% to 4.2% of GDP in the period 2012 – 2014¹⁰.

The inequality among children of different ethnic groups remains. 45% of Roma children are not attend pre-school education or kindergarten, and 15% do not go to school¹¹. Only around half of the children with disabilities are believed to be integrated into the mainstream education system, while around 8,000 children with disabilities do not go to school¹². The main barriers to the access to education are related to poverty and the parents' inability to pay the hidden costs of education, parents' low education level, poor health, poor command of the official language, prejudices and discriminatory attitudes to ethnic minorities¹³. Educational results are also below the expectations and below the average level of the OECD countries, as Bulgaria ranks 45th out of 72 countries participating in the Programme for International Student Assessment (PISA), and more than 40% of children are functionally illiterate in reading and mathematics.

In the recent decade, Bulgaria achieved an impressive progress in the child care system reform and more specifically in ensuring the child's right to live in a family environment. The number of children in institutions of the old type decreased from 7,587 in 2010 to 1,232 in June 2016. In line with the ambitious National Strategy "Vision of Children Deinstitutionalization in the Republic of Bulgaria", all

5 These are 2015 data, National Statistical Institute, Statistical Yearbook for 2016 at www.nsi.bg

6 2014 data, TransMonee database

7 WHO, 2016, "Growing up unequal: gender and socio-economic differences in young people's health and wellbeing". Health Behaviour in School-aged Children (HBSC) study [WHO International Report "Growing in Inequality: Differences in Health and Wellbeing of Youth by Gender and Social and Economic Status". Study "Health Behaviour of School Children", 2016]

8 National Statistical Institute, 2016, <http://www.nsi.bg/en/content/4802/group-net-enrolment-rate-children-kindergartens-statistical-zones-statistical-regions>

9 National Statistical Institute

10 Eurostat, 2012

11 The situation of the Roma population of 11 EU member states – Review of the Study Results, European Union Agency for Fundamental Rights, 2012 http://fra.europa.eu/sites/default/files/fra_uploads/2109-FRA-Factsheet_ROMA_BG.pdf

12 Estimate based on data of the Agency for Social Assistance and the TransMonee data base

13 Lost Future? Non-enrollment and non-attendance of school: a study on the phenomena, UNICEF Bulgaria, 2013.

institutions for children with mental disability and almost half of the homes for residential medical and social care for children up to 3 years old were closed. The number of children aged three and below in institutional care drastically decreased to 467 in June 2016 (compared to over 3,000 in 2010). This progress comes as the result of the developed network of foster families and alternative family-type children care. One third of the children raised in foster care (766 out of 2,312 as of September 2015) are up to 3 years old, and more than 6,000 children are living with families of close friends and relatives.

Regardless of this progress, every year, many children are still separated from their families¹⁴. Children from marginalized communities and those with disabilities face the highest risk to be separated from their families. The main reasons are lack of quality services for children and insufficient resources for support of the families. Other factors, which lead to separation of children from their families, include stigma and prejudices, early pregnancies, and child marriages in some Roma communities¹⁵. The updated Action Plan adopted in October 2016 for implementation of the National Strategy “Vision for deinstitutionalization of children” 2016-2020 formulates steps for continuation of the reform in the system of child care and puts a stronger emphasis on prevention of separation of children from their families.

After the adoption of the Child Protection Act in 2000, Bulgaria developed a child protection system also working on the prevention, identification and response to violence against children. Corporal punishment is prohibited under the Child Protection Act, the Family Code (2009) and the Pre-school and School Education Act (2015). In February 2017, the Council of Ministers approved a National Programme on Prevention of Violence against and Abuse of Children, but violence against children continues to be a serious problem. Recent research indicates that the determining factors are the high levels of public tolerance and acceptance of violence, and the deficient understanding of some new forms of violence, such as online sexual abuse and exploitation of children. Almost 68% of parents accept the use of “violence within reasonable limits” as a disciplining method, while there are only a few programmes in the country that support parents in using non-violent methods of education. In 2015 the child protection departments received 3,741 reports of violence against children and opened 957 cases after checking them. The registered cases mainly refer to serious forms of violence in the family. It should be noted that many cases of violence are presumed to have not been reported and documented.

The number of people convicted for violence is very low, and the children in Bulgaria still cannot seek and get fair, timely and effective legal protection when their rights are violated. With the National Coordination Mechanism for Combating Violence against Children, the intersectoral coordination of policies has improved, but the cases on which multidisciplinary teams work are very few. According to an UNICEF analysis¹⁶, the causes of insufficiently adequate response to violence are the lack of an efficient mechanism of identification and communication of cases of violence; lack of practices and mechanisms of taking into consideration the child’s best interests; poor intersectoral cooperation between the healthcare, education and social services systems; insufficient capacity of the multidisciplinary teams and the lack of trained specialists from the child protection system, police and justice system.

Since 2011 at governmental level various initiatives to reform the juvenile justice system have been launched improving children’s access to justice. The main focus is on the most vulnerable groups of children in contact with the judicial system: children in conflict with the law, children below the minimum age of criminal responsibility, children who have committed status offences, children –

¹⁴ 2,900 children as of September 2015. Source: Agency for Social Assistance.

¹⁵ Source: An UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, Agency for Socioeconomic Analysis OOD, 2010

¹⁶ “Determinants Analysis and Theory of Change on Addressing Violence against Children in Bulgaria” https://www.unicef.bg/assets/PDFs/_/Analysis_and_Theory_Violence_BG.pdf

victims and witnesses of violence and crimes. An important step towards the implementation of a comprehensive approach to juvenile justice are the new draft on juvenile justice and the amendments and supplements to the Penal Code (PC) and the Penal Procedure Code (PPC) initiated by the Ministry of Justice and supported by UNICEF. The draft Act on Diversion from Criminal Proceedings and Implementation of Educational Measures on Underaged introduces the guiding principles of working with underage persons in conflict with the law and guarantees of due process.

Another positive development in the proposed legislative changes is the introduction of the restorative justice approach through mediation and family conferences. The full implementation of international standards relating to treatment of children in the administration of justice, however, requires amendments to other regulatory acts, in order to guarantee the rights of children – victims and witnesses of crimes, and to ensure access to justice for all children. There is an ongoing process of reform of the PPC with a view to improve the protection for children victims of crimes, and certain progress was achieved with the pilot project of establishing in 5 regional and district courts specialized court panels or divisions for hearing cases with child involvement and specialization of the relevant prosecutor and police units. As a whole, specialized knowledge and experience in children's rights remain limited, thus necessitating the introduction of initial and continuing training for all professionals – judges, prosecutors and policemen working on cases with involvement of children in legal proceedings.

The processes of data collection of the situation of the children in Bulgaria are improving, particularly with the recently launched integrated information system of the Agency for Social Assistance. Another positive development is the strong commitment of the Ombudsman of the Republic of Bulgaria in conducting an independent monitoring of the rights of the most vulnerable children and the strengthened capacity of some non-governmental organizations for monitoring and reporting the enforcement of children's rights. However, the lack of disaggregated data and uniform methods of collection and analysis of information in combination with the gaps in the national systems for monitoring of the rights of the child and the limited research of households are serious impediments to the development of evidence-based policies.

Due to its location at the outer borders of the EU, Bulgaria has evidenced a growing influx of asylum seekers since 2013. In 2016, 19,418 migrants and refugees applied for international protection, of whom approximately 30% were children, including unaccompanied children and children separated from their families. The government improved significantly the conditions for acceptance of applications, and the basic needs of asylum seekers in terms of accommodation, food, medical care, are satisfied. In spite of the progress, some challenges remain as regards the protection of unaccompanied children and children separated from their families, owing to the insufficient capacity of the child protection system to assume its obligations.



POVERTY

POVERTY

1. Institutional and Legal Context

The vision and priority lines and activities for reducing poverty and social exclusion in Bulgaria underlie the “National Strategy for Reducing Poverty and Promoting Social Inclusion 2020”, adopted in 2013.

The Strategy is aimed at achieving the national goal of reducing the number of people living at risk of poverty by 260,000 by 2020. It includes a separate goal for children – reducing the number of children in the age bracket 0-18 living in poverty by 78,000.

Implementing the social inclusion policy is monitored by the National Social Inclusion Council to the Council of Ministers as a body for coordination, cooperation and consultancy in the development, implementation and monitoring of the state's social inclusion policy.

The main tools in combating child poverty include ensuring financial and material support and services for the children needing assistance and their families.

Bulgaria is among the EU member states where family allowances for children have a relatively large scope, but are not large in amount. These allowances are not tied to a social security contribution or parents' employment and are not by their nature social security compensations or maintenance allowance for families with children. They are not typical social assistance, although they are aimed at complementing incomes with a view to covering the persons' basic necessities of life. The income criterion, based on which family allowances for children are granted, has a threshold of BGN 400 after 1 July 2016. This ensures that more families with children will be eligible for receiving allowances. The amount of family allowances for children is not adjusted on annual basis under a mandatory mechanism, but is rather determined each year by the Parliament in the State Budget Act upon a motion by the government.

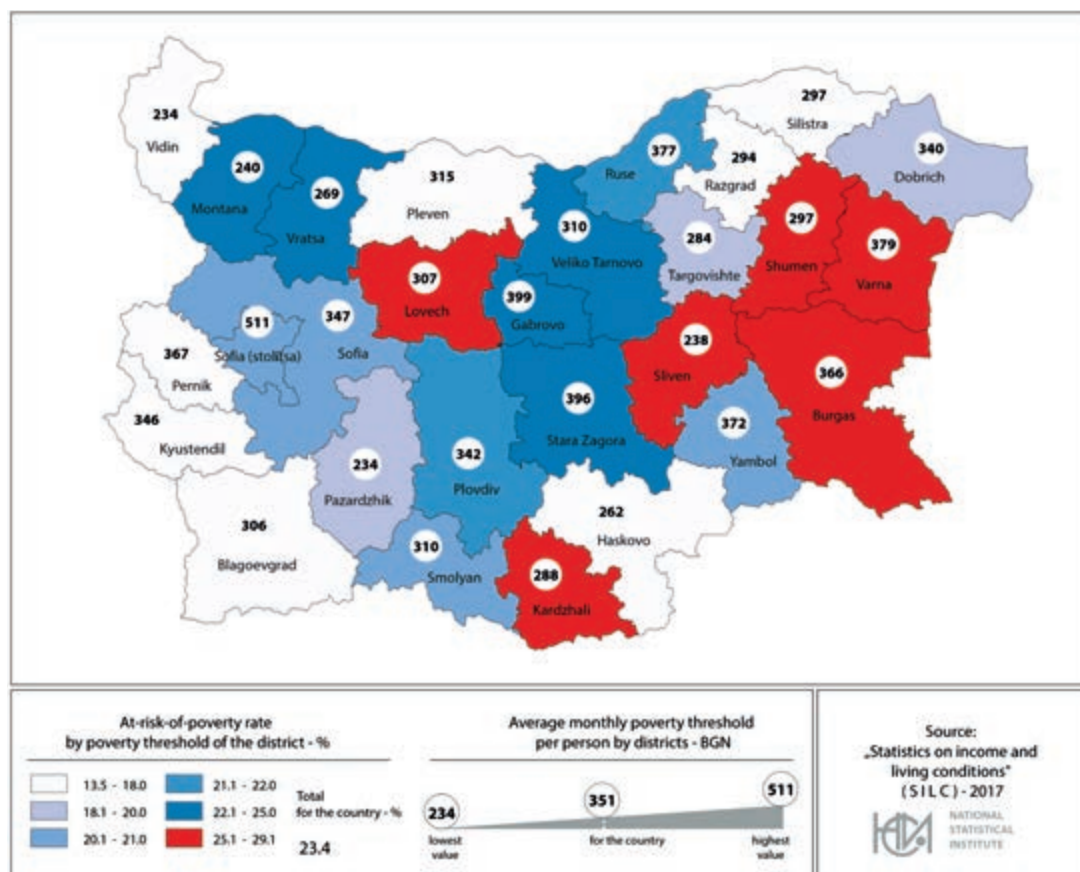
Family allowances are also intended to assist in raising children in a family environment by their parents or carers, rather than to ensure meeting all their needs. All family allowances for children with permanent disabilities, children with one living parent and children living with relatives and friends' families or foster families under Art. 26 of the Child Protection Act are allocated without regard to family incomes.

Due to the above described peculiarities of the Bulgarian system of family allowances for children, the monthly social benefits system aimed at reducing the number of households living in poverty should play an important role in mitigating child poverty. However, monthly social benefits are also of inadequate amount and very limited scope – below 3% of the population, which makes their contribution for reducing poverty insignificant.

2. Key challenges

In the last 10 years the poverty level in Bulgaria remained one of the highest, both among the old and the new EU member states. In 2017, the number of persons who were below the poverty line, was 1,665.3 thousand representing 23.4% of the population.

Poverty line and relative share of the poor to the monthly average line of poverty by region in 2017

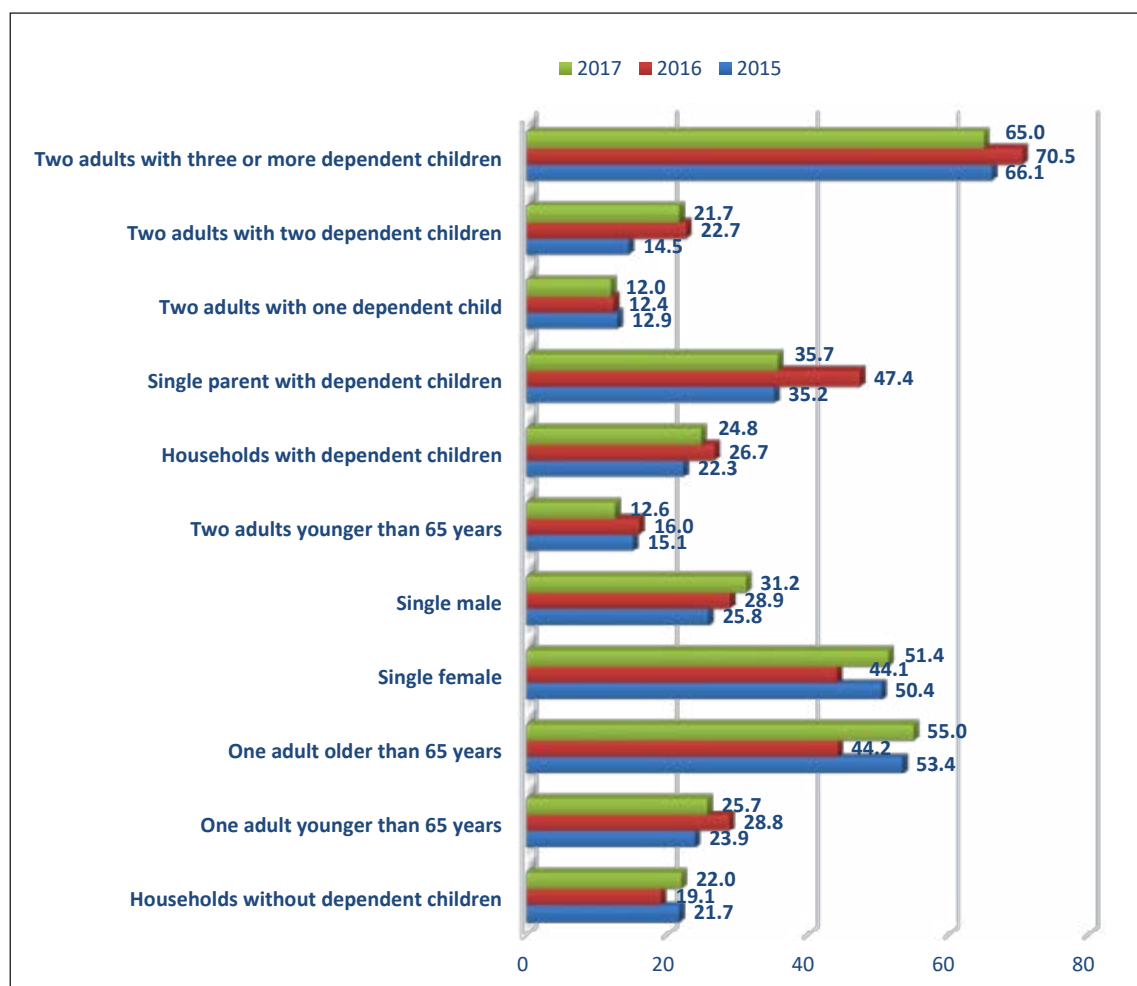


Source: NSI

The main factor influencing the risk of poverty for the prevailing part of population is the economic activity and participation in the labour market. The share of the poor people is highest among the unemployed (58.7%) and the risk of poverty for unemployed males is 8.2 percentage points higher than for unemployed females. Educational level influences considerably the risk of poverty for the employed people. Highest is the share of working poor people with primary and without education – 65.6%. The share of the poor among the employed with primary education is halved, and among those with secondary education – drops approximately by 8 times. The share of working poor people with tertiary education is below 2%.

Poverty data by type of household show that poverty is concentrated among elderly single-person households, women in single-person households, single parents with children and households with three or more children. Every second women in single-person households lives in risk of poverty. In 2017 the share of the poor is lowest among households of two adults and one child (12.0%) and two adults aged below 65 years (12.6%). Among single-person households the risk of poverty is around 1/5 higher for females than for males. Moreover, the risk of poverty among single-person households varies according to the household member's age – in 2017 it is 29.3 percentage points higher for persons aged 65 and over than for those aged below 65 years.

Figure 2. Risk of poverty by household type

Source: NSI¹⁷

Poverty data by ethnicity¹⁸

In 2017 the highest share of poor people are among the Roma ethnic group – 77.2% and the lowest are among the Bulgarian one – 15.7%.

Considerable discrepancies are observed in the distribution of poor people belonging to separate ethnic groups and depending on their economic activity. Among the poor belonging to the Bulgarian ethnic group prevail retired people (53.3%), while among Roma one highest is the share of unemployed (39.9%). Regarding employed people, highest is the share of working poor people among the Roma – 25.9%, compared to 25.7% working poor people among the Turkish ethnic group and 20.1% among Bulgarian ethnic groups.

The highest share of persons with very low work intensity is among Roma population – 38.8%, compared to 18.4% – among the Turkish ethnic group and 6.1% among the Bulgarian one.

Risk of poverty is strongly influenced by education, regardless the ethnic group, and increase of education decreases the risk of poverty of the employed people of the three main ethnic groups. Among

¹⁷ http://www.nsi.bg/sites/default/files/files/pressreleases/SILC2017_en_89UE9ZC.pdf, page 4

¹⁸ Since 2015 a new question on respondents' ethnic group has been added to the survey main questionnaire. Self-determination principle is applied i.e. respondents determine their ethnicity themselves and answering the question is voluntary. Children ethnic group is determined by their parents and if the parents' ethnic group is different, based on consensus..

the Bulgarian ethnic group the risk of poverty for persons with primary education and without education is 28 times higher compared to the risk of poverty for persons with tertiary education and within the Turkish ethnic group – 5 times higher. Of the persons who have identified themselves as Roma with primary or with no education, 73.2% are poor, and among the Roma with university education there are no poor people.

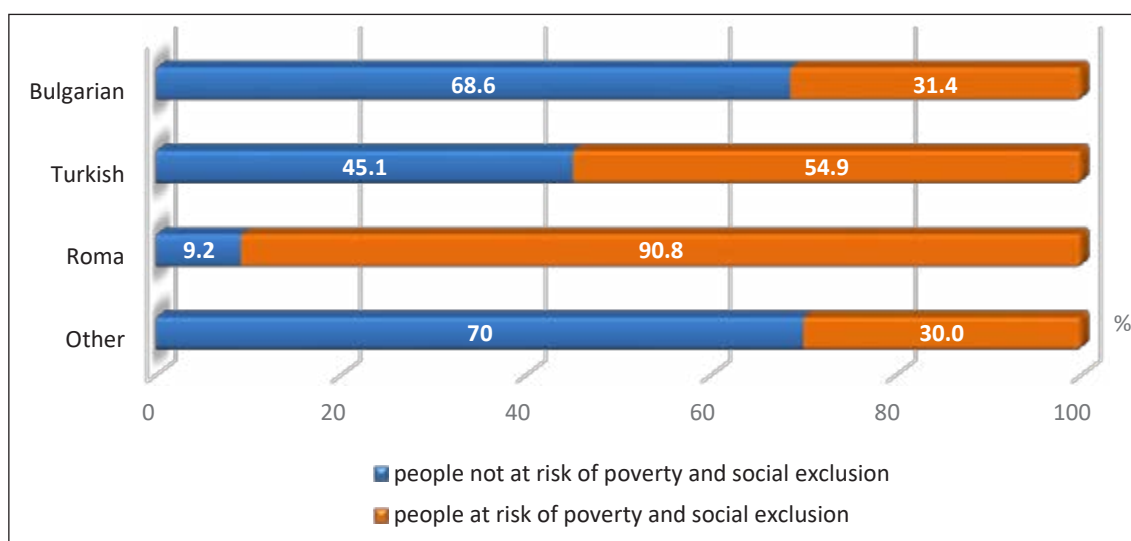
The population suffering serious material deprivation (limitations in 4 out of the total 9 indicators) is distributed, as follows: 23.7% among ethnic Bulgarians, 36.9% among ethnic Turks, and 81.0% among the Roma.

People at risk of poverty and social exclusion¹⁹

In 2017 – 38.9% or 2,766.6 thousand persons were at risk of poverty and social exclusion.

The indicator value is higher among females (40.4%) than among males (37.2). Despite the general improvement of the situation still 90.8 % of the Roma is at risk of poverty and social exclusion.

Figure 3. Population at risk of poverty or social exclusion by ethnic group



Source: NSI²⁰

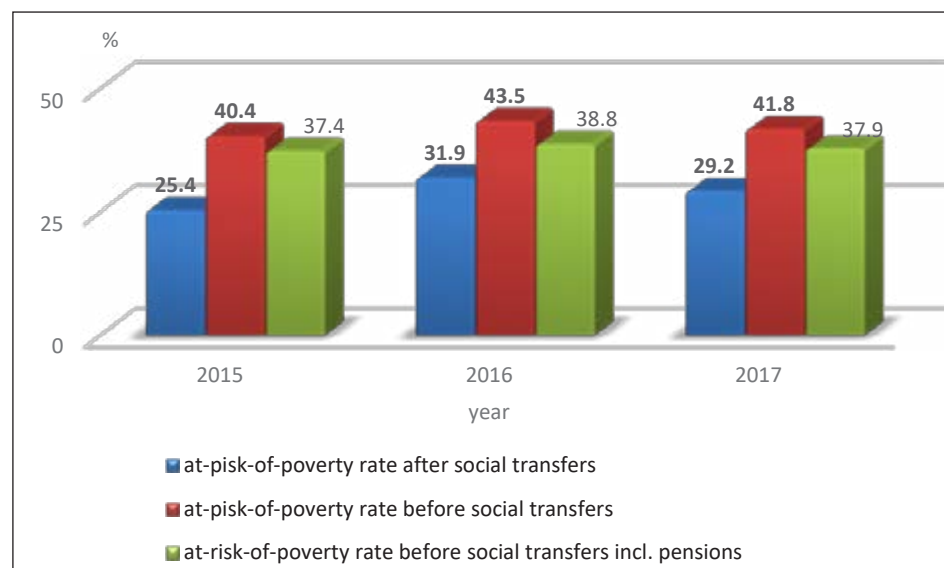
Children at-risk-of-poverty and material deprivation

In 2015, 25.4% of the children aged 0-17 in Bulgaria were exposed to the risk of poverty, which is 6.3 percentage points less than in 2014. Social payments reduce the percentage of poor children by 15 percentage points. In 2017, 29.2% of children aged 0 - 17 years in Bulgaria were at-risk-of-poverty or 2.7 percentage points less than in 2016. The social transfers decrease children's poverty rate by 12.6 percentage points.

¹⁹ A combined indicator including persons living at risk of poverty, suffering material deprivations and in households of unemployed or people of low intensity of economic activity.

²⁰ http://www.nsi.bg/sites/default/files/files/pressreleases/SILC2017_en_89UE9ZC.pdf, page 11

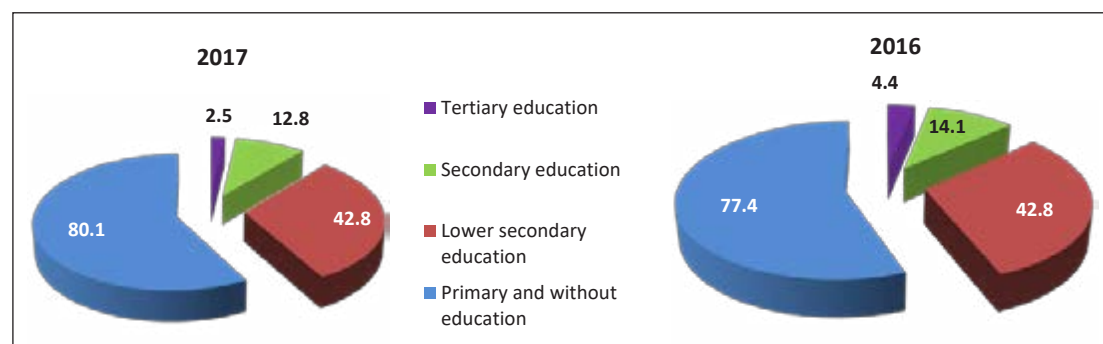
Figure 4. Share of children at risk of poverty before and after social transfers



Source: NSI²¹

Parents' educational level is an important factor of children's welfare. Higher educational level creates opportunities for better access to the labour market and higher remuneration. In 2015, parents of 69.4% of the children at-risk-of-poverty are with primary or no education. Nearly 12 times less or 5.6% of children exposed to the risk of poverty live in households whose members have high level of education. In 2017, parents of eight of ten children at-risk-of-poverty (80.1%) are with primary and no education (Figure 5). Nearly 32 times less or 2.5% of children living in households which members have high level of education were at-risk-of-poverty. The risk of poverty among children whose parents are with secondary education is about five times higher than for those whose parents are with tertiary education.

Figure 5. Share of children at risk of poverty by educational level of their parents



Source: NSI²²

Data from a national representative survey for NEETs indicate²³ that almost half of the young people in the NEET group (46%) used to live with long-term unemployed people – by contrast in the control group of young people the ones living in such an environment are almost three times less (17%).

21 http://www.nsi.bg/sites/default/files/files/pressreleases/SILC2017_en_89UE9ZC.pdf, page 12

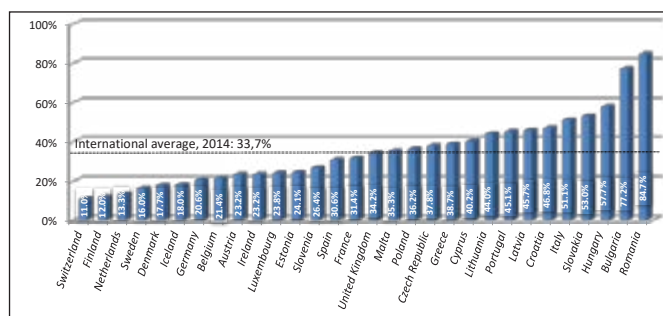
22 http://www.nsi.bg/sites/default/files/files/pressreleases/SILC2017_en_89UE9ZC.pdf, page 12

23 Assessment of the condition and profile analysis of adolescents and youth not in employment, education and training (NEETs), UNICEF, Sofia, 2015, page 37.

Definitions and measurements of non-monetary poverty have become more sophisticated and more detailed in recent years. Since 2003, UNICEF has developed an approach to measuring multidimensional poverty that is based on child rights as established in the Convention on the Rights of the Child (CRC). It considers seven dimensions of child poverty that are rooted in the CRC: nutrition, clothing, educational resources, leisure activities, social activities, information access and quality of housing. Children who are deprived in at least two of these seven dimensions are considered to be in “multidimensional child poverty”.²⁴

One of each three children in most of the Western, Central and Eastern European countries is exposed to deprivation in two or more ways.

Figure 6. Multidimensional child poverty in the European Union



Source: Chzhen et al (2017), “SDG 1.2: Child multidimensional poverty in the European Union”, Innocenti Working Paper, UNICEF Office of Research, Florence

Multidimensional child poverty rate varies from 11 per cent in Switzerland to 77 per cent in Bulgaria and 85 per cent in Romania. Less than one of each five children is poor according to more than one indicator in the Netherlands and the Scandinavian countries. By contrast, one of each two children is poor per one or more measures in Hungary, Slovakia and Italy, in Bulgaria – three of four and in Romania six of seven.

Material deprivation among children²⁵

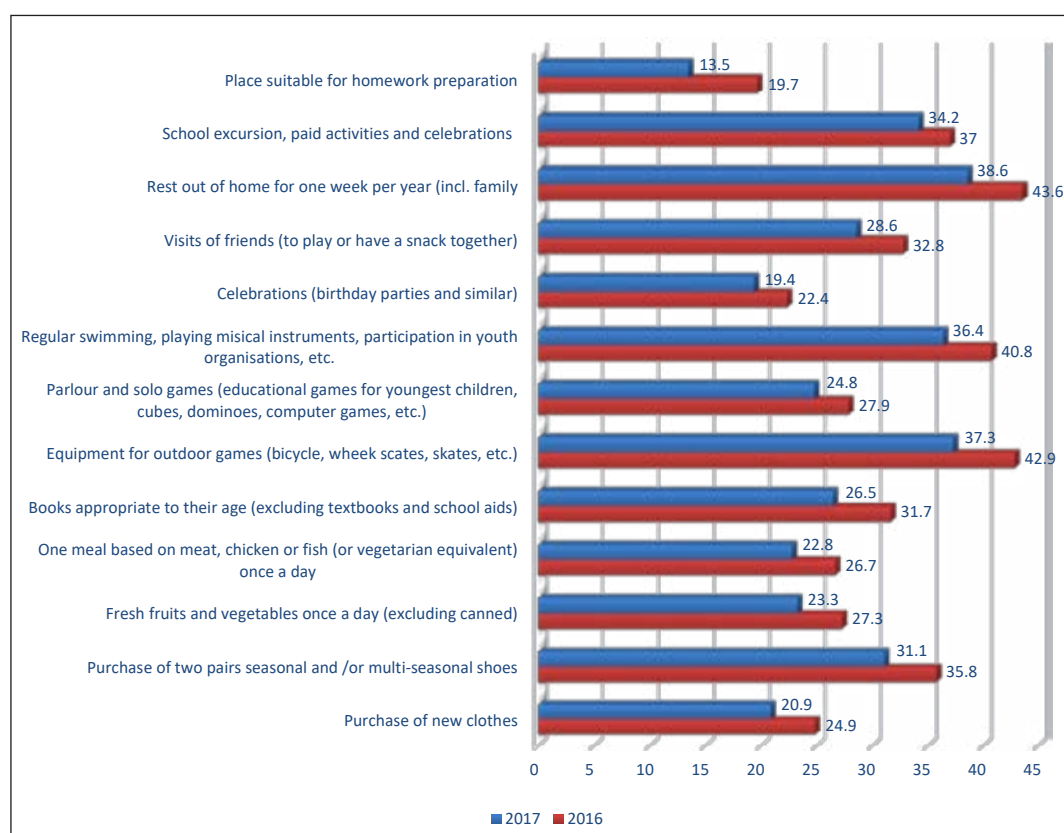
In 2015 the share of children with material deprivation (lacking 1 or more from 13 items²⁶), was 54.0% and for 10.7% of children no need can be satisfied due to financial reasons. Half of the children (49.7%) were not able to afford one-week holiday per year (including family holidays, visiting relatives, friends, organized by the school vacation, etc.); 43.1% – regular swimming, playing musical instruments, participation in youth organizations, etc.; 45.9% – equipment for outdoor games (bicycle, skates, etc.). Two of five children do not have a place suitable for homework preparation, meat, chicken or fish meal at least once a day and books suitable for their age (excluding textbooks and teaching aids). In 2015, 33.4% of the children with material deprivation were at-risk-of-poverty. In 2017, 42.1% of children with material deprivation were at-risk-of-poverty.

24 Chzhen, Y., Z. Bruckauf & E. Toczydłowska (2017), “SDG 1.2: Child multidimensional poverty in the European Union”, Innocenti Working Paper, UNICEF Office of Research, Florence

25 EU-SILC has collected data on material deprivation among children aged 1 to 15 years since 2013

26 Basic needs of children under 16 years of age: * Purchase of new clothes, * Purchase of two pairs of shoes in the proper size depending on the season and/or for all seasons, * Fresh fruit and vegetables once a day, * One meal per day including meat, poultry or fish (or the equivalent vegetarian meal), * Books suited to the child's age (excluding textbooks and teaching aids), * Equipment for recreation outdoors (bicycle, roller skates, skates), * Indoor games (educational games for small children, building blocks, domino, board games, computer games, etc.), * Regular activities, such as swimming, playing a musical instrument, participation in youth organizations, etc.), * Celebrating special occasions (birthdays and namesake days, etc.), * Inviting friends to play and eat from time to time, * Participation in school excursions, activities and festivities, * Suitable place to study or write homework, * Vacation outside of home at least one week per year. http://nsi.bg/sites/default/files/files/metadodata/SILC_Metodology.pdf

Figure 7. Material deprivation among children in 2016 and 2017

Source: NSI²⁷

In 2017, the shares of materially deprived (lacking 1 or more from 13 items) children by ethnicity were as follows: 16.5% – among Bulgarian ethnic group, 32.3% – among Turkish one, 71.6% – among Roma and 34.4% – among other ethnicities. No children's necessity (limitation on all the 13 items) could be satisfied for 0.6% of the Bulgarians, 1.6% of Turkish, 16.3% of Roma. About 21% of materially deprived children of the Bulgarian ethnic group live at-risk-of-poverty at the same time. The shares for the other ethnic groups are: 45.5% of children of Turkish ethnic group, 85.5% of Roma and 5.0% of other.

3. Key Recommendations

Fighting against child poverty is a national priority, but implementation of measures based on an integrated approach among various sectoral policies should be stepped up, as preventing child poverty is not just a matter of financial support (e.g. through housing benefits, child benefits, or relevant tax relief for families), but also highly dependent on taking the right approach in other areas – particularly education and the labor market without allowing any discrimination. It is necessary that socially disadvantaged groups receive targeted support through a functioning tax and transfer system. Breaking the cycle of disadvantage in early childhood and investing in children through a preventative approach allows reducing the risk of poverty and social exclusion. This implies not just providing children with adequate living standards: it also means helping them live up to their full potential through an integrated approach bringing them the best educational and health outcomes.

27 http://www.nsi.bg/sites/default/files/files/pressreleases/SILC2017_en_89UE9ZC.pdf, page 23



HEALTH AND DEVELOPMENT OF CHILDREN

HEALTH AND DEVELOPMENT OF CHILDREN

1. Institutional and Legal Context

The rights to life, health and development are fundamental rights under the Convention on the Rights of the Child. Their realization is linked to the achievement of comprehensive physical, mental, emotional, intellectual and social well-being that allows the child to fully develop her/his human potential. The protection of these rights begins much before birth, with the care for the health of the mother during pregnancy and continuous throughout the entire childhood.

Bulgaria has an established national system for maternal and child healthcare, and the health services for pregnant women, mothers (up to the 45th day after childbirth) and children are regulated by the Health Act, Health Insurance Act and other legal documents, including such issued by the Minister of Health. Over the last few years the National Assembly and the government adopted a number of strategic and programming documents, such as the National Health Strategy for 2014-2022, the Concept “National Health Goals 2014-2020”, as well as the National Program for Improvement of Maternal and Child Health for the period 2014-2020, which make maternal and child health a priority in the national health policies. National programmes in the fields of child oral health, prevention of chronic and noncommunicable diseases, cervical cancer, HIV/AIDS and tuberculosis, prevention of substance abuse etc. additionally focus the national efforts on prevention, prophylaxis and treatment of significant diseases among children.

The provision of health services (medical and preventive) in the public healthcare system depends on the health insurance status of each individual. An exception are activities such as emergency medical treatment, psychiatric assistance, vaccine prophylaxis, transplantations, assisted reproduction, etc., which are fully funded by the state and are available to every Bulgarian citizen, irrespective of his/her health insurance status.

Health insurance contributions for children under 18 years are covered by the state budget, as well as the health insurance contributions for students who have come of age and continue their full-time studies, until their graduation from secondary school. This guarantees access of all children to a package of medical and preventive activities for protection of their health. The Child Health Care programme of the National Health Insurance Fund (NHIF) sets out the specific preventive activities, including check-ups, tests and vaccinations, provided for the purposes of monitoring the health and growth of healthy children and for prevention of diseases. Activities are performed by the child's general practitioner or by a physician specialized in pediatrics, depending on the preferences of the child's parents/guardians. The NHIF Maternal Health Care programme offers pregnant women preventive care and examinations, which may be performed either by the woman's general practitioner or by an obstetrician-gynecologist. A special ordinance also regulates the access of uninsured pregnant women to qualified health care for delivery and one prophylactic examination and medical tests during pregnancy.

Outside the maternal and child health activities financed by NHIF from the state budget through the Centre “Child Treatment Fund”, funds are provided for additional diagnostics and treatment of children in the country and abroad.

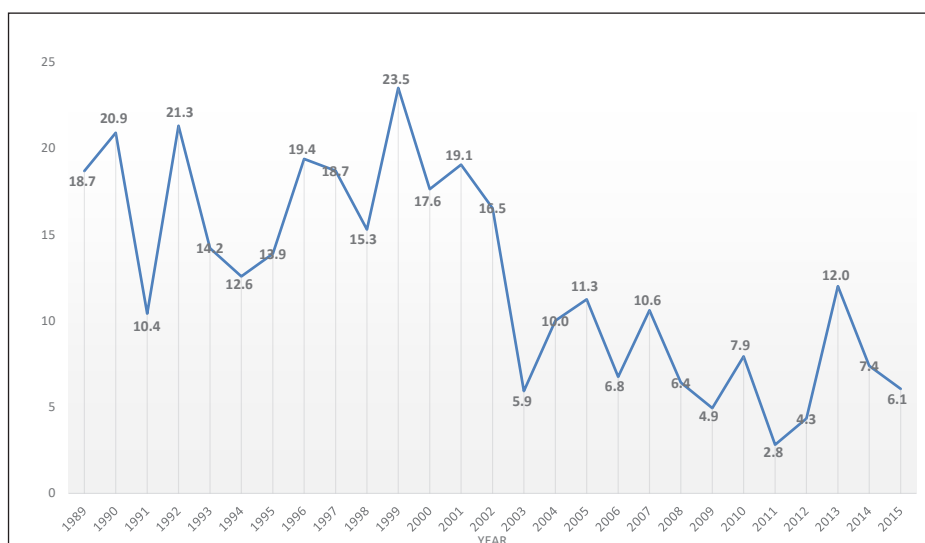
Since 2015, the Ministry of Health has been funding via the National Program for Improving Maternal and Child Health 2014-2020 specific health services for pregnant women and children outside the coverage of the mandatory health insurance. They include mainly consultations, examinations and medical tests, including for uninsured pregnant women. Free access to such services is provided in all regional centers in the country. To date, no data and analyses are published about the programme implementation.

2. Main maternal and child health indicators

2.1. Maternal Mortality

The maternal mortality ratio, calculated as the number of deaths of women due to complications during pregnancy, birth or in the post-natal period (up to 42 days after childbirth or termination of pregnancy) per 100,000 live births, has decreased significantly in the first decade of the new century. In 2011, two women died, thus registering the lowest value of this indicator. In 2013, a sharp increase was observed, which almost brought the value of this indicator to the levels typical for the mid-1990s. In 2014 and 2015, the maternal mortality rate changed to 7.4 and 6.1, respectively - values typical for the recent decade, but higher than the EU average (4.72 per 100,000 live births in 2015).

Figure 8. Maternal mortality ratio (per 100,000 live births)



Source: Transmonee 2014, NSI and own calculations for 2014

Pregnant women living in rural areas remain considerably more vulnerable to complications during childbirth and pregnancy. In the period 2011-2015 the number of births in rural areas was about three times lower than the number of births in urban and the numbers of women who died during childbirth were equally split between urban and rural areas, but generally the number of cases is very small to allow for deriving a trend.

A confidential review of the cases of maternal mortality rate in some developed countries (e.g. the UK, France and the Netherlands)²⁸, indicates that almost half of the deaths are a result of insufficient quality and organization of medical care and therefore could have been prevented. The annual reports of the Executive Agency Medical Audit (EAMA) in the period 2012-2016 found a number of omissions and violations due to noncompliance with the approved Medical Standard on Obstetrics and Gynaecology issued by the Ministry of Health. It was found that in individual cases maternal death is accompanied by incompliance with the requirements of the standard and approved medical algorithms of behaviour in relation to timeliness and adequacy of the medical assistance provided, number and qualification of medical specialists, equipment and apparatuses, provision of medical services around the clock, compliance with internal rules for implementation of the treatment and diagnostic process, and completeness of medical and other documentation.

²⁸ European Perinatal Report. Health and care of pregnant women and babies in Europe in 2010. Euro peristat, at http://www.europeristat.com/images/doc/EPHR2010_w_disclaimer.pdf.

Part of the maternal deaths result from postoperative complications, including after scheduled Caesarean section, which was not subjected to an effective postoperative monitoring. According to data of the World Health Organization, Caesarean section births in Bulgaria in 2011 were one third of all births, and in comparison to 2010 their share increased by almost 2 percentage points²⁹. This increase continued reaching 42% in 2016³⁰. According to WHO, only in 10-15% of the cases worldwide there are medical reasons for Caesarean Section, and the unjustified high levels of C-section increase the risks for the health of mothers and babies. Nevertheless, Caesarean section is often recommended and preferred by women and specialists in Bulgaria.

Almost all births in Bulgaria take place in hospitals. Home births are not legally regulated and presently involve significant risk for mothers and babies. According to TransMonee data, in the period 2012-2014 the annual share of births unassisted by a qualified professional was 0.2% of all births, i.e. 133-138 births. Home births can be divided into two major groups – births resulting from the limited contact of the woman with the healthcare system due to lack of health insurance, poverty or physical distance from the health services, and cases where home birth is wilfully chosen by the women due to their willingness to have a natural birth or lack of confidence in the quality of healthcare, including the treatment of women in maternity wards.

2.2. Premature and low birth weight

Premature birth and low birth-weight are among the factors contributing to higher risk of death in the neonatal period, increased morbidity and later difficulties in the motor and cognitive development of children. The risk is particularly high when infants are born before the 32nd week of pregnancy and with weight below 1,500 g.

In the period 2005-2009, on the average 8% of the newborn babies in Bulgaria were with low birth weight. After 2010, this share has been slowly increasing to around 9 per 100 live births on average, reaching its highest levels in 2014 and 2016 – 9.4% and 9.3%, respectively, i.e. approx. 6,000 babies annually on average³¹.

In 2010 the proportion of infants with extremely low birth weight – under 1,500 g – reached its peak of 12.32 per 1000, in the following 3 years a stable decline was observed, and in 2014 there was again a sharp increase to a new peak of 12.99 per 1000 – the highest proportion of extremely low birth weight infants since the beginning of the new Millennium.

Difficult access to quality healthcare and prenatal care for some groups of the population, the low or advanced maternal age, risky behaviour (including tobacco smoking and alcohol consumption, malnutrition, etc.) and the deteriorated health status of the expectant mothers (e.g. owing to chronic diseases, obesity, stress or infections) are contributing factors for premature birth and low birth weight. For example, during the period 2009-2014, the share of babies with low birth weight born to mothers aged under 20 remained at the level around 12%, which was higher than the country averages. A study conducted in 2007³² indicates high smoking rates among pregnant women – 20%, reaching 40% among Roma women. Although such analyses are not available, it can be assumed that the limited access to healthcare of pregnant women without health insurance is a contributing factor to premature births and low birth weight. The increasing number of children born as a result of assisted reproductive technologies may possibly have some, albeit limited, role. For 2015 this number is 2,231, out of which 591 children were born of multifetal pregnancies.

29 WHO, Global Health Observatory Data Repository, <http://apps.who.int/gho/data/view.main.1630>, 2015

30 Letter, Outgoing Ref. No. 1861/15.08.2017 of the National Center for Public Health and Analysis.

31 National Statistical Institute, letter, outgoing ref. No. 07-14-2/7.11.2017.

32 National Center of Public Health and Analysis, National survey of nutrition of infants and children in the age group from 1 to 5 years and rearing them in the family.

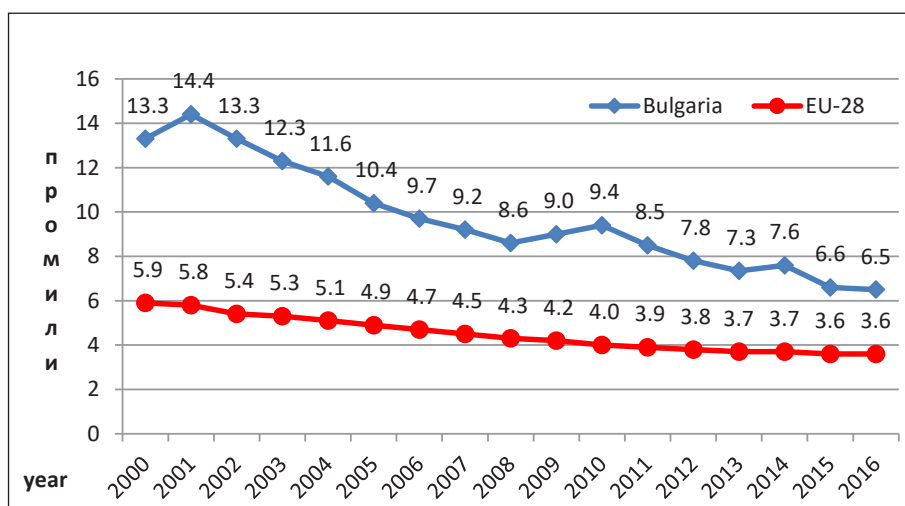
Reduction of premature births requires comprehensive measures to ensure full access to quality healthcare services for all pregnant women, as well as targeted programmes for promotion of healthy lifestyle during pregnancy. At the same time, the specialized care and monitoring of the health and development of prematurely born babies and babies with birth with low birth weight in the hospital and in early childhood should be improved in order to reduce the risks for developmental difficulties or disability.

2.3. Infant mortality rate

Reducing child mortality rate has been one of the main priorities of the Bulgarian government in the recent decades. Infant mortality rate and the integrated indicator showing the probability of children's deaths before reaching the age of 5 are important indicators of the level of social and economic development of every country and the quality of child and maternal healthcare.

In the last 14 years, the child mortality rate in Bulgaria has almost halved, reaching its lowest value – 6.5 per 1,000 live births – in 2016. Despite the progress achieved, this indicator remains around twice as higher as the EU average. Annually around 540 infants on average for the period 2010-2016 die within their first year, and another around 500 are still-born.

Figure 9. Infant mortality ratio in Bulgaria and EU-28 (in per mille)

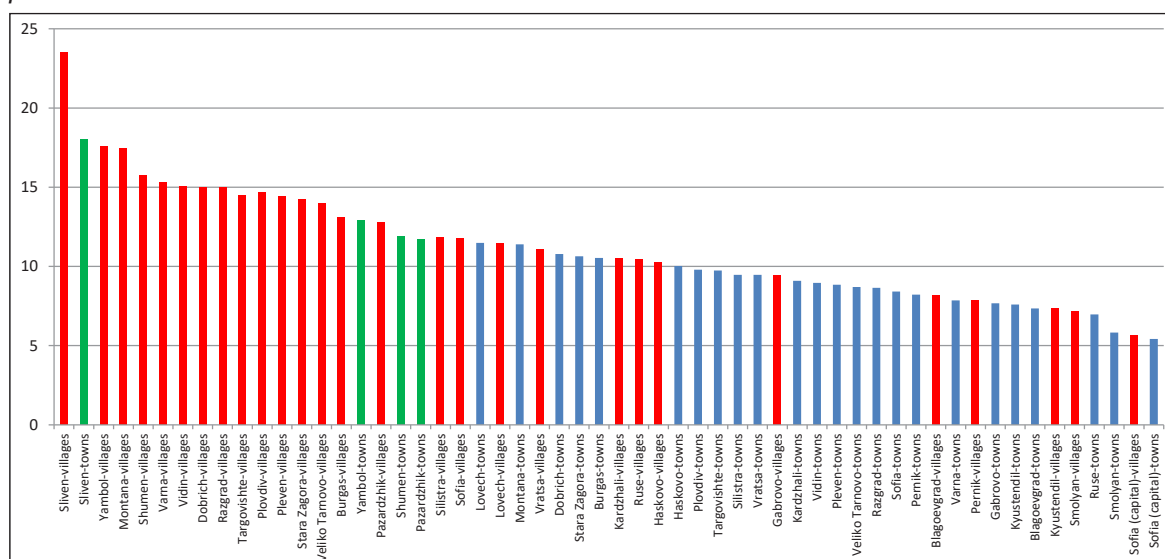


Source: Eurostat, 2016

There are considerable regional differences in infant mortality rate, which suggest the existence of regional disparities in the level of social and economic development, and in the access to and quality of maternal and child healthcare. In 2016, the infant mortality rate was extremely high in two regions – the South East and North West regions – respectively 9.1 and 9.3 per 1,000 compared to 6.5 per 1,000 live births average for the country. Generally, in the period 2010-2016 infant mortality rate maintained the highest levels in these two regions, with its lowest value being in the South West region.

Regions of Sliven, Yambol, Montana, Shumen, Dobrich, Targovishte, Razgrad, Stara Zagora and Pleven have maintained sustainably higher infant mortality rates than the country average. For example, in 2016 the infant mortality rate in Yambol, Montana and Kyustendil was twice as high as the national average.

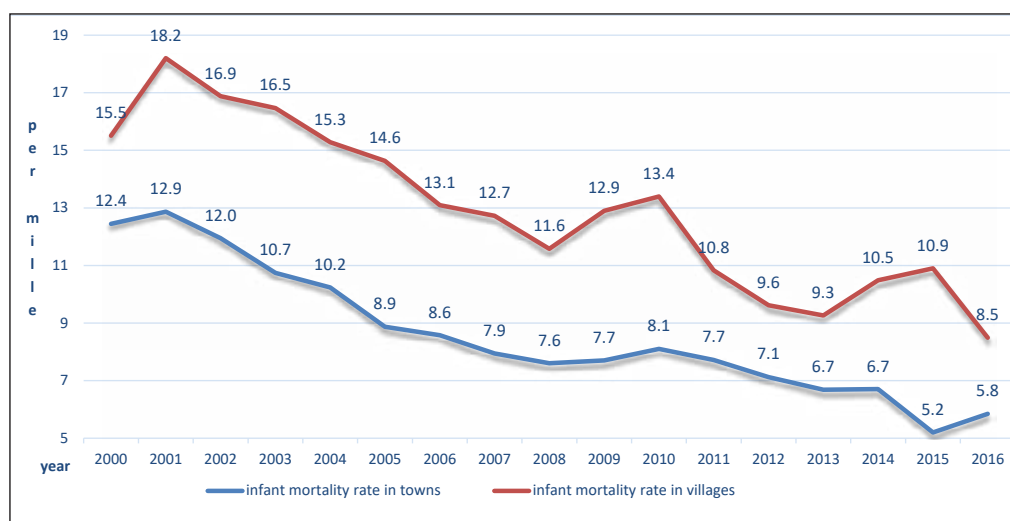
Figure 10. Infant mortality ratios by district, town and village (per 1,000 population) average for the period 2000-2015



Source: own calculations based on NSI data, 2016

The probability of dying within the first year of life in the rural areas is considerably higher than in urban. The difference in the infant mortality rates in rural and urban areas decreased significantly until 2012 – to 2.5 points, but after 2013 it started growing again and in 2015 reached 5.7 points. In 2016, a decrease was observed again, but in rural areas in some regions, such as Sliven, Pazardzhik and Stara Zagora, infant mortality rate continued to be twice higher than the average for the country.

Figure 11. Infant mortality rate in towns and villages (in per mille)

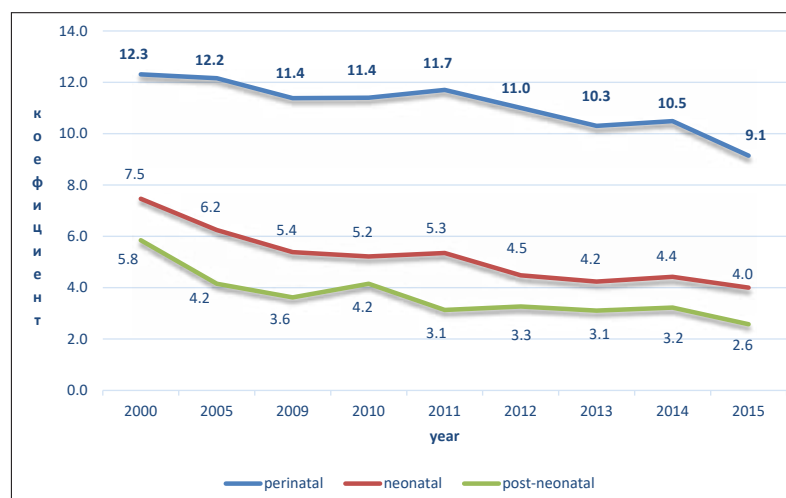


Source:
NSI, 2016

A sustainable downward trend is also observed with respect to the neonatal mortality rate (number of children who die by the 27th day of birth per 1,000 live births) which is around 60% of all deaths of children under 1 year of age. However, this indicator remains higher than the average for the EU (2.52 per 1,000 live births in 2015). Over the last years a decline in the perinatal mortality rate was also registered, which reached the lowest level of all times – 9.1 per 1,000 – in 2015. Nevertheless, Bulgaria lags behind the EU member states, mainly due to the high values of perinatal mortality rate.

Neonatal mortality is a key measure of the quality of healthcare provided during pregnancy, birth and the postnatal period, and its comparatively high levels clearly indicate the need for comprehensive measures for increasing the coverage of pregnant women with antenatal care, improving the quality of health care during pregnancy and around birth, and the care for the newborn infants, particularly for those most at risk.

Figure 12. Neonatal, post-neonatal and perinatal mortality rate in Bulgaria by period



Source: NSI, 2016

Post-neonatal infant mortality rate (from 28th day to 1 year) has also decreased during the year, however it remains higher than the average for the EU.

With the adoption of amendments to the Obstetrics and Gynaecology Medical Standard in 2014, new higher criteria for “potential viability” of prematurely born infants were introduced, which created conditions for “administrative” decrease of the infant mortality rate. Thus, infants born with birth weight less than 800 g before the 26th gestation week, who did not survive 3 days were treated as abortions and were not included in the official vital statistics. This does not correspond to the definition adopted by WHO. By decision of the Supreme Administrative Court that standard was repealed and by instruction of the Ministry of Health to medical treatment facilities – since January 2017 the definition of WHO has been applied.

No representative data and in-depth analyses are available at present to allow establishing the socio-economic and ethnic profile of the groups among which higher levels of infant mortality rates are observed. It can be assumed that infant mortality is higher among families living at risk of poverty and among the Roma population, where a number of risk factors affecting the outcome of pregnancy and health of newborn infants are more intensely concentrated, such as low maternal educational levels and risky behaviour (e.g. tobacco smoking), poverty and unemployment, residence in rural areas or in segregated neighbourhoods in poor housing conditions and overcrowding, as well as a large share of births by teenage mothers.

Table 1. Infant mortality rate by class of causes, ICD – X revision, 2015

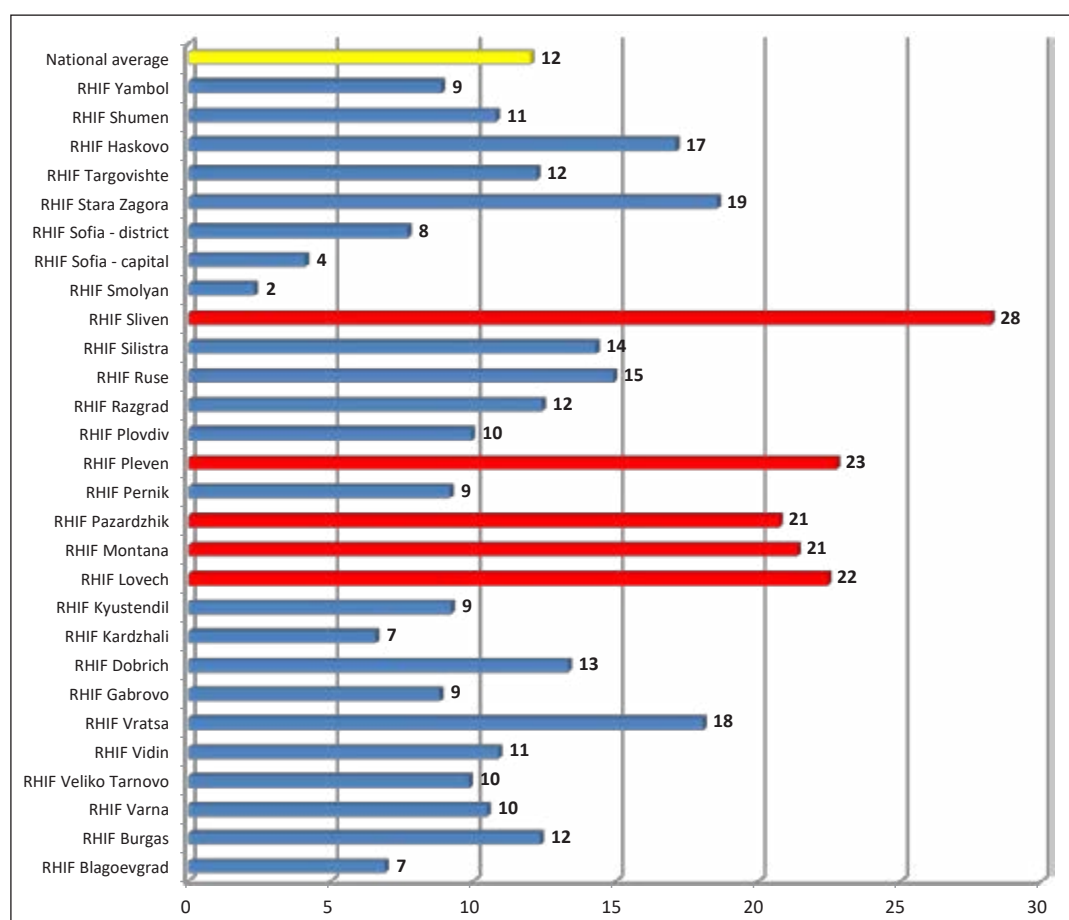
Infant mortality rate by class of causes, ICD – X revision, 2015	%
Perinatal conditions	43%
Congenital abnormalities	27%
Respiratory system diseases	13%
Circulatory system diseases	5%
External causes	3%
Infectious and parasitic diseases	2%
Others	6%

The main causes of infant mortality include some conditions occurring in the perinatal period, such as conditions related to the pregnancy length and fetal growth, respiratory distress of the newborn infants, asphyxia, etc. Around 43% of the deaths are owing to such causes. Congenital abnormalities (developmental abnormalities) are another large group, followed by respiratory system diseases. 56% of the deaths caused by respiratory system diseases are owing to pneumonia.

The decrease in neonatal mortality rate is related to improved care during pregnancy, birth and in the postnatal period. The lack of access to antenatal care for women without health insurance is an issue that needs special attention when planning measures for reducing infant mortality.

Access of pregnant women to health care prior to and during pregnancy, including to preventive services under the Maternal Health Care Programme of NHIF depends on their personal health insurance status. Any interruptions in this status owing to long-term unemployment and low income, lengthy stay abroad or employment in the “informal economy” may leave pregnant women ineligible for access to important health care for safe pregnancy. The law provides for an opportunity for the health insurance contributions of women, who are receiving monthly welfare benefits under the Social Assistance Act, to be paid from the state budget for the period of eligibility for such benefits. In many cases, however, this does not guarantee reestablishment of the health insurance entitlements of women and consequently of their access to medical care, because of the existence of outstanding unpaid contributions from past periods.

Figure 13. Share of childbirths by women without health insurance from the total number of childbirths, 2015



Source: NHIF, 2016

According to NHIF data, in 2014 the number of cases in Bulgaria, where women without health insurance were provided with obstetric care during birth was 9,094, in 2015 – 7,705 and in 2016 – 7,975³³. This constitutes 12-13% of all births during the respective year. This share is the highest in the region of Sliven and in the regions of Plovdiv, Montana, Pleven and Pazardjik. The lowest share is in Smolyan region and in the capital city.

The current regulatory framework³⁴ provides for medical care during childbirth, but allows for very limited healthcare during pregnancy. According to the existing legal provisions, during pregnancy any woman without health insurance is eligible to 1 preventive examination and test analyses, paid from the MoH budget. The scope of health care is very insufficient to guarantee the health and life of the mother and the baby and does not meet the international recommendations. The World Health Organization recommends at least 8 contacts with qualified health specialists for monitoring pregnancy in order to reduce the risks for perinatal mortality. The lack of access to the full package of health services also runs counter to Article 14 of the Constitution of the Republic of Bulgaria and Article 127 of the Health Act, which reads: „For the purposes of ensuring risk-free maternity, every woman shall have access to health activities aimed at ensuring optimal health condition of the woman and the fetus from the beginning of the pregnancy to the 42nd day of the child.“

Although limited, the opportunities for antenatal care provided by the existing legal framework to pregnant women without health insurance remain largely unutilised. The number of cases of women without health insurance who received obstetric assistance for childbirth in 2016 was 7,975, while the number of obstetric and gynecological examinations provided to pregnant women without health insurance was only 2,728 – or 34% of the number of women without health insurance giving birth³⁵. In some regions of this country such as Sofia – city, Sofia region, Pernik, Plovdiv, Tagrovishte, Haskovo etc. just a handful of the pregnant women benefited from the available antenatal care. The main reasons for the low number of women who utilise the available opportunities for antenatal care are related to the insufficient awareness of the women and the medical specialists of the existing arrangements, as well as to the lack of specialists in some parts of the country and the cost of traveling to the location where services are provided.

The probability of a child to die before the age of 5, has been sustainably decreasing in the recent decade, reaching 7.6 per 1,000 live births in 2016³⁶, which, however, is twice as higher than the average for the EU.

In spite of the positive trend, Bulgaria is still significantly lagging behind most of the CEE countries. For example according to the TransMonee database³⁷ in countries such as Hungary, the Czech Republic, Poland, Lithuania, Slovenia, Croatia and Serbia the under 5 mortality rate is much lower.

The leading causes of mortality for children under the age of 5 in the period 2011-2016 included primarily some conditions occurring during the perinatal period, congenital abnormalities (developmental defects), deformities and chromosomal aberrations (continuing cause of mortality, which is leading for the mortality of children under 1-year-old) or respiratory diseases and circulatory system diseases, as well as external causes, incl. accidents.

The comparative analysis of data from the TransMonee monitoring system indicates that Bulgaria lags behind the other countries in Central and Eastern Europe most in terms of decreasing the mortality due to respiratory diseases in the age group 1-4 years. This required measures for strengthening the healthcare for children aged up to 5 years, and particularly for enhancing the

33 NHIF, correspondence with UNICEF.

34 Ordinance No. 26 of 14 June 2007 of the Ministry of Health for provision of obstetric care to women without health insurance and for making examinations beyond the scope of the mandatory health insurance of children and pregnant women.

35 Data of the National Health Insurance Fund. Letter outgoing ref. No. 23-00-264/25.05.2017

36 <https://data.unicef.org/topic/child-survival/under-five-mortality/>

37 <http://transmonee.org/database/>

parents' health culture and health seeking behaviour.

The mortality rate of children in the 5-9 age group is the lowest compared to other children age groups, and in 2014 it reached 16.2 per 100,000 children, but in 2015 it started increasing again.

2.4. Immunizations

The review of data from the monitoring system of UNICEF and the World Health Organization from the beginning of the century to 2015 indicates that around 5% of children in Bulgaria have not completed their poliomyelitis immunizations. In the period 2014-2015 a sharp contraction of the immunization coverage to levels of 87.6% and 90.7% respectively occurred in Bulgaria.

For a period of 10 years from 2003 to 2012, the average annual share of 2-year old children not immunized against measles, rubella and epidemic parotitis has remained at the level of 4%. In the next 3 years, however, these levels reached on average around 7% non-immunized, and in 2015 the share of those immunized against measles was as low as 91.5% – the lowest since 2000. Such low levels are largely attributable to difficulties in the supply of vaccines in the period 2014-2015.

In the last 15 years as an annual average around 3% of 1-year-old children in Bulgaria are not immunized against tuberculosis. This share increased to over 4% in 2015 and marked its highest level since the middle of the last decade, thus Bulgaria is drifting further from the attainment of the Millennium goal of 99% immune children aged up to 1 year.

Table 2. Share of children covered by vaccination

Vaccine against	vaccine code/year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Tuberculosis	BCG	98	97.76	94.4	96.8	93.8	97.9	98	98	98	97.8	97.8	97.7	97	97.2	96.7	95.8
Poliomyelitis	Pol3	94	100	94.8	97.2	94	96.6	96	95	96	94.3	94	95.2	95.3	94.9	87.55	90.7
Diphtheria, tetanus, pertussis – 3	DTP3	92	98	91.3	96.7	92.4	95.6	95	95	95	94.1	93.6	95.1	95.3	94.9	87.55	90.7
Rubella	Rubella1					92.6		95.7	96	95.9	96.1	96.5	94.5	93.7	95.1	93.2	91.5
Measles, rubella, parotitis	MCV1	85.	99	97	102	92.6	96.2	96	96	96	96	96.5	94.5	93.7	95.1	93.2	91.5
Hepatitis B 3	HepB3		95	85.7	98	91.4	96	96	95	96	95.6	95	96	95.4	95.2	95	91.6
Hepatitis B – at birth	HepB_BD		99.08	96.1	98.2	94.4	98.6	98.6	98.5	98.4	98.4	98.5	98.6	97.9	98.2	97.8	97

Source: UNICEF Data: Monitoring the Situation of Children and Women – at: and WHO vaccine-preventable diseases: monitoring system, 2015 global summary, Last updated 15-Jul-2016 (data as of Data received as of 15-Jul-2016), http://www.who.int/immunization/monitoring_surveillance/data/Coverage_survey_data.xls?ua=1

According to data of the World Health Organization in 2015, compared to 2010, there was a decline in the immunization coverage of the entire Bulgarian population and it is minimal for immunizations against tuberculosis and hepatitis B at birth, but significant for poliomyelitis, measles and diphtheria.

As a whole, the incidence of undesired consequences of vaccination remains low. According to data of the Ministry of Health in 2014³⁸, only 27 serious cases of undesired consequences, such as death, hospitalization or long hospital treatment, permanent or significant disability or threat to life were documented as a result of all the immunizations conducted in all age groups there. However, such cases fuel anti-vaccination attitudes among a small portion of the population, which need to be addressed through regular, targeted awareness and educational, evidence-based activities about the benefits of vaccination programs.

³⁸ Annual Report on Immunization Performance for the Period January-December 2014 from Ministry of Health Bulgaria to WHO/UNICEF (WHO/UNICEF Joint Reporting Form on Immunization).

The fluctuating levels in immunisation coverage in recent years generate risks of outbreaks of epidemics mainly among the groups with limited access to primary healthcare and those with extensive contacts with unimmunised children. This risk remains particularly high for the Roma population living in segregated neighbourhoods and having difficult access to healthcare services. This group was most affected by the 2009-2010 measles outbreak that caused death among the children.

2.5. Nutrition and nutritional status of children in early childhood

Nutrition is of critical importance for child's health, growth and ability to fully achieve his or her human potential. Nutrition is particularly important during the prenatal development and the first 2-3 years of life, when the brain is developing most intensively, and the foundations of mental and physical health are established. The World Health Organization and UNICEF, as well as leading paediatric associations worldwide recommend exclusive breastfeeding for the first 6 months and continued breastfeeding until the age of 2 and beyond, and introduction of appropriate complementary foods after the 6th month and subsequent intake of adequate and healthy food, which provides sufficient intake of proteins, energy and micronutrients to meet the growing nutrition needs of the developing child body.

In Bulgaria a number of regulatory and institutional conditions are established to promote adequate nutrition of children: the labour legislation allows for a paid leave for childbirth and for breastfeeding, the Medical standards on neonatology and paediatrics include support for breastfeeding and exclusive breastfeeding among the activities of the respective medical specialists; a number of ordinances and recommendations of MoH on healthy feeding in organized childcare facilities, schools, kindergartens and nurseries are also in place.

In spite of these arrangements, some negative trends in nutrition and nutritional status of children are observed. Some of these include late initiation of breastfeeding (after the 6th hour), low frequency of exclusive breastfeeding for the first 6 months (1.5% at 5th - 6th months) and short duration of breastfeeding, early introduction of complementary foods and feeding of infants with unsuitable foods, high levels of iron-deficiency anaemia among pregnant women and infants, as well as wasting and stunting levels³⁹.

In 2007, a study⁴⁰ found that levels of anaemia among children aged from 6 months to 5 years are in the range from 29.1% to 44%, which identifies this age group as a group at risk for iron-deficiency anaemia. This risk is particularly high among Roma children with 61% of the children of the 6-11 months age group and 35.45% in the 12 months - 4 years age group affected. The levels of anaemia are higher in mothers of Roma ethnicity.

Those unfavourable indicators require targeted measures for improvement of the nutritional status of the most vulnerable groups, since if not addressed anaemia may lead to increased risk of pregnancy complications, perinatal death and low birth weight, and in childhood and adolescence it may involve increased morbidity and delays in physical and cognitive development.

17.1% of the children aged 1 to 5 years are at risk of overweight⁴¹. In 2014, obesity was found in 5% of the children aged 1 to 4 years, while for comparison this share in 2007 was 2.7%⁴².

A number of factors contribute to these unfavourable trends. The most important include lack of adequate nutrition in families with low socio-economic status, inadequate support for breastfeeding

39 NCPHA, National survey of nutrition of infants and children in the age group from 1 to 5 years and rearing them in the family, 2009.

40 NCPHA, National survey of nutrition of infants and children in the age group from 1 to 5 years and rearing them in the family, 2009.

41 Ministry of Health Annual report on the Health of the citizens of the Republic of Bulgaria and implementation of the National Health Strategy, 2015, p. 60.

42 National Centre For Public Health And Analyses, http://ncphp.government.bg/index.php?option=com_content&view=article&id=1475:decata_ni_zatlastiav&catid=86:news&Itemid=519&lang=bg.

in medical facilities and by medical professionals in the primary health care system, as well as in the community, aggressive advertising of breast milk substitutes and lack of knowledge and skills for healthy nutrition in expectant mothers and parents. There are also inconsistent recommendations provided by General Practitioners and pediatricians on breastfeeding and complementary feeding.

2.6. HIV/AIDS

Bulgaria is a country with low HIV prevalence in the general population, with some vulnerable groups most affected – injecting drug users, men who have sex with men and sex workers. Continuous efforts were made in the recent years for prevention and control of HIV/AIDS. Regulatory and institutional conditions were established for implementation of comprehensive measures for prevention, identification, counselling and free of charge treatment of people living with HIV.

At present 14 Voluntary Counselling and Testing Centres for provision of free of charge and anonymous services, as well as 17 mobile medical units and social and medical centers provide services to the most vulnerable groups. A network of more than 50 nongovernmental organizations and 18 youth clubs working with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria contributed substantially for prevention of HIV transmission and provision of care and support to the most-at-risk groups. In 2017, a National Programme for Prevention and Control of HIV and Sexually Transmitted Infections was adopted for the period 2017-2020, establishing conditions for consolidation of the national efforts. There are concerns, however, that funding for the preventative measures envisaged in the programme may not be sufficient.

In the period 2004 – 2013 the number of newly registered HIV cases gradually increased to 200 cases per annum, thereafter it became stable at the level of 200 – 210 cases a year on the average. The observed increase was mainly due to the increased coverage of the groups most at risk with HIV testing. By the end of 2016 the total number of registered HIV cases in the country was 2,474. According to Eurostat data, in the period 2011-2013 Bulgaria ranked sixth in the EU with the lowest number of deaths per 100,000 population, caused by the virus – between 0.15 and 0.11, after the Czech Republic, Slovenia, Hungary and Finland.⁴³

In the recent years the number of children living with HIV varied between 17 and 20 (17 children in 2016). In 13 of the cases infection occurred due to risky behaviour and practices (injecting of drugs in the case of 11 children and risky sexual behaviour in 2 cases)⁴⁴. In 2016, 41 pregnant women living with HIV were registered and annually 7 to 11 new pregnant women infected with HIV were identified. In the period 2006 -2015 there were also 21 cases of transmission of HIV from the mother to the infant⁴⁵. The highest number of such cases was observed in 2010 and 2013, and their share in the total number of newly registered cases was 2.5% and 2.0%, respectively⁴⁶. In 2016 there were no registered cases of vertical transmission (mother-to-child) of HIV infection.

Conditions for access of all pregnant women, including those without health insurance, to free HIV testing during pregnancy, as well as to antiretroviral therapy for reducing the risk of transferring the infection during pregnancy, childbirth and breastfeeding are established in the country. The HIV test is voluntary and is offered by medical specialists to all pregnant women.

However, the coverage of the pregnant women with testing is insufficient – for example in the period 2012–2014 only around 55% of the pregnant women were tested for HIV. This is partly owing to the fact that counselling and testing for HIV is not consistently applied as part of antenatal care for

43 Eurostat, Death due to AIDS (HIV-disease), tps00143, 2015.

44 Data, provided by letter of MoH Ref. No. 48-05-4/24.02.2017.

45 HIV/AIDS Surveillance in Europe, 2015, European center for disease prevention and control and World Health Organization, at: <http://ecdc.europa.eu/en/publications/Publications/HIV-AIDS-surveillance-Europe-2015.pdf>

46 Data, provided in the draft of National Programme for Prevention and Control of HIV and Sexually Transmitted Infections for the period 2016-2020, published on the website of MoH.

pregnant women. It is also a challenge to cover the pregnant women without health insurance, who have very limited contact with the healthcare system and medical specialists. Often, their first contact is when they are admitted in hospital for childbirth. The issue with payment for the test of pregnant women admitted to hospitals for childbirth is not regulated either.

There is a need to ensure access of adolescents under 16 years of age to voluntary and anonymous counselling and testing for HIV. At present, their access is constrained due to the requirement for parental consent, and by the lack of youth friendly health services. Improving adolescent's health culture through health education programmes at school should also be an important element of the efforts aimed to control HIV transmission.

3. Health and health behavior of adolescents

Adolescence is a period of dynamic physical and intellectual development, of growing independence from the family and expanding competences for participation in the family and community life. Good health, as a state of physical, emotional and social well-being of adolescents, is of key importance for the successful transition to maturity, and a basis for good health and welfare in the longer term. From a health policy perspective, adolescence is considered to be a period of good health with the lowest rates of mortality and incidence of chronic diseases, therefore often adolescents' needs are not considered in interventions.

3.1. General health

The majority of adolescents – 95.5% assess their health as good or excellent. Only 5% of the 13-year old and about 6% of the 15-year old school children report that their health is not good or is bad⁴⁷. The headache is the most frequent somatic complaint, mentioned by the adolescents.

On average 41.3% of the school children aged 11, 13 and 15 years report to have multiple health complaints (two or more of the following complaints: headache, stomach ache, bad temper, irritability, insomnia, daze, etc.) more than once a week or every day. Of the 11 years old girls, 39% mention having two and more psychosomatic complaints, and this share increases with the age, reaching 60% among the 15-year olds. Complaints are considerably less among the boys. As a whole, the share of Bulgarian adolescents who report having multiple complaints is among the highest as compared to the other 43 countries from Europe, US and Canada participating in the latest study "Health Behaviour in School-aged Children".

10.5% of the school-aged children – 11.7% of the girls and 9.3% of the boys – have been diagnosed with a persisting disease, disability or health condition (such as diabetes, arthritis, allergy, cerebral paralysis and epilepsy).

During the period 2011 – 2014, the share of school-aged children with overweight or obesity declined or maintained the same level. In 2014 30,1% of the children between 5 and 18 years were with overweight, including 19,8% with overweight and 10,3% with obesity. 10-13 years old boys are most at risk – 20% of them are obese⁴⁸. In the age group 10-19 years 17.7% of the adolescents are overweight, and 8.7% – with obesity⁴⁹. The rates of overweight and obesity are higher among the boys.

During the period 2006 – 2014 a positive change in the nutrition of children was observed – the

47 Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014.

48 National Center for Health Behaviour and Analyses, http://ncphp.government.bg/index.php?option=com_content&view=article&id=1475:dec_ata_ni_zatlastiavati&catid=86:news&Itemid=519&lang=bg

49 Data of the National Center for Public Health and Analyses, correspondence 2017.

consumption of fruits and vegetables increased, while at the same time the consumption of sweets and sweetened soft drinks decreased. However, the consumption of sweetened soft drinks among the Bulgarian adolescents remains one of the highest among the 43 countries that took part in the study⁵⁰.

The life style of the school-aged children, including school attendance and participation in extra-curriculum activities, to a greater extent influences the possibility to lead a healthy life and maintain a healthy diet. In their own, the frequency and the quality of nutrition effect the overall child development and their school performance.

Mortality among the 15-19 year old children is the second highest after the mortality among the children up to 1 year of age. In 2014 and 2015 the mortality in this age group was 48 per 100,000 – by 1/5 lower than the one in 2008. Accidents are one of the leading causes for mortality among the children 10-14 and 15-19 year old during the same period. In the second age group the share of children dying as a result of self-harm increased during the period 2011-2015 as compared to 2010. The risk of death among the boys is almost two times higher than among girls.

3.2. Risky behaviour of adolescents

The main risks for the health of adolescents include use of drugs, alcohol and cigarettes, early initiation of sexual activity and risky sexual behaviour.

Approximately half of all schoolchildren who participated in the survey on health behavior of schoolchildren⁵¹ reported that they had never smoked cigarettes. In comparison to the same survey conducted 10 years ago⁵², the proportion of those who had never smoked decreased by 10 percentage points – from 60% to 50%. 86% of the schoolchildren reported that they did not smoke. Among the 15-year old schoolchildren, 21% of the boys and 30% of the girls report that they smoke at least once a week. The age between 13 and 14 years appears to be critical for starting smoking.

About half of schoolchildren at the age of 11-15 years responded that they had never consumed alcohol. 11% of the children drank alcohol very frequently – more than 30 days in their lives before the interview. Boys drink alcohol more often than girls. The majority of the school-age children in the age group of 11 - 15 years reported that they had tasted alcohol for the first time at the age of 14 (21%).

An increasing risk of drug addiction is observed in Bulgaria in the period after the onset of the economic crisis of 2009, when only in 3 years – between 2010 and 2012 the number of registered drug addicts per 100,000 of population increased by 40% – from 10 in 2009 to 14 in 2012, and in 2014 and 2015 it marked unprecedented levels, respectively 18 and 19 per 100,000, which were nearly double the values of 2009.

Among the 15 year old schoolchildren 8% have smoked cannabis once or twice and 6% – 3-9 times. About 8% of schoolchildren have tried cannabis more than 10 times. There are no gender differences in terms of cannabis use by schoolchildren. Most often schoolchildren have had their first experience with cannabis at the age of 15 – 9%, but 12% have tried cannabis before reaching that age. If compared with the results of the same survey conducted 10 years ago⁵³ the use of cannabis by the 15-year old schoolchildren has increased by about 4-5 percentage points.

Early start of sexual activity is observed among the adolescents. About 21% of the 15-year old girls and 40% of the boys at school report that they have already had their first sexual intercourse⁵⁴. In terms of this indicator among the boys Bulgaria ranks first among the 43 countries in Europe, the

50 Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014.

51 Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014

52 Inequalities in Young People's Health, HBSC International Report from the 2005/2006 Survey, World Health Organization, 2008, p. 194.

53 Inequalities in Young People's Health, HBSC International Report from the 2005/2006 Survey, World Health Organization, 2008, p. 136.

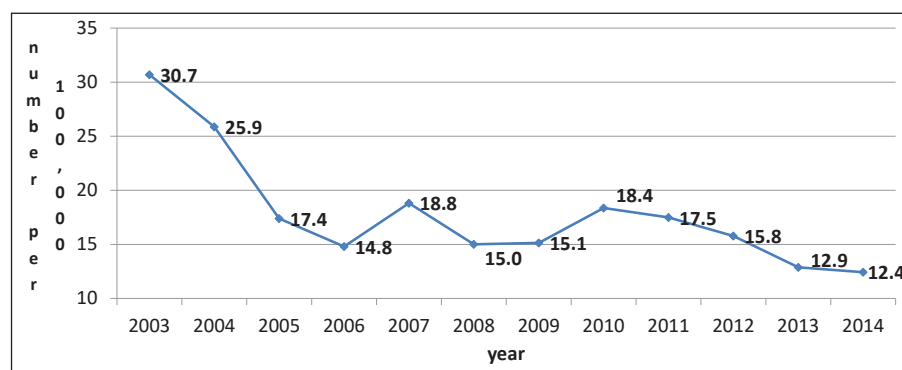
54 Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014

USA and Canada, which participated in the cross-national study “Health Behaviour in School-aged Children”. For the majority of the children this happen at the age of 14 and 29% had their first sexual intercourse even earlier – between 11 and 13 years of age. There are significant gender differences in terms of the sexual experience: greater share of the boys respond positively to the question whether they have had sexual intercourse.⁵⁵ There are substantial differences by gender in terms of the age at which the first sexual experience took place – in the case of girls only 14% have had sex at 13 years and less, while in the case of boys this proportion reached 35%.

On the average about 60% of the boys in school share that they used a condom during their last sexual contact. This proportion is a little lower in the case of girls – 56%. The proportion of those who did not use condoms increased in comparison to the period 2005/6, when it was 19%⁵⁶ (not taking into account the use of other protective means and methods, which is likely to increase).

The relatively high proportion of adolescents who do not use contraception during sexual contact increases the risk of sexually transmitted infections. After a long decline until the middle of the past decade, between 2007 - 2012 the number of syphilis and gonorrhea cases per 100,000 young people in the age group 14 – 17 fluctuated between 15 and 19 per 100,000. These values are about 2-3 times higher than the average for this country and indicate a need for intensifying the measures for decreasing the risky sexual contacts in the group of adolescents. In 2012 syphilis and gonorrhea cases in children at the age of 14 – 17 years per 100,000 were 3 times higher than the average indicator for the country, in 2013 – double that and only in 2014 there was a decrease in the margin, but this was due to the increased number of adult cases and to stabilizing of the number of syphilis and gonorrhea cases in children.

Figure 14. Levels of syphilis and gonorrhea cases per 100,000 population in the age group 14-17 years (2003-2014)



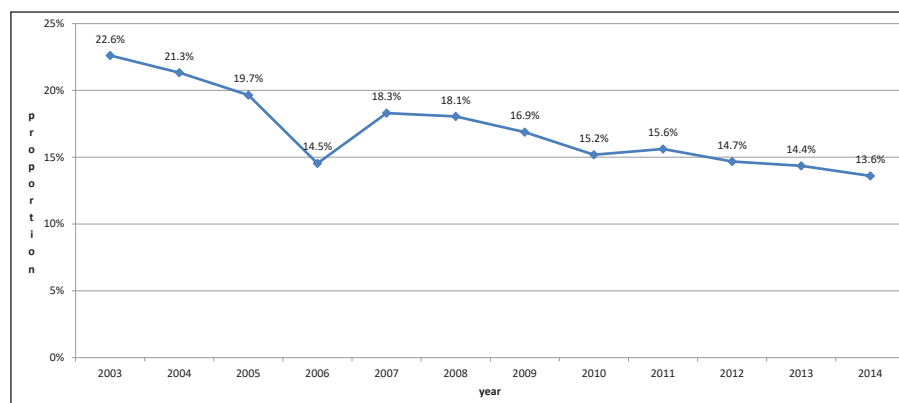
Source: TransMonee, 2015

3.3. Early pregnancies

Overall, after 2007, the aggregate ratio of abortions and births to mothers up below 19 years of age in the total number of births continued to decrease, although with fluctuating values and a slowdown in certain years. In the period 2010 – 2014 the proportion of abortions among girls below the age of 20 years per 100 live births to mothers in the same age group varies within the range of 36.4% - 41.9%.

⁵⁵ Inequalities in Young People's Health, HBSC International Report from the 2005/2006 Survey, World Health Organization, 2008, p. 144.

⁵⁶ Inequalities in Young People's Health, HBSC International Report from the 2005/2006 Survey, World Health Organization, 2008, p. 152.

Figure 15. Ratio of abortions and births to mothers under to age 19 to total births

Source: Eurostat, 2016,
own calculations

In the recent 15 years the share of the abortions among girls below 15 years of age in the total live births to mothers in this age group is around 50%. Only in 2010 and 2014 this proportion was considerably lower, 34% and 40%, respectively. In 2016, 98 abortions (0.38% of all abortions) were registered to women below 15 years of age and 2,165 to women below 19 years of age (i.e. 8.4%)⁵⁷.

Risky sexual behaviour during adolescence, as well as very low health literacy are the main causes for abortions in this age group. A reduction of the numbers of childbearing and abortions among underage and minor women would require implementation of targeted programmes and measures for improving family planning culture and health education among young people, for prevention of undesired pregnancy and use of effective means of contraception. It is also necessary to develop health services for counselling and support on issues of sexual and reproductive health, which are accessible, confidential and consistent with the needs of adolescents.

Adolescent births may have a number of negative consequences for the mother and the child. In the case of young mothers there is a higher risk of complications during pregnancy and birth, pre-term birth and low birth weight, as well as increased risk of perinatal death. Very often, young mothers lack the necessary psychological maturity to cope with parental responsibilities, which would reflect on the quality of childcare. From a social perspective, those mothers often leave school early and fail to finish their education, thus undermining the prospects for future realisation and increasing the risk for poverty and social exclusion.

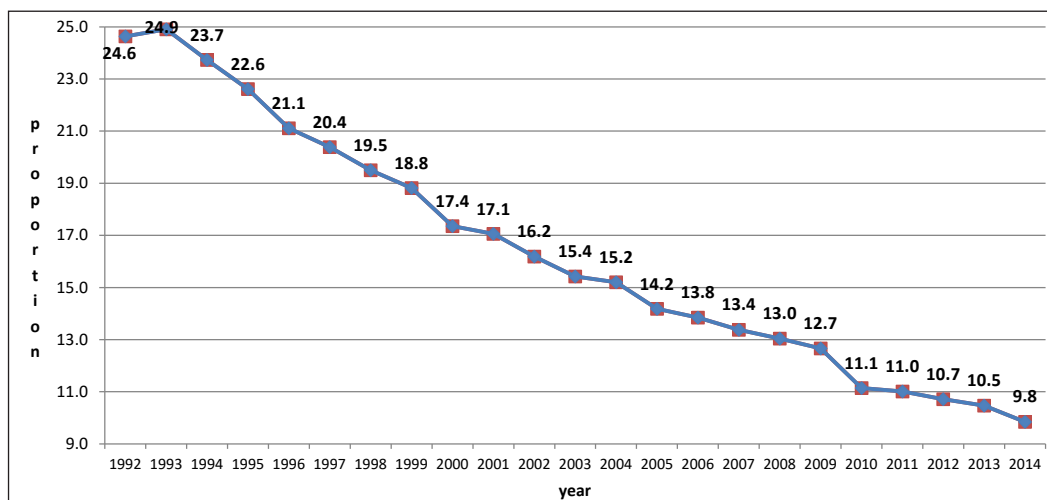
Bulgaria has one of the highest share of births among adolescent girls in Europe⁵⁸. In 2009 each 5th child in the EU – 28 born by a mother of the age of 10 - 14 years was a Bulgarian citizen. This proportion decreased to 15% in 2013 but still remains more than 10 times greater than the share of births in Bulgaria in the total number of births in Europe.

For more than 20 years during the period of transition Bulgaria has registered a gradual decline in the proportion of births in the age group under 20 years. In comparison to 1993 (25%) in 2014 (10%) this proportion decreased almost 2 and a half times. Nevertheless the country remains with one of the highest indicators among the former socialist countries in Europe and the EU member states. For comparison, in Slovenia and in the Czech Republic the respective shares in 2013 are 1.1% and 2.6%.

⁵⁷ National Centre for Public Health and Analyses, http://ncphp.government.bg/files/nczi/opinf/aborti_16.pdf.

⁵⁸ Eurostat database.

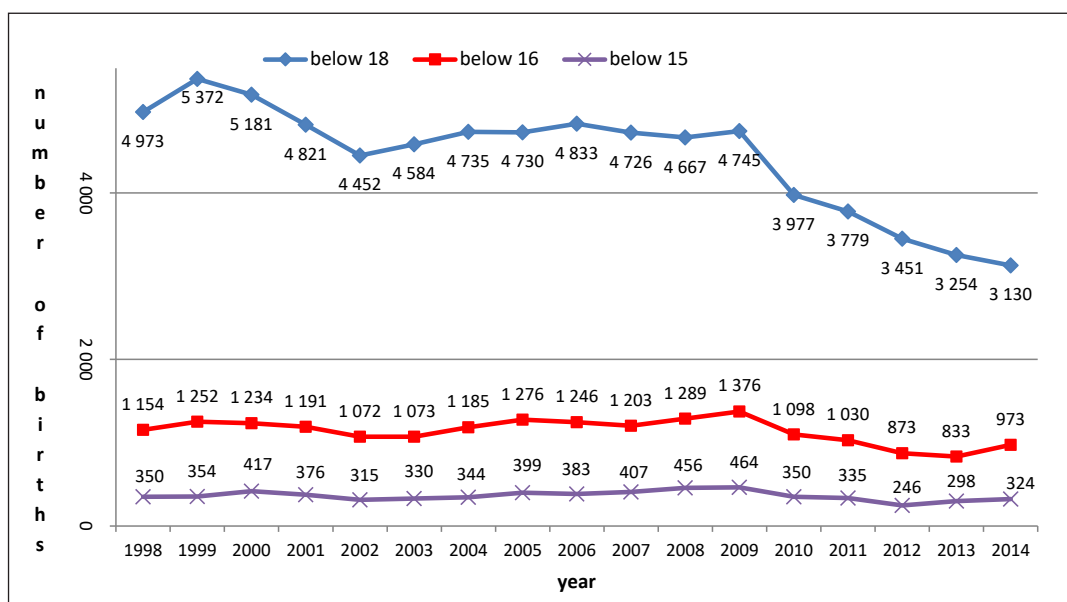
Figure 16. Proportion of births to mothers below the age of 20 years of all live births



Source: TransMonee, 2015

Even more alarming is the fact that a considerable number of adolescent mothers give birth of second and third child, though there is a decreasing trend in this regard. For example, in 2013, 524 mothers gave birth for the second or third time and 3 of them at the age of 16 gave birth to their third child⁵⁹.

Figure 17. Births by age of the mother

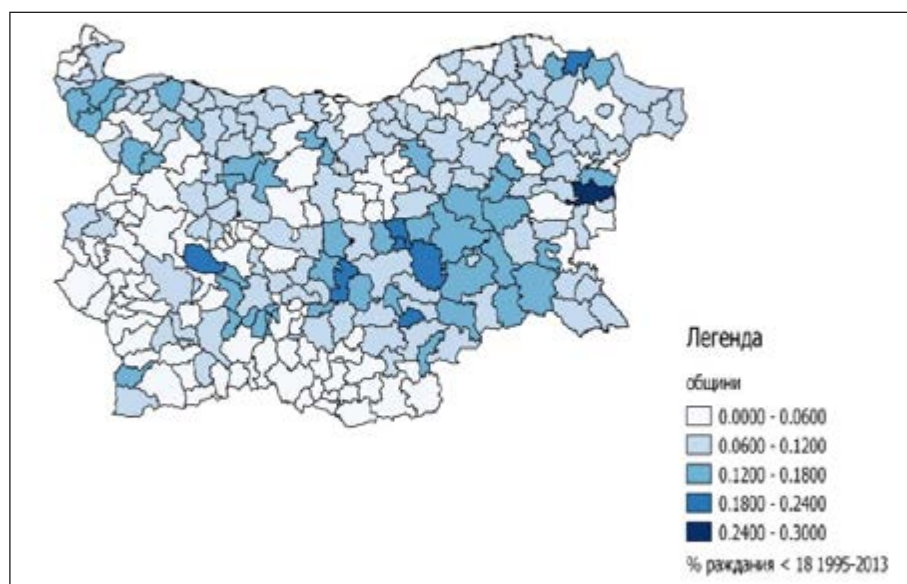


Source: Eurostat, 2016, own calculations

The births among adolescent mothers are more common in the South East region – mainly in the administrative regions of Sliven, Yambol, and Stara Zagora, as well as in Pazardjik and Montana. They are more frequent in municipalities, which are not regional centers, but their share is also very high in the regional center towns of Sliven, Pazardjik and Yambol.

59 Survey of the social norms which prevent Roma girls from access to education. UNICEF. 2016.

Figure 18. Share of mothers under 18 years of age in the total annual average number of births in 2000-2013.



Source: NSI, 2015, own calculations

According to expert estimates, **births among adolescents** are in times more frequent among the Roma community than in other ethnic groups. They are largely resulting from child marriages or cohabitation⁶⁰. The contributing causes to this phenomenon are complex and include both traditional ethnocultural norms in Roma communities, poverty and low incomes of families and early school leaving. In this sense, reduction of the share of birth to adolescent mother would require a comprehensive, integrated approach, addressing by appropriate measures various cultural, social and economic factors at individual and community level. Those measures exceed the scope of any specific area of public policies.

3.4. Physical activity of schoolchildren

Only 1/3 of the boys and about 23% of the girls meet the recommended international standards for physical activity at school age – minimum 60 minutes or more per day⁶¹. About 38% of the students have a moderate to intensive physical activity during less than a half of the week days, and for girls this share reaches 45%. In the case of girls, the frequency of intensive physical activity decreases with age, while in the case of boys it remains at a relatively constant level.

Activities such as TV viewing for prolonged period (a negative factor, with regard to which Bulgaria is among the leading countries in Europe) and use of electronic games and computers (particularly by boys at the age of 11 - 13 years) are among the factors contributing to increased risk of overweight and obesity.

60 Ibid.

61 Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014

4. Mental health

Children's mental health is determined by the dynamic interaction of a set of biological, psychological and social factors. The first months and years in life are exceptionally important for the optimal emotional and social development of every child and they lay the foundations for physical and mental health in future. This development takes place in the context of daily relations and interactions of the infant and young child with the mother or another significant adult and depends on the quality of the attachment between them. Disruptions in the attachment may have a long-term negative impact on a child's mental health. This requires mental health care for children to include targeted measures that support the attachment between the mother and the baby, ensure early detection of any attachment disorders and early intervention. Such measures should also include care for the mental health of the mother during pregnancy, as well as after the birth, when the risk of a depression increases due to the hormonal changes in the female body. Particular attention must be paid to pre- and post-natal depression, which unfortunately frequently goes unnoticed, especially in its milder forms.

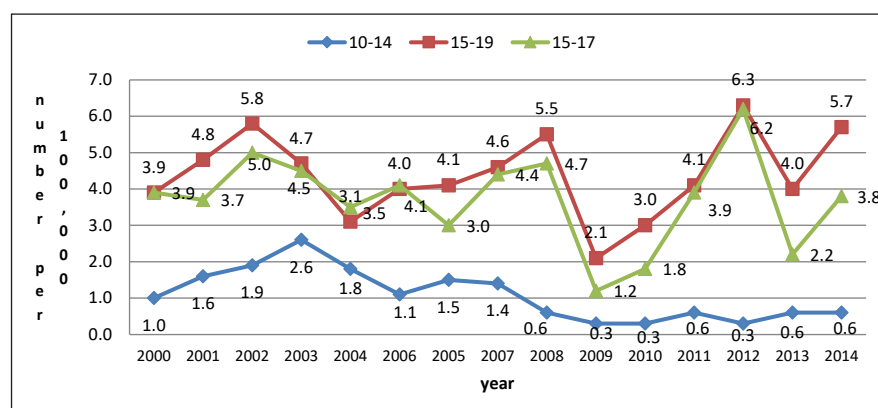
During early childhood – from birth until the enrolment of the child in school the most common disorders are mental development problems, speech disturbances, difficulties in learning, emotional instability. Often these disorders are discovered late – when the child is enrolled into a child care establishment. Most common among young people are behavioural problems, psychoses, anxiety and depressions and suicidal attitudes.

Unfortunately there is no accurate data regarding the frequency of such disorders, but according to data of Ministry of Education and Science in the academic year 2015/2016 language and speech disorders were observed in 1969 children in kindergartens, learning difficulties – in 1,080 children and autism spectrum disorders – in 303. In 2015 a total of 915 children under the age of 16 were found to have various degrees of disability due to mental and behavioural disorders⁶².

One in three students in Bulgaria states that he or she experiences “on daily basis” or “more than once a week” nervousness, irritability or a bad mood⁶³. Around half of the girls aged 15 share that they are nervous or irritable at least twice a week, one girl in four feels depressed more than once a week and almost a third of the girls share they find it difficult to fall asleep.

Suicides among children in the age group 10-14 years decreased sharply after 2007 and in the following 6 years they varied between 0.3 and 0.6 per 100,000. These levels are commensurate with the lowest levels among the former socialist countries. They are also on the average about a third of the levels of suicides in Bulgaria in this age group in the period 2000 – 2007.

Figure 19. Number of suicides per 100,000 persons in the relevant age groups



Source: TransMonee, 2015

62 NCPHA, Health Care Reference Book, 2016

63 Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014

In the group of 15-17-year olds Bulgaria ranked among the CEE member states with the lowest levels of suicides in the period 2008 – 2013 – 3.3 suicides per 100,000 children on average.

Generally compared to the period 2000 – 2007, in the period 2008 – 2014 there is a decrease in the suicide cases in this age group.

5. Challenges to health policies

Health, quality of life and overall well-being of mothers, children and adolescents is influenced by a complex interaction of a number of factors, related both to the access to and organization of services in the maternal and child care system, and to the social and economic conditions, in which children are born, grow and live. Parents and their ability to provide nurturing care are of paramount importance for children's development, particularly in early childhood.

The healthcare system has a key role for prevention of risks and protection of the health and development of children and adolescents. In spite of the developed and functioning healthcare system, which provides important healthcare during pregnancy and throughout childhood, a number of challenges still remain.

Access to health care

Women and children, particularly the disadvantaged ones, may not be in a position to benefit from the existing healthcare arrangements. Access to healthcare is influenced by a number of factors, including the shortage of services and specialists in particular parts of the country, financial barriers, parents' non-health insured status, the complex and difficult requirements and procedures for access, as well as by the quality of parental care, and in particular parents' attitudes to health seeking.

Bulgaria has a high average availability of physicians, and the number of persons served by one medical doctor remains among the lowest in the EU. At the same time, there are serious disparities in the territorial distribution of specialists and services of key importance for child health. In many villages and small towns, the existing shortage of general practitioners, paediatricians and obstetricians and gynaecologists hinders the access of children, women and adolescents to key healthcare services. Residents of such locations need additional resources (time and money) to be able to benefit from the existing health services, and access for the poorest and most vulnerable groups involves considerable financial costs. The Ministry of Health provides mobile units for providing primary and specialized medical services (e.g. paediatric and obstetric and gynaecological) to the population from vulnerable groups and remote areas, but their number is not sufficient to meet the existing needs. The access of children with complex health needs to high quality care may be extremely difficult.

The lack of health insurance may further contribute to the parents' health problems, thus reducing their ability to provide adequate care for their children. Discontinued contacts of the parents with the health system may be the cause for the children's limited access to healthcare, particularly in early childhood, as quite often parents who have lost their connection to the healthcare system, as well as parents with very low educational level and poor health awareness do not have the mindset to seek and use health services for their children, particularly in the case of preventive care.

Health care costs are another main barrier for access of children, pregnant women and adolescents to important health care. The average annual financial cost of health care in the budget of households per one individual increased steadily over the last 15 years and reached BGN 248 in 2015⁶⁴, and the share of healthcare costs in a household's overall budget reached 5.4% in 2015. Activities related to

⁶⁴ National Statistical Institute. Monetary costs of households by group of costs for 2015/2016.

diagnostics, treatment and prevention of illnesses are free for children, however medicines for home treatment, many medical consumables and devices are only partially, or not at all, paid by NHIF. Those costs, as well as the costs related to the travel and stay for obtaining medical services are serious challenges, particularly for lower-income families, as well as for the families with children, who need prolonged treatment, rehabilitation and specific care.

Scope and quality of healthcare for mothers, children and adolescents

The quality of maternal and child healthcare is of key importance for ensuring the health of mothers, children and adolescents. In the recent years, a number of important steps have been made towards expanding child healthcare. Some regulatory amendments were made, providing for the establishment of health and social services for children and families in the community in support of the prevention of abandonment and for social integration of children with disabilities and chronic diseases. The updated action plan for the implementation of the National Strategy “Vision for Deinstitutionalization of Children in the Republic of Bulgaria” envisages a network of services, including home visiting service, centers for specialized health and social care for children with serious disabilities in need of continuous medical care, and children with high-risk behavior, to be established initially with funding from the Operational Programme “Human Resources Development”, and subsequently from the national budget. At the end of 2015, 31 health-counselling units for maternal and child health were opened at medical establishments, which facilitate the provision of comprehensive services for pregnant women with pathological pregnancy, prematurely-born infants and children with disabilities and chronic diseases. According to data of the Ministry of Health, from September 2015 to the end of 2016 these counselling units provided psychological support and medical consultations to 20,172 pregnant women, prematurely born infants and children with chronic diseases and/or disabilities. Additional medical tests were provided to children and pregnant women. With some amendments to the Medical Establishments Act, legal conditions were established for the provision of comprehensive service for children with disabilities and chronic diseases.

In spite of the positive trends, the healthcare system has not realized its full potential in providing support for achieving optimal physical and mental wellbeing of the child from childbirth in the family and community context. Health promotion and risk prevention activities are not adequately addressed and the system’s possibilities for building knowledge, skills and behaviour for healthy life remain unrealized.

Access to high quality services for family planning and reproductive health is limited, particularly for the most underprivileged groups and the adolescents. In spite of the commitment articulated in many strategic documents, the National Programme for Sexual and Reproductive Health has not yet been adopted. There is also a need of improving the adolescents’ access to information, counselling and services suitable for young people and tailored to their specific needs.

Care in maternity wards is not fully compliant with international standards, particularly in regard to breastfeeding and the care for the psychological needs of women and newborns. In many instances mothers and babies are still separated immediately after birth, without an opportunity for an early skin-to-skin contact and rooming in, in spite of the possibilities set by the medical standards of obstetrics and gynaecology and neonatology. This undermines the establishment of a strong emotional bond between the mother and the baby and interferes with the successful start of breastfeeding. Feeding of babies with infant formulas, the offer of water and the lack of sufficient support for breastfeeding on the part of medical staff additionally constrain breastfeeding, which is of an exceptional importance for the mental and physical health of the newborns. Only some hospitals provide opportunity for an accompanying person during birth. Psychological support for mothers and families is also limited. In some hospital, the practice medical personnel to advise the parents to place a newly born child with disability in institution continues.

There is a need for expansion of the care for babies born with low birth weight. In many medical facilities there is still a shortage of qualified medical staff. Parents' access to and contact with prematurely born infants through touch, words and skin-to-skin contact in the intensive care wards are limited and are not actively encouraged in spite of the accumulated medical evidence of the benefits of early contact for the development of premature babies. The psychological support and training of parents for coping with child care after the discharge of the child from hospital is also insufficient.

Breastfeeding is not actively encouraged and supported by medical specialists in maternity wards and in the primary healthcare system. The National Breastfeeding Committee has also ceased to function long ago. Several hospitals in this country were certified under the Baby-Friendly Hospitals Initiative of WHO and UNICEF, which is aimed at supporting and encouraging breastfeeding but the practices in them do not meet the international standards.

The system of maternal and child healthcare provides a package of activities for monitoring child health and development, which however is dominated by a medical approach focused on physical health and development of children. In early childhood, monitoring child development does not include an in-depth and comprehensive assessment of social, emotional and cognitive aspects of development, nor any screening for children exposed to factors adverse to their development in the family, such as abject poverty, violence and neglect, mother's mental problems, etc. Neither are support for parenting and enhancing parenting skills included in the package of activities aimed at improving child health.

Care for the maternal and child mental health should be an integral part of the health care for mothers and children. Such care must start during the pregnancy by supporting pregnant women and parents to establish an emotional bond with the baby and to continue after birth, including through measures for detection of post-natal depression in mothers, as well as for early detection of mental health problems in children. There is also a need for services and mechanisms that ensure diagnosing and treatment with involvement of multidisciplinary in close cooperation with parents and other professionals, such as social workers, teachers etc., as well as for better training of the different specialists – general practitioners, pediatricians, nurses, social workers, kindergarten and school teachers, police officers – in recognizing the symptoms of mental disorders and referring children and families to appropriate services.

6. Key Recommendations⁶⁵

Reproductive health, pregnancy and childbirth:

- Ensuring equal access of pregnant women without health insurance to the full available package of medical and preventive activities.
- Restoring and strengthening the operation of the regional child mortality committees with a view of developing effective and evidence-based measures for reducing child mortality.
- Development and implementation of programmes for improving the sexual and reproductive health of the population of reproductive age, as well as family planning programmes targeted at adolescents and at vulnerable groups, including counselling and provision of contraceptives.
- Implementation of measures for reducing the risk of iron and folate deficiency in pregnant and breastfeeding women.
- Adapting practices in maternity and neonatal wards to meet the psychological needs of mothers and babies, to avoid separation of mothers and babies and facilitate contacts

⁶⁵ Other more specific recommendations are reviewed under the *Children with Disabilities* section, which are relevant for the services to children with disabilities.

(including through Kangaroo care for babies with low birth weight), to encourage and protect breastfeeding, as well as to guarantee the rights and dignity of women at birth.

- Providing psychological support and counselling to parents of premature babies or newborns with disabilities.

Care during early childhood and school age:

- Development and implementation of comprehensive measures to encourage and support breastfeeding. Adoption and promotion of methodological guidelines on feeding infants based on the recommendations of WHO and UNICEF and leading paediatric organizations.
- Removal of the NHIF regulatory mechanisms for examinations and medical tests for children and expanding the list of medicinal products and consumables for home treatment of children, as well as the medical services funded by NHIF.
- In coordination between MoF and MLSP – introducing mechanisms for covering the cost of transportation of the most disadvantaged children and the persons accompanying them to access medical services.
- Establishing an universal health visiting service (home visits by qualified nurses) with a view of strengthening caregivers' skills for the provision of nurturing care for the physical, cognitive, social and emotional development of children, early detection of risks for children's wellbeing and developmental difficulties due to biological or social factors, and early intervention.
- Improvement of the knowledge and skills of the health professionals in the primary health care system for building parental skills to support social, emotional and cognitive development of children in early childhood, as well as for comprehensive assessment of child development using standardized instruments for early detection of children at risk of developmental problems and early intervention.
- In coordination between the Ministry of Health and the Ministry of Labour and Social Policy – ensuring access to adequate and healthy nutrition for mothers, infants and children up to 3 years of age from the most vulnerable groups of the population.
- Ensuring measures for strengthening the knowledge and skills of medical specialists for identification of children, exposed to toxic stress caused by neglect, violence, mental problems or substance abuse by the parents and for early intervention, including through effective coordination and interaction with the child protection system. Introduction of a compulsory screening for children exposed to toxic stress.
- Increasing the number and availability of the mobile paediatric, obstetric and gynaecology and other counselling services to guarantee access to qualified medical services for the most vulnerable groups. Services should be also be concentrated in regions with the most unfavourable indicators related to maternal and child health.

Mental health:

- Improving the skills of the medical specialists in the primary health care system for identification of early signs of mental suffering in infants and young children and for early intervention through referral to appropriate services.
- Ensuring support for mothers for building attachment with infants and young children, as well as for counselling in response to their concerns about the development of infants and young children.

- Improving the skills of medical specialists in the primary health care system for early identification of signs of depression and anxiety in pregnant women and mothers with children. Introduction and application of screening tools for depression and ensuring access to mental health services.
- Introducing services/programmes to ensure diagnosing and treatment of various mental disorders in children with involvement of multi-disciplinary teams, as well as for providing support to the family.
- Establishment of legal conditions and incentives for increasing the number of child psychiatrists and psychologists specialized in the field of early child development.

Changing public attitudes and social norms that have an adverse effect on child health:

- Enhancing skills and knowledge of medical specialists for counselling adolescent girls from vulnerable communities about health risks associated with early pregnancies and births.⁶⁶
- Implementing targeted measures for raising the awareness, education and changing the attitudes of parents and medical specialists towards breastfeeding and nutrition, early childhood development, smoking, safety and prevention of accidents among children, alcohol consumption and other issues.

Collection and analysis of data concerning the health status and development of children

- Establishing a system for assessment and periodic collection of information on key indicators related to child health and development, including on physical, social, emotional and cognitive development, prevalence of anaemia, etc. with a view to improving maternal and child healthcare.
- Addressing the recommendations of the UN Committee on the Rights of the Child for improvement of the system for collection of data on child health and development by age, gender, disability, residence, ethnicity and nationality and social and economic condition.

Health:

- Providing the necessary human and financial resources for implementation of the National Programme for Improving Maternal and Child Health (2014-2020) and strengthening support for Roma health mediators.
- Reducing the inequality in the access to primary and specialized medical services and dental care for all children in the country, particularly those from economically and socially disadvantaged groups, including Roma children and children with disabilities.
- Implementation and application of the “Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age” of the Office of the United Nations High Commissioner for Human Rights (A/HRC/27/31);
- Full implementation of the International Code of Marketing of Breast-milk Substitutes and development of a national programme for protection and promotion of breastfeeding through comprehensive campaigns, support for mothers through counselling structures in

⁶⁶ Social norms in Roma communities, which prevent Roma girls from education, particularly secondary education, Sofiya Zahova, Sofia, 2015, page 70-72.

hospitals, clinics and the community and implementing the “Baby-Friendly Hospital” initiative in Bulgaria.

- Pursuing all necessary measures, including continuous training of medical specialists, particularly those working with or in Roma communities, to ensure equal access to healthcare services of the Roma population and other vulnerable groups.
- Ending segregation by ethnicity in hospitals.
- Introducing mechanisms of in-depth investigation of cases of death or serious injury of children as a result of abuse or neglect and particularly conducting a full investigation of allegations of considerable number of deaths of children in institutions of resident medical and social care.

Adolescents' health:

- Implementing measures for improving reproductive health and prevention of adolescent pregnancies including the provision of contraception to adolescents, education on reproductive health issues at school and improving adolescent knowledge on family planning.
- Conducting a comprehensive multidisciplinary research to assess adolescents' health problems, including their mental health.
- Enhancing the training of general practitioners, nurses, social workers and other specialists in the primary healthcare system in the areas of mental health and emotional wellbeing of adolescents with a view to improving the capacity and quality of the mental health services for children in the country.
- Developing a comprehensive mental health policy, including for mental health promotion, prevention of suicidal behavior and violence, outpatient and inpatient services for the mental health of adolescents with mental problems, and programmes for support of families with children at risk.
- Strengthening prevention through public campaigns and educational programmes, particularly at schools, for improving understanding of sexually transmitted diseases, including syphilis, HIV/AIDS, and the ways of protection.
- Pursuing measures in cases of misuse of psychotropic substances by adolescents and children by providing accurate and objective information and life skills training to prevent addictions – including tobacco smoking and alcohol – and developing an accessible, suitable for young people treatment of addictions and harm-reducing services.



EDUCATION

EDUCATION

1. Institutional and Legal Context

Education is a fundamental human right and essential for the exercise of all other human rights. It promotes individual freedom and empowerment and yields important development benefits.

In the past few years Bulgaria undertook a reform in the area of education. The new Preschool and School Education Act, promulgated in October 2015, introduces for the first time inclusive education in all kindergartens and schools, differentiates new types of support for children with disabilities and children at risk, emphasizes dropout prevention with a focus on children from vulnerable groups. Further to this, new state education standards, including on inclusive education, have been developed and the curricula have been revised. Furthermore, the Ministry of Education and Science carried out a number of activities to increase access to education and to improve the integration of children of minorities, to reduce dropout rates and improve the literacy, including by adopting strategic documents such as the National Strategy for Reducing Early School Leaving (2013-2020), the National Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020), the National Strategy for Lifelong Learning (2014-2020), the National Strategy for Improving and Promoting Literacy (2014-2020) and the corresponding plans for their implementation. In 2017 by Resolution 373 of the Council of Ministers an interinstitutional mechanism was created providing for clear responsibilities and tasks of each institution in an attempt to improve intersectoral cooperation for enhancing the coverage in the educational system and to reduce dropouts.

Education in Bulgaria is compulsory from the age of 5 to 16. Compulsory public education is free which means that the education service, facilities for training, state exams are free of charge. Textbooks for school children from I to VII grade, as well as textbooks on special subjects for students with sensory disabilities up to XII grade, and educational sets on general subjects printed in Braille are also free. Since 2006 children from 1st to 4th grade receive free of charge breakfast. Provision of free transportation for children travelling to school in another settlement relies on decision of the local authorities.

The major challenges to the educational policies in the period since the beginning of the decade are related to the absence of an adopted comprehensive regulatory and strategic framework for reform of the pre-school and school education system, the lack of a uniform and coordinated inter-sectoral approach and the reactive, rather than proactive, nature of interventions, as well as the insufficiently effective implementation of the developed strategic and planning documents and measures. The fact that the 2011-2015 period coincided with the end of the previous programming period and the introduction of the new OP “Science and Education for Smart Growth” (SESG) in the new 2014 – 2020 programming period is among the factors for the delay in the efficient implementation of some action plans. The lack of a uniform regulatory framework and educational standards continues to generate risks of increase in the structural educational inequalities – e.g. lower interest to vocational secondary schools and growing discrepancies in the educational results between the so-called “elite” schools and the rest.

A new operational programme “Science and Education for Smart Growth” (2014-2020) was adopted in Bulgaria, which is managed by the Ministry of Education and Science with a total budget of BGN 1.37 billion (to be secured through European and national funding) as a key instrument for achieving the targets adopted by Bulgaria under the Europe 2020 Strategy for smart, sustainable and inclusive growth.

Education in Bulgaria is financed through a funding formula based on the number of students enrolled and the per capita funding is bigger for children with disabilities or children at boarding schools.

Bulgaria has already introduced changes to the funding model at all educational levels, including the use of delegated budgets and unified cost standards since 2007.⁶⁷ A further improvement of the funding formula is part of the Pre-school and School Education Act.

General government expenditure on education as a share of GDP has slightly increased over recent years but remains well below the EU average of 5.0% and continues to be among the lowest in the EU-28⁶⁸. In 2014, it accounted for 4.1 % of GDP (below the EU average of 4.9 %) and for 9.7 % of total general government expenditure⁶⁹.

Part of the schools and kindergartens, especially in municipalities with limited financial resources, cannot be maintained in a condition that guarantees the required minimum of heating all rooms during the winter as well as the energy efficiency.

Eurostat figures show a dramatic decline of capital spending in education in Bulgaria since 2007. While in the first two years of Bulgaria's membership in the EU the share of capital investment in education was 18% and 14% respectively, in 2010 and 2011 it was 3 to 3.5 times lower, at around 5%. By comparison, the average capital spending for the EU Member States is relatively stable and non-campaign, and ranges between 8% and 9%, which is nearly twice higher than the most recent figures reported in Bulgaria.

There are considerable disparities among schools in Bulgaria in respect to the quality of school facilities. There are still no internal toilets in many small schools, which makes their use difficult. According to figures of the National Network for Children, 70% of the students avoid the school toilets⁷⁰. Underfunding impedes the maintenance of all facilities, including provision of technical resources, technologies and laboratories, which on its part stands in the way of the formation of practical skills and knowledge connected with the technological dynamics and the demands of the society and the labour market.

In some of the smaller schools the classrooms lack adequate heating during winter-time. It is very likely that such schools cannot meet the minimum requirements of the standard of physical environment and information and library provision under the new Preschool and School Education Act.

The options for extracurricular activities for students and youths are very limited in the rural areas and also in some urban districts where the existing infrastructure for play and entertainment is underdeveloped or in poor condition. Many schools are still without gyms or any other facilities that could encourage physical activities and interest in sports among students.

Additional challenges of the Bulgarian school system relate to the relatively low attractiveness of the teaching profession and a steady trend of ageing among teaching staff⁷¹. Teachers in Bulgaria are on the average older than in most of the other countries covered by the TALIS Survey (47.4 years compared to an average age of 42.9 years among the countries subject of the survey). Bulgaria also implements a National Strategy for Development of Teaching Staff (2014-2020) with a view to providing conditions for attracting young specialists into the pre-school education and improving staff retention. The period between the 2012/2013 and 2013/2014 school years saw a stepped up growth of the share of teachers in the higher age brackets (50 years and over).

67 The reform resulted in savings and increase of teachers' salaries (World Bank, 2009) but the latest data show that the results are controversial and the funding principle may have put students from vulnerable groups in a more disadvantaged position (World Bank, 2014).

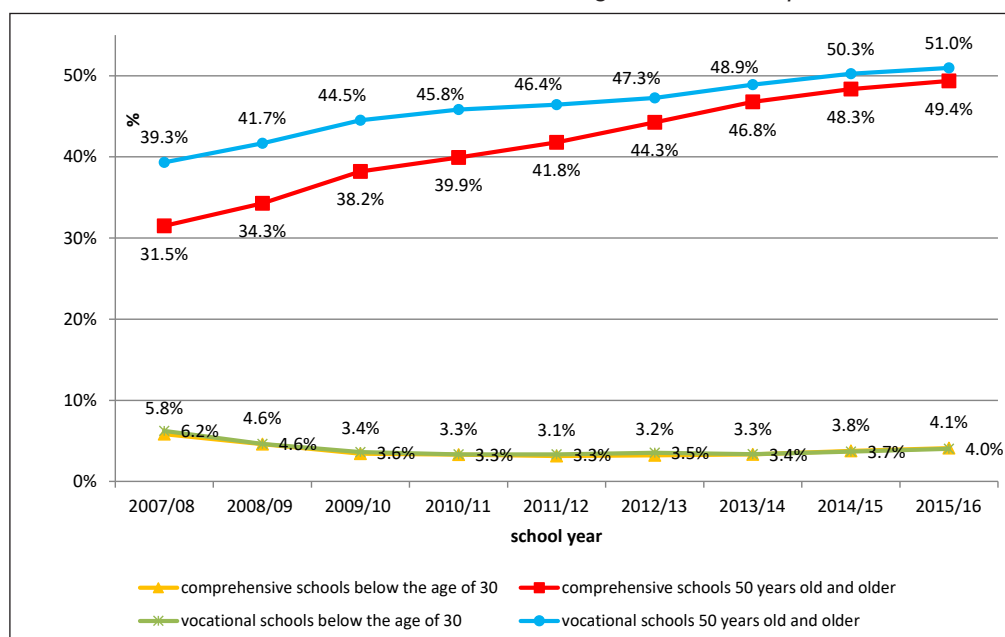
68 Eurostat, General government expenditure by function (COFOG), Last update: 01-03-2017

69 Source: Eurostat, General government expenditure by function (COFOG) database.

70 Is the need of new school toilets small or big? National Network of Children, , 11 November 2013

71 TALIS, OECD 2014.

Figure 20. Teaching staff in vocational and comprehensive schools in the lowest and the highest age bracket as a share of the total number of teaching staff in the respective schools



Source: National Statistical Institute, 2016

The perceived status of the profession is similar to the EU average: 20% of teaching staff think that their profession is valued in society (compared to 19% in the EU on average)⁷².

Among the causes for the weakening interest in teaching in schools and kindergartens are the lowering of the social status of the teaching profession, the relatively low pay in the sector and the increased workload in larger student groups and classes in some of the schools. Bulgaria is in the group of the 6 East European and Baltic EU Member States, where the teachers' minimum salary is below 60% of GDP per capita (as of school year 2013/14)⁷³. In spite of the 12% increase of the teachers' minimum salary at the end of 2015, the average remuneration for work in the sector remains at levels not significantly different from the average pay for the country.

Last but not the least is the demotivating fact that the present formal curriculum and bureaucratic administrative requirements do not allow for teachers to fully implement their potential and to achieve the best possible results.

In 2012 Bulgaria ranked among the three states in EU-28 with the lowest representation of men in the teaching staff.⁷⁴

As regards the inclusion of children with specific needs and disabilities in the educational system there is a severe need of additional education, as well as providing specialized training for work with children with special educational needs.

⁷² OECD Teaching and Learning International Survey (TALIS), 2013

⁷³ Teachers' and School Heads' Salaries and Allowances in Europe, EC, 2013/14, page 9 and own calculations for Bulgaria for 2014, as the country is the only one among the EU Member States that has provided no data. Failure to make such information available demonstrates by itself information management weaknesses, for the elimination of which further measures should be taken

⁷⁴ Eurostat, Teaching staff, educ_iteach, 2015.

2. Description of status and key issues and trends

Despite the above positive developments thousands of children in Bulgaria do not receive inclusive quality education. Poverty and inability of parents to pay hidden costs, low level of education of the parents, health problems, poor command of the official language, and prejudice and discrimination against children with disabilities and Roma children are among the main causes for the non-enrollment or dropout⁷⁵. The enrolment rate of 3-4 year olds is way below the EU average and the dropout rates and early school leaving keeps increasing. Serious challenges remain, particularly in reducing the equality gaps for the most vulnerable children and adolescents in the country. Children from ethnic minorities, especially Roma, children coming from poor families and rural areas and children with disabilities are among the most vulnerable and disadvantaged children.

The inequalities in education affect children's school results, and around 40% of 15-year old students perform below the level of basic reading and mathematical literacy, while performance is largely influenced by the social and economic conditions in which the children develop.⁷⁶

3. Early education and care

Early education and care in Bulgaria is organized for children 0-2 in individual nurseries or nursery groups in kindergartens and for children 3-6 in kindergartens. The Ministry of Health is responsible for the organization of care in nurseries and nursery groups while the Ministry of Education and Science is responsible for the education of children at the age 3 - 6 years in kindergartens. Under the Preschool and School Education Act from 2016-2017 school year kindergartens can organize groups of 2-year olds, which meet the education standards of the Ministry of Education and Science.

3.1. Nurseries

At the end of 2015, 32,124 children attended nurseries and nursery groups in kindergartens (of whom 16,497 were boys and 15,627 girls). The coverage of 2-year olds is 38.3% and of 1-year olds – 8.1%. The low levels of coverage of 1-2 year olds is mainly due to the fact that the maternity leave in Bulgaria is approximately two years and more importantly there is a fee for admission in nurseries which is regulated by each municipality.

Data of the Ministry of Health shows that the number of children with disabilities enrolled in nurseries is very low – 21 children in public nurseries (7 below 2 and 14 at 2 years of age) and none in private ones. Only 315 of the 3-year olds with disabilities are enrolled in mainstream schools. This means that many of the remaining children with disabilities are either taken care of at home or they are invisible for the system – they are not identified and do not get timely and comprehensive support. In general, trends on enrolment of children with disabilities are hard to analyze as data is insufficient, inconsistent and hard to compare.

NSI data⁷⁷ at the end of 2014 shows that there are no individual nurseries in all the villages of the following regions: Veliko Tarnovo, Dobrich, Shumen, Kardzhali, Sliven, Targovishte and Gabrovo. This reveals a significant misbalance with regard to access to early learning in rural areas.

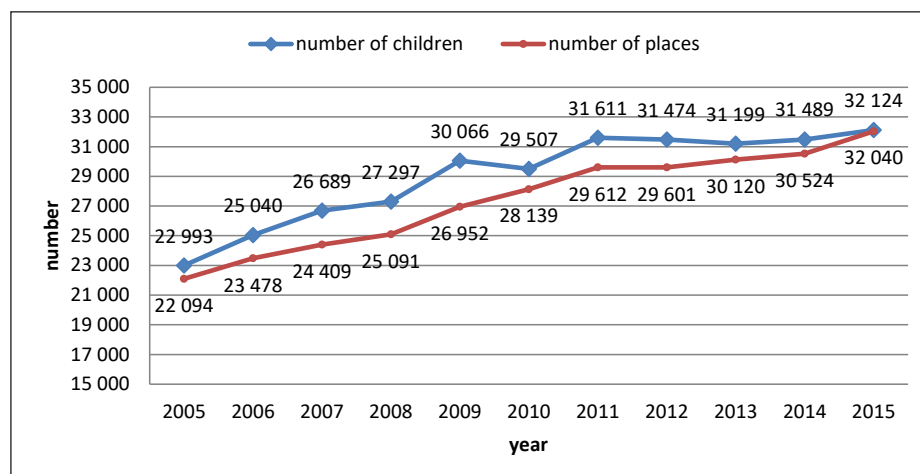
The overall trend for the country however shows continuous increase of the number of places in nurseries and nursery groups, the number of children has also been increasing gradually since 2012.

75 Lost Future? Non-enrollment and non-attendance of school: a study on the phenomena, UNICEF Bulgaria, 2013.

76 Programme for International Student Assessment PISA 2012, <http://www.oecd.org/pisa/q>, 2015

77 NSI, Healthcare, 2015, page 145.

Figure 21. Number of children and number of places at nurseries and nursery groups



Source: NSI, 2016

In the cities the growing demand for places at nurseries and nursery groups leads to formation of nursery group with greater average number of children. For the latest decade, in 2015 the greatest difference between the number of children and of places in nurseries is in the capital city over 1,250 more children in nurseries and nursery groups than are the places available at the year end.

One nursery employee was taking care on average of 4.2 to 4.5 children.

Health care medical specialists continue to predominate among the nursery personnel, but after 2008 the share of non-medical personnel in nurseries has been increasing, although at a very slow pace – from 42% to 49% in 2015.

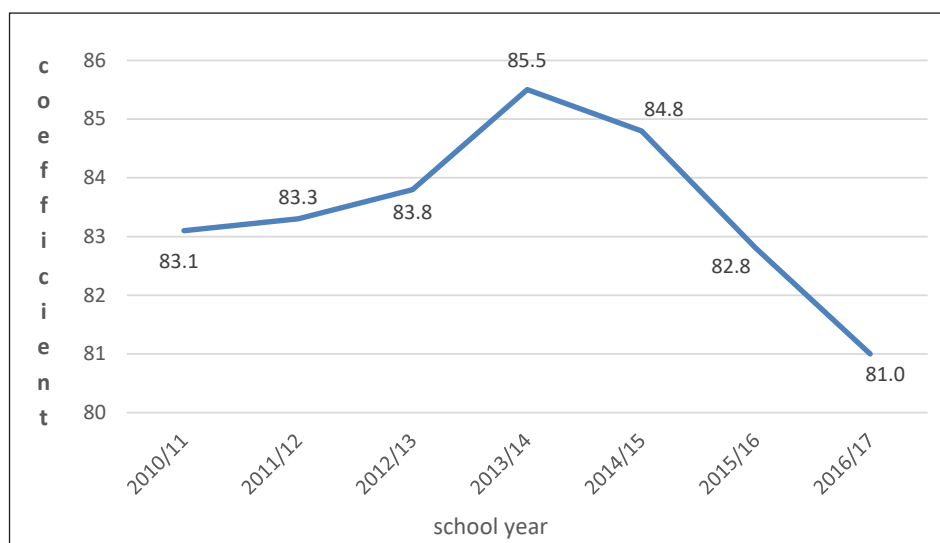
3.2. Kindergartens

The Preschool and School Education Act allows kindergartens to form groups of children from the age of 2 until they are enrolled in school. Preschool education is mandatory from the age of 5.

After 2003/2004 the number of children in kindergartens grew continuously until 2014/15 and compared to the start of the millennium about 40,000 extra children were covered in 2014/2015 by kindergartens or a total of 241,123 children. In the 2015/16 school year, the number of children enrolled in kindergartens dropped to 232,025, with the low birthrate during the crisis after 2010 being the main cause of this drop. This factor is expected to continue to impact the absolute number of children enrolled in kindergartens in the coming 2-3 years.

A decline is also observed however in regard to the net coefficient of enrolment of children aged 3-6 in the system of education. The ratio increased gradually over the 2010/11 – 2013/14 period and marked a minor decline of 0.7 percentage points in 2014/15 in comparison to the preceding school year. However, in school year 2015/16 the drop was 2 percentage points, and the ratio – 82.8. In 2016/17 the ratio value registered another drop to 81.0.

Figure 22. Net ratio of enrollment of children aged 3-6 in the educational system – for the country as a whole



Source: NSI, 2016

There are serious issues with ensuring equal access to early education, particularly for the 3-4 years old children, for whom the difference with the EU is the biggest and continues to grow. The most disadvantaged children – children from very poor and marginalized families or children whose parents are unemployed, illiterate or have low education, as well as children from rural areas often have much lower levels of participation in early education. Poverty, disability, belonging to the Roma ethnic group, as well as the lack of sufficient early education facilities are identified as the main factors underlying non-enrolment⁷⁸.

The legislative decisions⁷⁹ for introduction of compulsory pre-school education of one year prior to enrolling in school (from the school year 2003/4) and of two years prior to enrolling into first grade (enforced October 2010) have a clearly visible positive effect on increasing the coverage by kindergartens. Despite the progress made in this country in regard to involvement of children aged 5 in education, in the field of early access to education Bulgaria remains in one of the worst positions in EU-28 precisely in regard to this indicator – among the five countries with poorest indicators.

Preschool enrollment among Roma children continues to be very low. According to the 2012 World Bank report "Towards an Equal Start: Closing the Early Learning Gap for Roma Children in Eastern Europe", 2012 only 45% of the Roma children 3-6 years of age attend kindergarten. Gender issues, poverty, bad command of Bulgarian language and prejudice and discrimination are stated among the reasons for non-enrolment of Roma children. The report reveals that in Bulgaria, a Roma girl is about 8 percentage points less likely to be enrolled than a boy; Roma children in households that had experienced hunger were 11 percentage points less likely to be enrolled in preschool and overall a Roma child was 20 percentage points less likely to be enrolled in preschool than a non-Roma child of comparable individual and background characteristics.

Poverty of families and the cost of preschool education is reported⁸⁰ by 40% of Roma parents and caregivers as the main reason for non-enrolment. The second self-reported reason is that children are being taken care at home.

78 "The First 7", https://www.unicef.bg/assets/NewsPics/2017/PDFs/The_first_7_A_Disscusion_Report.pdf.

79 The amendments in Article 20 of the Public Education Act, which regulates the compulsory pre-school preparation, are in effect respectively for one year prior to enrolling into first grade – from the school year 2003/2004 and for two years prior to enrolling into first grade – from October 2010.

80 "Towards an Equal Start: Closing the Early Learning Gap for Roma Children in Eastern Europe", World Bank, 2012

In the 2010-2013 period, except only for 2011, Bulgaria is a leader among the EU Member States in terms of the indicator of children up to 3 years old, who are being raised by their parents only and do not benefit from other formal education services. On average for the EU Member States, about half of the children up to 3 years old are being raised by their parents only. In Bulgaria this share is significantly higher and in the 2007-2013 period it varied between 61% and 92%, while some of the highest shares for the said period were registered in 2012 and 2013 – respectively 80% and 81%. In 2014 the share of such children in Bulgaria declined to 73%, but the country remained in its leading position in the EU.⁸¹

In Bulgaria in the school year 2016/17 more than 3,000 children with special education needs (SEN) are educated in general education kindergartens. Over the years their number in the public kindergartens increases.

Table 3. Children with SEN in the pre-school education

Share of children with SEN	Total number of children in public kindergartens	Total number of children with SEN in public kindergartens	Total number of children in private kindergartens	Total number of children with SEN in private kindergartens	Total number of children in kindergartens	Total number of children with SEN in kindergartens
2014/15	217,144	2,767	2,706	8	219,850	2,775
2015/16	209,327	3,006	2,901	6	212,228	3,012
2016/17	219,343	3,031	2,763	9	222,106	3,040

Source: CISE, 2017

In the years following 2010/11 the increase of the average number of children per group continued, which from 22 children in 2005/2006 reached 24 in 2010/11 and continued to increase, thus in 2012/13 and 2014/15 it exceeded 24 children on average per group, which is 2 children in excess of the statutory maximum for the number of children per group – 22. Moreover, in the cities and especially in the larger among them this number is even higher. The data shows that in 2012/13 even the average number, regulated by that permissible rate of increase, was exceeded⁸². For the school year 2015/16 the average number of children per group again fell by 1 and was 23.

Table 4. Average number of children and educators and proportions in kindergartens and groups

school year	average number of children per kindergarten	average number of children per unit of pedagogic staff	average number of educators per group	average number of children per group
2015/16	115.90	11.36	2.02	22.94
2014/15	121.11	11.74	2.05	24.33
2013/14	117.32	11.87	2.00	23.79
2012/13	113.53	11.74	2.08	24.40
2011/12	107.94	11.56	2.06	23.77
2010/11	104.39	11.40	2.06	23.53
2005/6	61.92	10.71	2.03	21.72

Source: NSI and own calculations, 2017

⁸¹ Eurostat, http://ec.europa.eu/eurostat/ilc_caparents, 2016

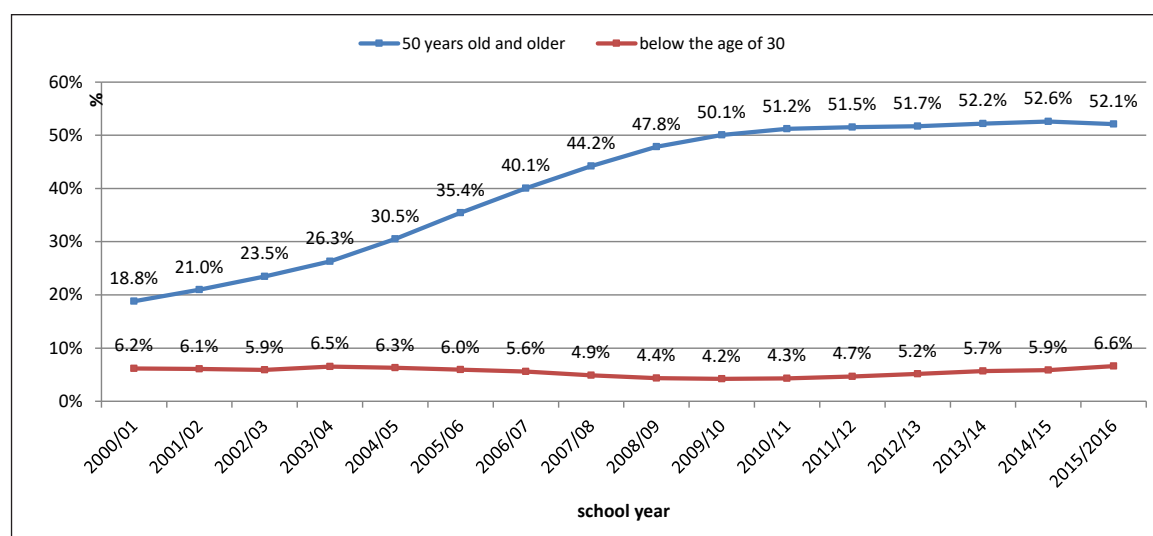
⁸² In accordance with Article 2, paragraph 3 of Ordinance No.7 of 29 December 2000 for determining the number of classes and groups and the number of pupils and children in classes and groups in schools, kindergartens and supporting units "in kindergartens that apply the delegated budgets system, the number of children may also be set above the norm for maximum number according to the annex, but by no more than 10 per cent".

The comparison among three recent 4-year periods: 2003/4 – 2006/7, 2007/8 – 2010/11 and 2011/12 – 2014/15, shows a trend towards ongoing increase of the number of children, for which a member of the pedagogic staff of kindergartens is responsible and a greater workload – respectively from an average of 10.7 for the first period, to 11.1 for the second and 11.7 for the third. Given an average number of 11.4 children per kindergarten educator in 2015/16 the trend towards increase of their workload since the start of the decade has not changed substantially.

The processes of aging of the teaching staff in kindergartens are slowing down, but still continue. The share of teachers over 50 years old is times higher than the number of young teachers in kindergartens – around 9 times for 2014/15 and 8 times for 2015/16. Between school years 2009/10 and 2014/15, the share of teachers aged 50 and over continued to grow, while for school year 2015/16 it registered a slight drop by 0.5 percentage points.

After 2009/10, when the share of pedagogical staff in kindergartens aged below 30 years reached its lowest level since the beginning of the century – 4.21%, this share gradually increased to 5.88% in 2014/15 and 6.62% in 2015/16.

Figure 23. Teaching staff under 30 and over 50 years of age – kindergartens



Source: NSI, 2016

The lack of kindergartens and any appropriate flexible arrangements for early education in smaller settlements combined with the poverty of disadvantaged families who live in those settlements are among the existing barriers towards the access of the 3-4 year-old children to education.⁸³ The closure of kindergartens adds to the reasons for the slow and uncertain progress in the coverage of early education in Bulgaria. In the period 2006-2011, the number of independent kindergartens decreased drastically, registering in 2014/15 the lowest number of kindergartens since the beginning of the new millennium – 1991. In the school year 2015/16 the trend towards decline of the number of kindergartens was reversed and it grew to 2002.

The share of independent kindergartens in rural areas in the total number of kindergartens in this country declined much faster than the share of children in kindergartens in rural areas in the overall number of children. Between school years 2009/10 and 2015/16 the share of kindergartens outside towns and cities declined by 8 percentage points – from 49% to 41%, while the share of children enrolled in kindergartens in rural areas fell by only 3 percentage points.

83 "The First 7", https://www.unicef.bg/assets/NewsPics/2017/PDFs/The_first_7_A_Discussion_Report.pdf.

Table 5. Share of children and of kindergartens in villages

School year	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Share of children in kindergartens in villages	23%	23%	22%	22%	21%	21%	20%
Share of kindergartens in villages	49%	46%	45%	44%	43%	41%	41%

Source: NSI and own calculations, 2016

Between school years 2010/11 and 2015/16 the number of kindergartens in villages dropped by 173 or by slightly over 17%, while during the same period their number in towns and cities increased, although by only 37 kindergartens or by about 6 kindergartens per year.

The number of children covered by kindergartens in villages remained practically unchanged from the start of the Millennium until 2014/15 school year and varied in the range of 50,590 and 52,027, but in 2015/16 it fell sharply to 46,638. The increase in the overall number of children, covered by urban kindergartens however leads to a decline of the relative share of children in kindergartens in villages – from 26% in 2000/01 to 21% in 2014/15 school year. In 2015/16 only 20% of those enrolled in pre-school education attend a kindergarten in a village.

The closure of about 40 kindergartens in villages on average per year in the last 7 years and the relatively stable number of children, enrolled in such type of kindergartens, leads to rates of increase of the average number of children in kindergartens in villages that are much above the national average.

In smaller settlements and municipalities, where only one or 2-3 kindergartens are available, the number of children continues stably to exceed the statutory limits, because the local communities have no resources for opening of new educational services centers for the early childhood stage. Among the examples are Belogradchik, Chuprene, Lyubimetz, Dolna Banya, Slivnitsa municipalities.

If this factor is taken together with the large numbers of the groups, the worsening RATIO of children per educator and the increasing average number of children in the kindergartens in villages, in addition to the problem of access to pre-school education, increasing challenges also emerge in regard to the quality of care and the effectiveness of education.

Even if the economic environment would improve and the labour demand would increase in such regions the absence of childcare establishments and challenges to quality of services offered most probably would continue to be a factor, impeding the economic prospects of parents and of adults, working in childcare.

In larger cities those factors are compounded by the persistent problem of limited numbers of places in kindergartens. It is there that the shortage of places continues to be most acute and the increase of the average number of children per group is among the most preferred measures for compensating the deficit.

Table 6. Average number of children per group nationally and in 11 municipalities

	Average number of children per group – 2008/9	Average number of children per group – 2010/11	Average number of children per group – 2014/5	Average number of children per group – 2015/6
Total for Bulgaria	22.66	23.53	24.33	22.94
Burgas municipality	27.8	28.5	29.6	28.6
Veliko Tarnovo municipality	26.1	27.5	28.6	28.1
Silistra municipality	25.8	25.6	28.3	27.5
Stara Zagora municipality	25.7	27.4	27.1	26.7
Montana municipality	23	23.9	27.7	26.5
Varna municipality	27.1	25.9	26.1	26.5
Sliven municipality	26.6	26.9	26.8	25.5
Pleven municipality	23.9	25.1	26.5	25.3
Plovdiv municipality	24.3	25.8	26.4	25.6
Sofia - city	24.2	25.4	26.1	24.4
Ruse municipality	25.4	26	25.9	24.5

Source: NSI, 2016 and own calculations

3.3. Access to school education

Enrollment

As a whole, in the last two years the rates of enrollment in all stages of education continued their downward trend and were indicative of the persistent problems with effective countering of early dropping out of and failure to enroll in the education system.

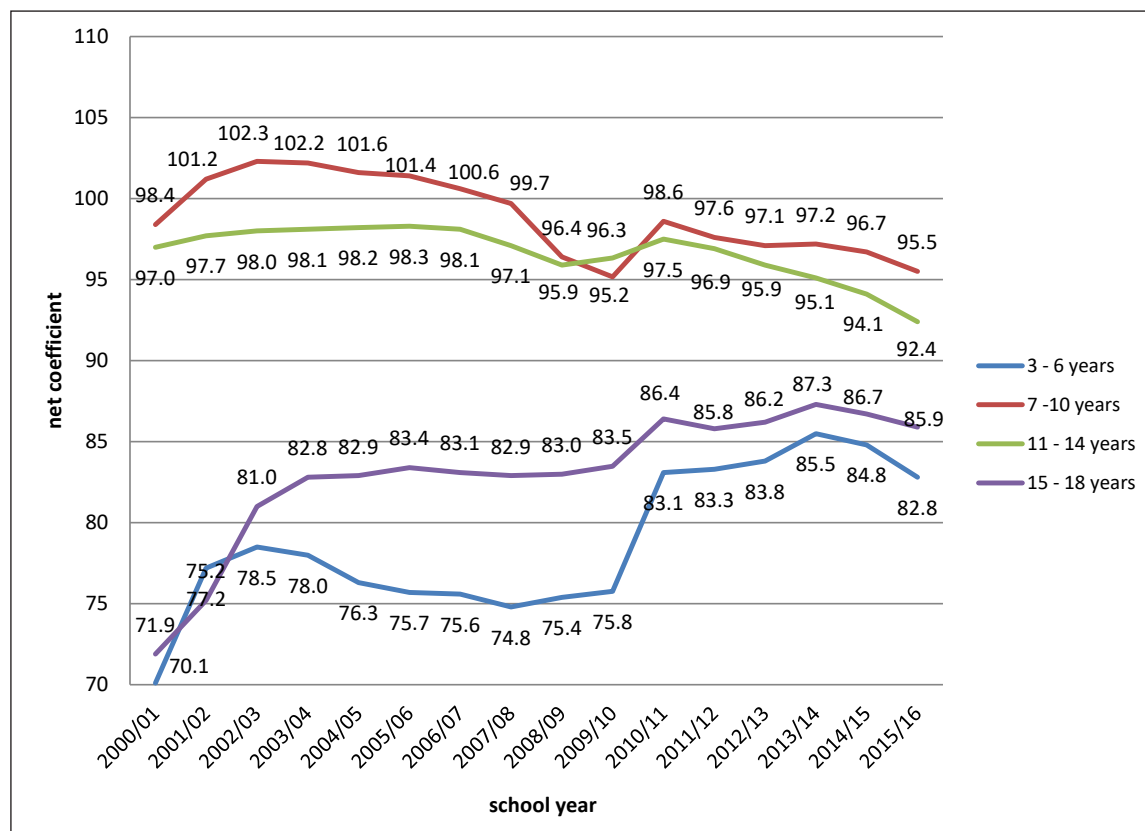
In the school year 2015/16 the achievement of the Goal of universal primary education⁸⁴ is more remote than it was in any of the 5 previous school years. There was only one school year in the entire period of membership of Bulgaria in the EU, in which this country had a poorer indicator – shortly after its accession to the European Union and in the middle of the last financial and economic crisis.

The net coverage ratio in the age group 7-10 in school year 2015/16 was more than 3 percentage points lower than that at the start of the decade.

The coverage ratio in the education of the age group 11-14 years old in the 2015/16 school year was 92.4% and marked the bottom of a six-year-long drop and the lowest value since 2000. In the recent two years, for the first time since the beginning of the century, Bulgaria dropped below the Millennium target threshold of 95% coverage in the lower secondary school stage of basic education.

⁸⁴ Sustainable Development Goals

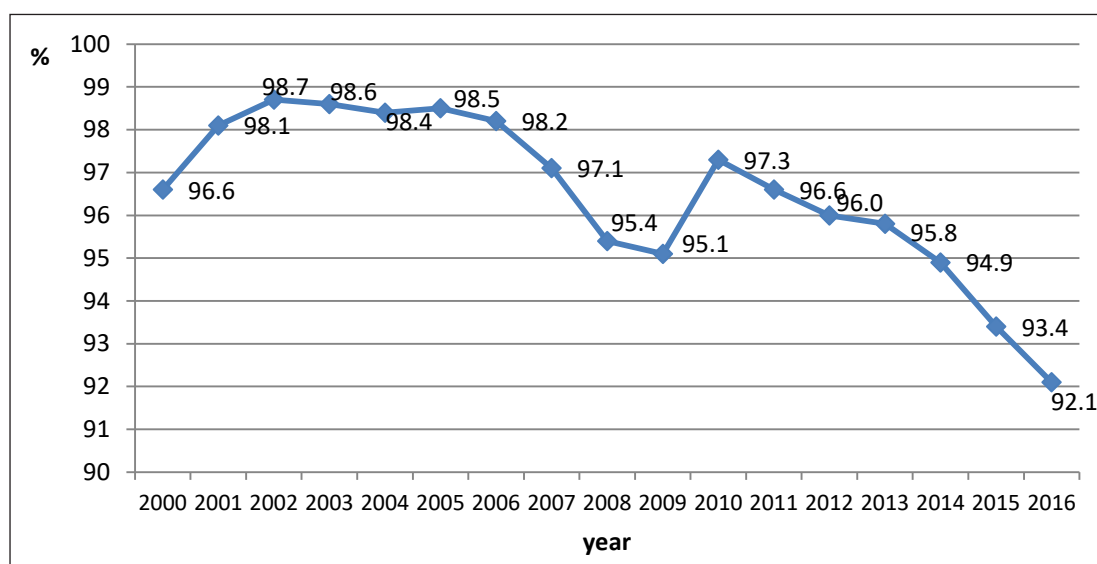
Figure 24. Net enrollment ratio of the population in the educational system by age groups



Source: NSI, 2016

After 2010 the participation of the population of 7-15 years of age in compulsory education gradually decreased, reaching in 2014 the level of 94.9% – the lowest value since the beginning of the century.

Figure 25. Participation of the population of 7-15 years of age in compulsory education

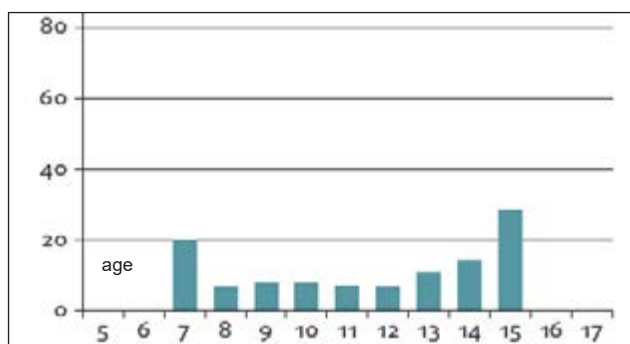


Source: National Statistical Institute, A study of the primary and secondary education and population statistics, 2015.

The falling share of those covered by compulsory education will worsen additionally Bulgaria's results on two key indicators of this country's development – the shares of those dropping out early from the education system and of the young people not in employment, education or training (NEET).

The enrolment of Roma children continues to be a challenge. Ethnic disparities persist with 45% of Roma children not attending preschool and 15% not attending school⁸⁵. The age distribution of Roma children in the compulsory school age, who do not go to school⁸⁶ is indicative of the problem. The diagram below shows not only the large proportions at the beginning and at the end of school life, but also the big share of Roma children of all ages who do not attend school.

Figure 26. Roma children of compulsory school age not attending school, by age (%)



Source: FRA, 2014

The enrolment of children with disabilities in mainstream schools is another challenge that the education system in Bulgaria is facing.

Table 7. Number of children and students with special educational needs, who are educated in an integrated manner in kindergartens and in general education and vocational training schools

School year	Children with SEN at school.
2014-15	12,618
2015-16	14,620
2016-17	14,345

Source: Center of Information Support of Education, Ministry of Education

As a result of the supportive environment provided – the measures pursued under the National Programme “Creating Accessible Architectural Environment”, resource assistance, providing Braille textbooks, creating conditions for participation in a national external assessment and for taking state matriculation exams by students with special educational needs – the number of children and students in integrated education has increased 18 times for the period 2004-2016. In 2004 their number was 717, and in 2016 – 12,249.

Nevertheless, according to non-government organizations of parents of children with disabilities only half of the children with disabilities are integrated in the mainstream education.

Education in special schools and in specialized groups and classes

Concerning the special educational institutions after 2010, a stable trend is observed towards reduction of the numbers of special schools and of the absolute and average numbers of student attending them, although at slower rates compared to the preceding decade. The lowest rates of decline are

⁸⁵ The situation of Roma in 11 EU Member States – Survey results at a glance, European Union Agency for Fundamental Rights, 2012

⁸⁶ Roma survey – Data in focus. Education: the situation of Roma in 11 EU Member States, Publications Office of the European Union, European Union Agency for Fundamental Rights, 2014

observed in regard to schools for children with physical disabilities (mostly for children with impaired eyesight) and the numbers of children, enrolled in them.

The number of special schools declined by more than half in the period from 2000/1 to 2015/16 – from 138 to 64, which is indicative of the results of the reform for introduction of alternative forms and institutions for prevention and work with children from the various types of special schools and orientation of a major part of them towards the general education system.

The number of socio-pedagogical boarding schools declined most rapidly and in 2015 was only 2 – or 10.5 times less than at the beginning of the previous decade. In addition, four correctional boarding schools were still functioning.

The number of special schools declined at a slower rate than the numbers of their students. During the period 2000/1 – 2015/16 the number of students in those schools fell more than 4.8 times, this decline being much more notable in the period before 2010, while in the last 3 years the downward trend continued at a slower rate. One of the explanations for the significant drop of this rate is related to the fact that since the middle of the past decade financial incentives were gradually introduced for attracting students into the general education schools and the number of insufficiently motivated referrals to special schools (of children who do not meet the criteria for placement at special schools) was reduced. By the start of the new decade this process slowed down significantly, because many of the special schools reached enrollment levels, at which among their users there are few children, who do not meet the conditions for enrollment in those schools and the transfer of children from them to other forms of education and care would require more time and creation of an appropriate foster environment.

Table 8. Students in special schools by types of schools

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
General	8,316	6,651	5,034	4,575	4,429	3,887	3,842	3,578	3,380
Convalescent	1,905	1,548	982	877	656	513	465	313	186
For children with intellectual disabilities children	5,090	3,874	2,962	2,668	2,602	2,478	2,526	2,452	2,427
Correctional boarding schools (CBS)	340	289	218	213	391	146	121	118	103
Socio-pedagogical boarding schools	214	187	157	142	133	97	83	80	76
For children with hearing impairment	492	466	432	378	340	333	328	312	281
For children with visual impairment	275	287	283	297	307	320	319	303	307

Source: National Statistical Institute, 2015

In comparison to the beginning of the century the remedial school declined 1.7 times in 2015/16, while the number of their students continued to decline much faster – 4 times. The slower rate of decline in the number of schools in comparison to the decline in the number of students leads to a smaller average number of students in the special schools. While in 2007/8 the average number of children

enrolled in a school was 90.4, in 2015/16 their number has almost halved – 52.8, and the most significant decrease in the average number of students in specialized schools in the recent two years was registered by the correctional boarding schools – almost 4-fold drop from the peak 2011/12 year. With the Preschool and School Education Act remedial school were converted into special support centres and the children attending them will be enrolled in mainstream schools. The issue is still open of the meaningful change in the role of these new centres and to what extent the children with disabilities attending them will be part of the mainstream education environment in practice.

Attendance

The issue of attendance is being precisely monitored as it represents an early warning sign for dropping out. Nevertheless the so called “hidden actual dropping out” still exists⁸⁷. This is due to tolerance for children that are frequently absent and their lack of presence is not registered by their teachers. According to teachers, principals and municipal educational experts, the number of children affected by the hidden actual drop outs surpasses multiple times the number of the children that have officially left school, or have never been enrolled in the first place.

Based on data from the Programme for International Student Assessment PISA 2012, 22% of the students in Bulgaria are late for school more than 3 times within 2 school weeks, while this share is much lower in OECD countries – 9%. The share of students that have missed at least 3 school days in the past couple of weeks is also nearly double the OECD average – respectively 7.1% and 3.7%.⁸⁸

Dropping out of school and early leaving

One of the most serious challenges facing the education system is the large number of children not getting pre-school education, and the large number of school children leaving early school education. The Ministry of Education and Science pursued a number of systematic measures in response to this challenge. From 2010-2011 school year started the phased-in introduction of a mandatory two-year pre-school education of children prior to admittance to the first grade. The pre-school and school education system provides free of charge cognitive books, textbooks and training sets. The school organizes full-day programme of the school day for students from first to fourth grade, if parents are willing, and for those from fifth to seventh grade, if parents are willing, and depending on the school availabilities. Early access to education is also guaranteed by the community kindergartens and schools and sheltered kindergartens and schools. Children attending community kindergartens and students from first to seventh grade in sheltered schools receive full-day tuition, a lunch meal and transportation. These measures are of paramount importance, but are insufficient to solve the problem.

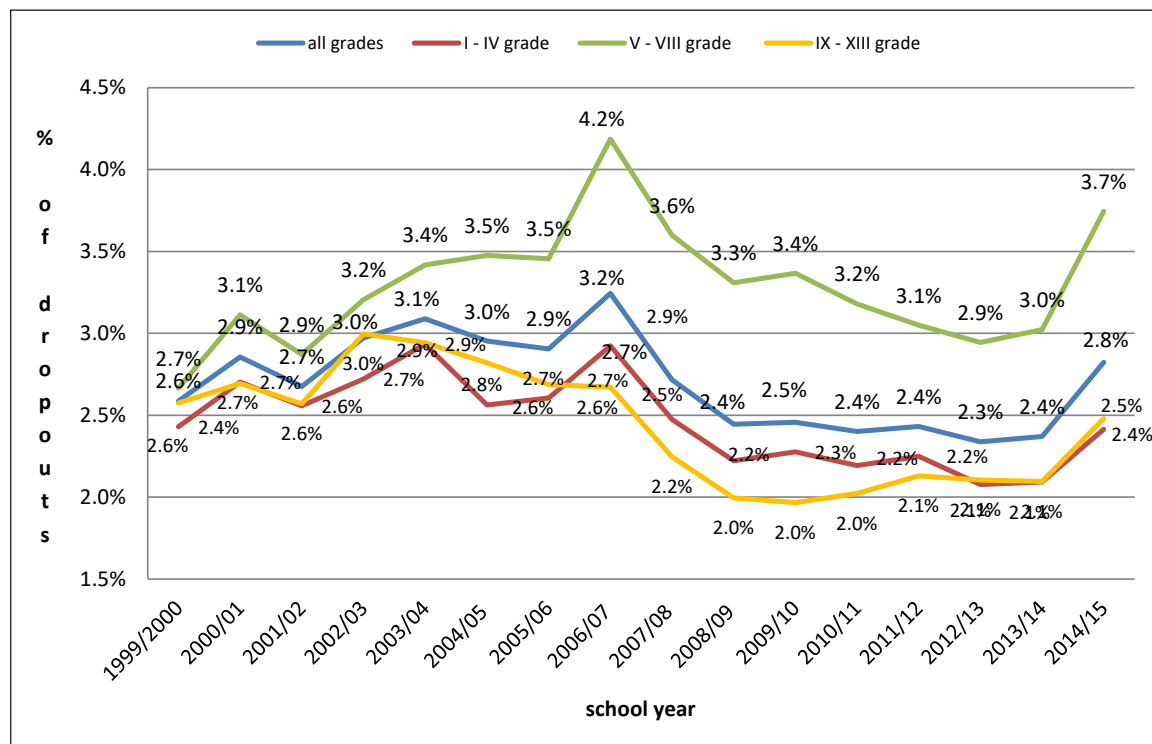
The share of school dropouts remained almost unchanged in the period 2008/9– 2013/14 school years. Some improvement was registered in the lower secondary school stage but nevertheless it is precisely between 4th and 8th grade where the risk of dropping out of school remains highest and higher by about 1/3 than at the other educational levels and stages. As the data regarding the school year 2014/15 shows this is also precisely the stage at which the greatest risk exists of sudden negative changes.

The average student dropping out left a Bulgarian school as early as before the end of the second term of 7th grade, more than a year before completing the primary education level. There was no reason to change this conclusion over the last 5 years.

⁸⁷ “Lost Future? A research of the phenomenon of children left outside of the school system”, UNICEF, 2013

⁸⁸ Programme for International Student Assessment PISA 2012, 2015

Figure 27. Share of dropouts by educational degree



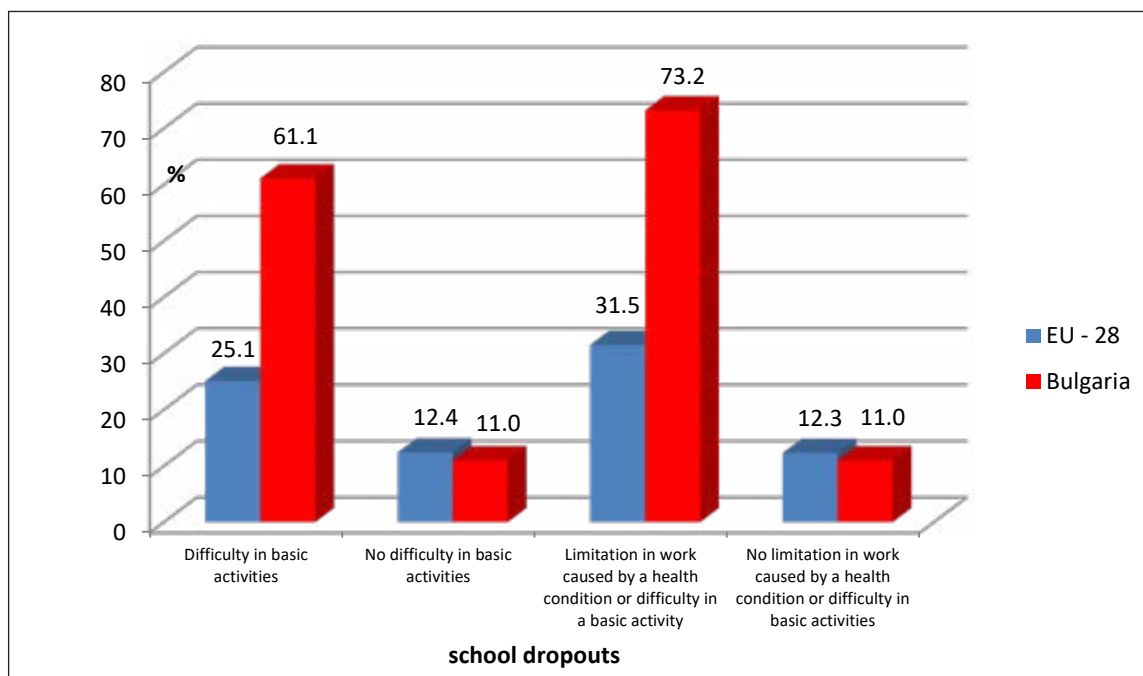
Source: NSI, 2016

The comparison among the administrative and territorial regions shows that dropping out of school before completion of primary education is a major concern in the regions with sizable shares of minority populations – Sliven, Targovishte, Pazardjik, Dobrich and Vratsa.

During the period of school years 2009/10 – 2013/14 the general education and specialized (profiled) schools were left by a total of 61,793 students from the primary education stage. In the recent two school years (2014/15 and 2015/16) over 21,000 children dropped out of the education system.

The likelihood of dropping out of school or failure to enrol in the education system of young people with disabilities or suffering from diseases, who have difficulties and limitations in basic activities such as hearing, eyesight, movement and ability to communicate, is much higher in comparison to their peers, who face no such challenges. Based on Eurostat data in 2011 in Bulgaria the share of school dropouts with disabilities or suffering from diseases, who have difficulties and limitations in basic functions, reached 73.2% – or was nearly 7 times higher in comparison to the young people, who faced no disabilities or diseases, impeding their basic activities. By way of comparison, in EU-28 this ratio is below 3:1.

Figure 28. Share of school drop-outs with and without disabilities and diseases causing difficulties and constraints in performing key activities - 2011



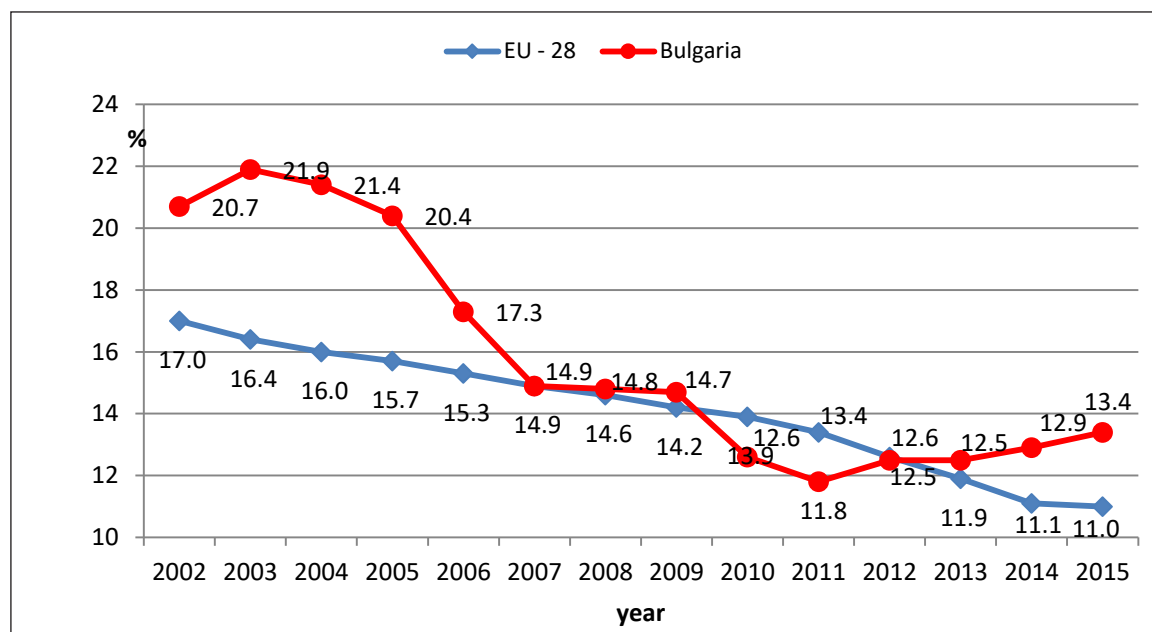
Source: Eurostat, 2015

This data is indicative of the considerably lower degree, to which the educational and social system in Bulgaria are capable of alleviating the effects of occurring serious and permanent disabilities or chronic diseases on access to education.

After 2013 for the first time since its accession to the EU Bulgaria ranked among the 6 countries with poorest indicators with regards to early school leaving. In 2012 and 2013 the relative share of early leavers (individuals aged 18-24 having completed primary education at most and not in employment, education or training) increased to a level of 12.5% and continued to rise up to 12.9% in 2014, to 13.4% in 2015, and 13.8% in 2016.

These shares mean that about 70,000 young people in Bulgaria aged 18-24 had failed to complete their secondary education, which brings Bulgaria further away from attaining the goal of the National Reform Programme (2011-2015), which envisages that by 2020 this indicator should not exceed 11%. In spite of the commitment made by the government under the National Strategy for reducing the share of early leavers of the educational system in Bulgaria (2013-2020) and the progress reported in the implementation of the measures envisaged in the strategy implementation plans, the measures for prevention and countering of early leaving of the education system in Bulgaria failed to yield a sustainable result.

Figure 29. Early leavers of education and training in Bulgaria and in EU-28



Source: Eurostat, 2016

With regards to early leaving of education there is a deep divide between the densely populated and sparsely populated areas of Bulgaria. This country has long ago largely resolved the problem of dropping out of school in the densely populated areas – the levels of early leavers of education there in 2015 were about 3 times lower than those for the densely populated areas in the EU as a whole.

The main challenges in this country concern completion of the secondary education in villages and towns. It is precisely in the less populated areas where the share of early leavers is more than 8 times greater than their share in the densely populated ones. After 2011 this share is increasing steadily and in 2015 it reached 29.4% or more than 10 percentage points above the value of 2011. In the last couple of years even in sparsely populated areas of the EU as a whole the level of early dropping out of school is lower than on average for Bulgaria.

A UNICEF study of the phenomena of non-enrollment in school⁸⁹ indicates that among the leading factors contributing to dropping out of school are also: poverty, geographical remoteness of smaller settlements from educational institutions and deteriorated conditions of the housing environment, lower education level of parents, which impedes the generation of revenue for supporting the families and limits the opportunities for providing assistance for preparation for school in a home environment; poor knowledge of the official language and lack of linguistic culture among children, for whom Bulgarian is not a mother tongue, prejudice and discriminatory attitudes towards ethnic minorities and lack of motivation of vulnerable minority groups to participate in school education. The study also identifies challenges, related to failure to enroll or low level of preparation in kindergartens and preparatory groups in kindergartens and at schools for children from vulnerable groups, transfer to a next grade without fulfilling the minimum standards, implication into various forms of traffic, sexual exploitation, mendicancy, child labour and migration.

Among the weaknesses in the institutional environment are the problems of allowing bureaucratic approaches at school and failure to register unauthorized absences – the lack of interinstitutional

89 "Lost Future? Study of the phenomena of failure to enrol in school, research paper, UNICEF Bulgaria, Boyan Zahariev, Ilko Yordanov, Yoana Decheva, Sofia, 2013, pages 77-78.

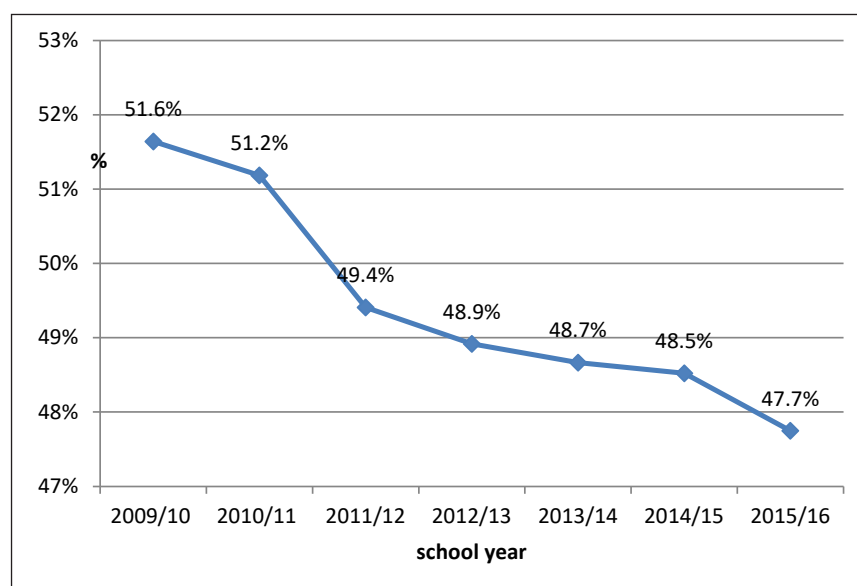
partnership mechanisms at local, regional and national level and for clear planning of integrated measures and specific responsibilities of the institutions for their fulfillment under the clear leadership of MES, as well as the failure to discharge the lawful duties of the local authorities for conducting checks of the coverage and attendance of education and introducing sanctions and incentives for the municipalities in order to reduce the failures to enroll and the leaving of the education system⁹⁰.

Education and the labour market for young people

Vocational training

The number of students in vocational training schools – professional qualification grades II, III and IV (other than the schools of sports, arts and adults in training) declined in the 2009/10 - 2015/16 period by nearly 34 thousand students or by 21%. Over the same period the number of students of the secondary school level of general education schools declined much less – by 19 thousand or 13%.

Figure 30. Share of students in professional qualification grades II, III and IV in the total number of students at the secondary school level (other than the schools of sports, arts and adults in training)



Source: NSI,
2016 and own calculations

While the rate of closure of schools and kindergartens in the period 2011/12 - 2015/16 slowed down in comparison to the 2007/8 - 2010/11 period, the closure of vocational secondary schools continued also during the latter period at the same rate. In 2015/16 there remained 27 vocational secondary schools less than in 2011/12, which was a decline of about 7%.

A testimony to the declining interest in vocational training in the last 5 years is also the fact that in 2015/16 the number of students in private vocational schools fell by 60% in comparison to 2010/11 and their share in the total number of students in vocational schools (1,2%) fell nearly 3 times in comparison to 2009/10, reaching its lowest level since the start of the millennium.

Since the beginning of the century the share of private vocational schools in the total number of private institutions in the education system also fell and in comparison to 2000/1, when vocational schools made up 31% of the private educational institutions, their share declined nearly 3.5 times in 2015/16 – to 9%.

⁹⁰ Study of the phenomena of non-enrolment in school, research paper, UNICEF Bulgaria, Boyan Zahariev, Ilko Yordanov, Yoana Decheva, Sofia, 2013, pages 79-81.

Among the main challenges in the area of development or vocational training is the continuing excessively early orientation towards vocational training, before the formation of the requisite basic competencies and this problem also concerns the early admission to specialized (profiled) schools. Efforts are still needed for improvement of the interaction between the school system and the business community and for improvement of the conformity of education to the demands of the labour market (including in the field of continuing education of teachers and workers, as well as for defining and updating the requisite competencies, conducting practical training of students, participation in the panels for conducting exit examinations for the profession and assisting schools in improving their facilities and resources) as well as for effective application of internal quality management systems at vocational schools and of the mechanisms for validation of qualifications and for recognition of prior studies.

Young people not in employment, education and training (NEET)⁹¹

The early dropping out of education and the lack of employment are two frequently interrelated challenges that are exceptionally difficult to overcome by the young people in the 15-24 age group. Between 2009 and 2015 each year 1 in 5 young people in this age group, or about 175 thousand young people had no job and did not attend any form of education and training (NEET). By 2015 this country has the second worst NEET indicator – behind only Italy – they are the only 2 EU Member States, where the share of young people aged 15-24, who neither study, nor work, exceeds 19%. These shares are nearly twice as high as the average value for the EU-28 for 2015 – 12%.

In 2014 and 2015 youth unemployment declined significantly⁹² in comparison to 2013 and the unemployment rate in the 15-24 age group at the end of the period was nearly 7 percentage points lower than that in 2013, or by nearly $\frac{1}{4}$. This contributed to a significant reduction of the number and share of the NEET in the last couple of years. In 2015 NEET in Bulgaria are respectively in the 15-24 age group – 19.3% or about 136 thousand and in the 18-24 age group – 23.5% or about 121 thousand.

This drop is related to the active policies of the government and the EU for reduction of youth unemployment and NEET – mainly through the tools of the so-called Youth Guarantee⁹³.

The national survey of adolescents and youth not in employment, education and training showed that 63% of the youth not in employment, education and training are domiciled in villages and small towns (other than centers of administrative regions) and the share of NEET in rural areas is almost double the share of NEET in regional centers⁹⁴.

Based on Eurostat data⁹⁵ in the last 4 years the numbers of youth not in employment, education and training aged 18-24 in the sparsely populated areas of Bulgaria exceeded 40%, while that of youth in densely populated areas was in the range of 14.6% and 11.2%. The gap between both groups of young people widened significantly at the high point of the crisis period from 2012 to 2015 and at its end it increased nearly 4 times.

91 The youth not in employment, education and training are presented in this text for the sake of brevity by the English abbreviation NEET (not in employment, education and training), which has become widespread and is commonly used in practice in this form in other non-English-speaking EU countries.

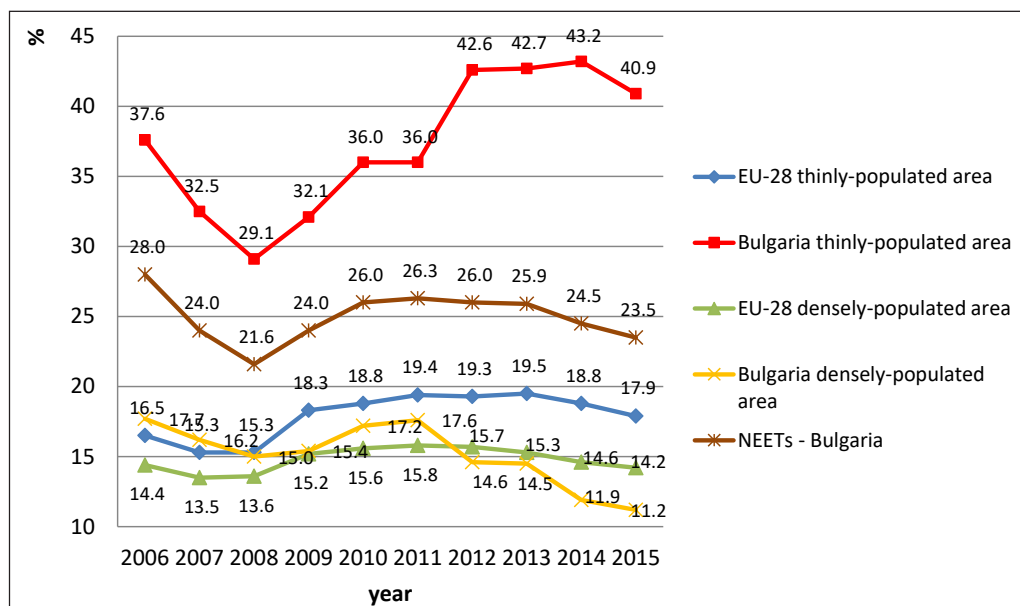
92 Main findings of the workforce survey in the second quarter of 2015, NSI, Sofia, 2015, page 6.

93 <http://ec.europa.eu/social/main.jsp?catId=1161&intPagId=3333&langId=en>

94 Assessment of the condition and profile analysis of adolescents and youth not in employment, education and training (NEETs), UNICEF, Sofia, 2015, page 24.

95 Eurostat, edat_ifse_29, 2015

Figure 31. NEET in Bulgaria by types of settlements(18 - 24-years old)



Source: Eurostat, 2016

The low education and qualification level are among the leading reasons for finding oneself in a NEET situation. More than 1/3 of the young people in the UNICEF survey of NEET⁹⁶ stated that the low education degree or the unsuitable education and qualifications were an obstacle in finding employment. Other difficult barriers to youth employment are the lack of experience, due both to the deficit of high quality practical training for the labour market within the education system, as well as to the lengthy periods of unemployment, which increase the risk of loss of qualifications⁹⁷.

The low level of remuneration, which is inadequate for meeting the needs of income of young people and for enabling them to support families and the desired quality of life, is a strong demotivating factor and 1 in 4 young people either had no desire or was unable to formulate a reason for taking up employment.

The poor education, high youth unemployment and limited access to the labour market for thousands of young people, particularly from the vulnerable groups, are leading to increasing risks of deepening poverty, social inequality and exclusion. Based on Eurofound calculations⁹⁸ in 2012 the losses of Bulgaria due to the high number of young people under the age of 29, who are not in employment or education, amount to between 3% and 3.5% of GDP or approximately between BGN 2.4 and 2.8 billion.

Quality of education

A serious challenge as regards guaranteeing the right of quality inclusive education is the lower effectiveness of the educational process in special schools, in particular in socio-pedagogical boarding schools and correctional boarding schools, found by inspections and in reports of state agencies and NGOs⁹⁹. To address these challenges, Bulgaria embarked on an important educational reform by

⁹⁶ Ibid.

⁹⁷ 44% of NEETs in Bulgaria are permanently unemployed (for more than 1 year). Ibid., page 29.

⁹⁸ Eurofound, NEETs – Young people not in employment, education or training: Characteristics, costs and policy responses in Europe, 2012.

⁹⁹ "For the Children in Conflict with Law", a thematic report on inspections performed and assessment of the status and respect for the rights of children placed in Juvenile Detention Facilities and Socio-Pedagogical Boarding Schools in the Republic of Bulgaria, Ombudsman of the Republic of Bulgaria, November - December 2015, p. 22-23. "Children Deprived of Liberty in Bulgaria: between Legacy and Reform", BHC, Sofia, 2014, p. 19, 22, 172, 207, 260 and 310. "For the Children in Conflict with Law", a thematic report on inspections performed and assessment of the status and respect for the rights of children placed in Juvenile Detention Facilities and Socio-Pedagogical Boarding Schools in the Republic of Bulgaria, Ombudsman of the Republic of Bulgaria, November - December 2015, p. 22-23. "Children Deprived of Liberty in Bulgaria: between Legacy and Reform", BHC, Sofia, 2014, p. 19, 22, 172, 207, 260 and 310.

adopting the Pre-School and School Education Act. The law defines education as a national priority and puts forward a series of changes to the educational system such as a new education structure and new types of schools, including united schools and innovative schools; increased school autonomy; strong emphasis on inclusive education and provision of general and additional support based on the needs; improved monitoring. New curricula on general education subjects are developed.

Learning outcomes and disparities

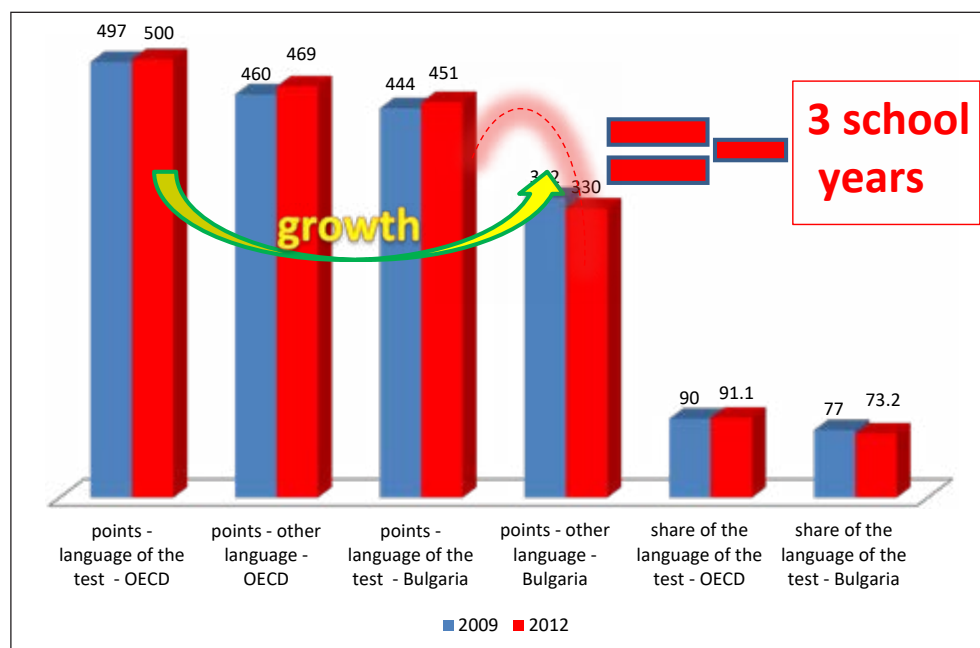
PISA has been considered both on national and international level as one of the most reliable assessments of the quality of school education, which allows comparison of the results with countries, participating in the international survey, which rates the accomplishments of students in the area of reading, natural sciences and mathematics. In the last 3 surveys (2006, 2009, 2012) the review showed that Bulgaria permanently occupies an unfavourable position among the participating countries, indicating a need of deep and comprehensive changes in school education, which would improve the knowledge, skills and competencies of students that are needed in life and would contribute to ensuring a higher and more competitive quality of human resources in Bulgaria.

Although the share of students with critically low reading literacy between 2006 and 2015 slightly declined, the position of Bulgaria in a global comparative perspective has not changed substantially and it is once again sliding towards the group of the first quarter of countries participating in PISA with the highest shares of students of low reading literacy.

The quality of education, measured by results in the area of reading literacy, is significantly lower among children in rural areas and from minority groups, than the average level for this country.

In comparison to 2009 in 2012 the disparities in OECD countries decreased, while in Bulgaria they grew. The students with mother tongue other than Bulgarian lagged behind in terms of reading literacy compared to their peers speaking Bulgarian as their mother tongue with results equivalent to three school years. The lagging behind of students aged 15 in rural areas in comparison to their peers in larger cities is even greater and is equivalent to 4 school years.

Figure 32. Increase of disparities in reading skills PISA 2009-2012 depending on the language of the test



Source: Own calculations based on data of the Programme for International Student Assessment PISA 2012, 2015.

The strong impact of the social environment on the accomplishments of students is among the main challenges in terms of scores of Bulgarian students under PISA. Compared to many other developed countries the education system in Bulgaria neutralizes to a lesser degree the risk of inheriting inequalities.

Data from the PISA 2009 survey shows that the average reading results of students, who do not communicate in Bulgarian at home, are 23% lower than the results of their peers speaking Bulgarian as their mother tongue. This inequality increased to 27% in 2012. An increase was also observed in terms of the results in mathematics and natural sciences. During the same period the inequalities in OECD countries declined in all three areas and in 2012 were under 10%.

In the 2015 PISA ranking in reading literacy Bulgaria ranks 49th out of 72 countries, thus ranking last among all EU member states.

Table 9. Percentage of students performing below level two (functionally illiterate)

PISA Bulgaria	2000	2006	2009	2012	2015
Reading	40,3	51,1	41	39,4	41,5
Mathematics	N/A	53,3	47,2	43,8	42
Natural sciences	N/A	42,6	38,8	36,9	37,9
Average value		49	42,33	40,03	40,47

Source: <http://www.oecd.org/pisa/>

A World Bank report¹⁰⁰ reveals that Roma children aged 5-6 years old lag behind the non-Roma children in cognitive outcomes. The gaps are large. For example, while approximately half of Roma children are able to identify at least ten letters of the alphabet, between 50-94% of non-Roma neighbouring children can. Similarly, whereas approx. two-thirds recognize the symbols for numbers 1 to 10, between 79-94% of their non-Roma peers can.

The inequalities in education and the widespread attitudes for tolerating them are mutually reinforcing and lead to a widening social gap as early as in childhood and at school age. A survey of the attitudes towards deinstitutionalization of children conducted in 2015 showed also that 42% of interviewees were unwilling to accept for their children to attend kindergarten or school along with children from marginalized ethnic groups¹⁰¹.

The Preschool and School Education Act reconfirmed the political will to rule out any discrimination in school education. It must be underlined however that the practical overcoming of inequalities in education, including such on ethnic basis, requires additional political measures, including *inter alia* prevention of the separation at too early a stage of the education of children based on an examination of their capabilities and creation of prerequisites for equal opportunities in school by means of accessible and effective pre-school preparation.

Indicative of the impact of the family environment on the accomplishments of children at school is the fact that the students aged 15 from OECD countries, who took part in the PISA 2012 and 2015 surveys and whose mothers had not completed elementary education, showed results in reading literacy that were by 18 percentage points lower in comparison to their peers, whose mothers had completed secondary education. In Bulgaria however the inequalities are passed on to a much higher extent – the students aged 15 whose mothers had not completed elementary education showed results in reading that were more than 40% inferior than those of children, whose mothers had completed

¹⁰⁰ Towards an Equal Start: Closing the early learning Gap for Roma Children in Eastern Europe, World Bank, 2012

¹⁰¹ Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 22.

secondary education. In 2015 the reading literacy results of girls dropped compared to 2012, and the share of girls performing below the critical threshold – level 2 – increased by 5 points. PISA 2015 results revealed that 59% of students from poor families and students for whom Bulgarian is not their mother tongue have also shown results in science below the critical threshold – level 2.

Bulgaria's school system appeared much less capable to contribute to the severance of the continuity in regard to educational poverty, compared to the educational systems of OECD countries.

Curriculum and teaching methods

Despite all positive developments related to the new legislation and the fact that in the past years the Ministry of Education and Science developed a number of national programs, including on qualification of teachers to introduce interactive teaching methods, innovations and learning by doing approaches and the current update of the curricula to reflect key competencies, a number of analyses¹⁰² by the Center for assessment of pre-school and school education on the curricula and its impact on students' outcomes show that key challenges still remain. These are mainly related to the big number of new topics and concepts and limited time to exercising them; the lack of learning-by-doing and practical tasks and approaches (incl. lab experiments, internships, observations) that should include team work, data gathering, decision making and critical thinking; the lack of internal assessment standards; the shortage of project-based approaches to learning which integrate skills and knowledge from more subjects; the scarce use of technologies; the fact that the curriculum does not allow for development of transversal skills and soft skills. Analyses among vocational schools¹⁰³ clearly shows that the students' education is still strongly oriented towards acquiring information and theoretical knowledge rather than applying that knowledge and skills into practice, analyzing and assessing phenomena in real life situations.

Bulgaria's results in the 2013 Teaching and Learning International Survey (TALIS) of the OECD on teachers' qualification are near to the EU average (OECD 2014) – the share of teachers participating in any career development activities in the recent 12 months corresponds to the average for the EU (85%) and so does the share of teachers using information and computer technologies (ICT) for student projects and work in class (55.6%).

Students per teacher ratio/availability of school staff

The proportion of the number of students per teacher in Bulgaria remains higher than that required for guaranteeing quality individual work with students. According to Eurostat data, in 2012 in the Bulgarian school education one teacher teaches an average of 13.9 students, thus Bulgaria ranks among the first 8 EU Member States with the highest number of students per teacher. In that same year this country was among the 6 states in the Union with highest number of students per class in junior high school – 22.1. It is important to note that the average indicator does not fully reveal the challenges facing the system, as enormous imbalances in this regard are evidenced across the country.

The national legislation and the passed Pre-school and School Education Act provide a basis for establishing an inclusive environment for all children in kindergartens and schools. There are still a number of barriers preventing the inclusion and full-fledged participation of children with specific needs in the training and socialization processes in the kindergarten. These barriers are related to the

¹⁰² An analysis of the Bulgarian students' performance in science in PISA from the perspective of school curricula, teaching and assessment (CCEQSE, 2014); Analysis of the tasks and responses of Bulgarian students in the three surveys PISA 2006, PISA 2009 and PISA 2012; Comparative analysis of national standards and the mandatory school curricula in science and the competences measured in the Programme for International Student Assessment (PISA); Survey of Assessment and Attitude of 12-grade students in vocational schools and acquired key competences in the learning process by profession/speciality with economic focus, MON, CKOKO, 2011.

¹⁰³ Survey of Assessment and Attitude of 12-grade students in vocational schools and acquired key competences in the learning process by profession/speciality with economic focus, MON, CKOKO, 2011.

physical environment and its organization, the content of the educational process and the methods of work with children, the relations between children and adults, the prevalent attitudes and relations in the community, the support and capacity of the existing social and health services in the community.

The number of students with SEN, enrolled for education in an integrated educational environment, which increased significantly after 2007/8, was not backed by an adequate increase of the staff working with those children. In the school year 2012/13 the number of specialist teachers and other specialists (such as speech therapists and psychologists), assisting the education of integrated children and students, was 1,264. On average in the period of the school years 2008-2013 each teacher or other specialist, assisting the education of children and students with SEN in kindergartens, in general education and vocational training schools, was responsible for about 8 children or students, but their number was much lower in 2007/8 – about 6 children.

Table 10. Children and students with special educational needs, who are educated in an integrated manner in kindergartens, in general education and vocational training schools

School years	Total number of children/students	Total number of specialist teachers and other specialists, assisting the education of integrated children and students	Number of children per teacher
2007/2008	5,573	883	6.3
2008/2009	7,957	933	8.5
2009/2010	8,925	1,093	8.2
2010/2011	10,304	1,213	8.5
2011/2012	10,747	1,351	8.0
2012/2013	9,734	1,264	7.7

Source: Ministry of Education and Science, Third, Fourth and Fifth Consolidated Communication under the UN Convention on the Rights of the Child, Republic of Bulgaria, 2013, page 27

According to MES data for 2015, the educational system nationwide has only 1062 resource teachers, 761 psychologists and pedagogical counselors, 112 speech therapists, 20 hearing and speech impairment teachers, and 8 visual impairment teachers. They are highly insufficient to provide the required support to all children with specific needs, so that they could fully participate in the activities in kindergarten or at school.

The Preschool and School Education Act introduced a prescription for employment of assistant staff – teaching assistant in cases of three and more children with special needs in a class, but providing assistant staff remains a challenge for schools.

2. Key Recommendations

Considerable increase of public funds for education is required. Bulgaria has the lowest percentage of gross domestic product allocated to public education in the European Union. It is a key recommendation of the CRC along with the need of sustainable and effective measures for improving access to quality education in rural areas and in small towns, including access to preschool and secondary and higher education; developing programmes with monitoring and evaluation mechanisms to reduce dropout rates; facilitating the participation and inclusion of Roma children and children with disabilities in education at all levels – including preschool education.

Efforts must continue to ensure equal access to quality pre-school and school education for all children, especially children who have difficult access to kindergarten services and need support to develop their language skills. The programmes and measures aimed to minimize the adverse

effect of poverty on the access to education need to reach each child at risk of dropping out because of lack of resources for teaching aids, food, clothing and shoes, convenient transport.

The results of all assessments of students' abilities indicate that the education system is oriented to providing theoretical knowledge, rather than practical skills, which comes in conflict with the modern views of education and the students' real needs. To address this problem, the manner of presentation of the curricula should be reconsidered, and the balance between theoretical preparation and practical tasks, as well as streamlining the educational content, modernizing the learning process and development of student perception-oriented teaching methods should be improved.

Pre-service and in-service teacher trainings also need to be modernized to reflect the needs of every child in line with the vision of inclusive education but also to allow teachers and educators to adopt innovative and interactive teaching methods.

It is essential that specific measures targeted at improving the status of the teaching profession are undertaken, including increasing the minimum salary, decreasing the gap between the lowest and the highest salary in education, introducing opportunities for continuous professional development and improving the access to the teaching profession.

For the development of inclusive education, it is essential to address the issue of shortage of specialists with educational functions to work with special-needs children on a daily basis, especially pedagogical counsellors, psychologists and speech therapists, especially in remote and hard to reach mountain areas. Along with that, all educators need to improve their capacity to create and develop an inclusive environment in schools and kindergartens, and to support the inclusion in it of all children and in particular children with disabilities and those in need of special educational support.

There is a need to continue the efforts towards awareness raising and building a common understanding among all stakeholders, including parents, mainstream teachers, specialists, government authorities and others, on the issues of inclusion and the right of every child to quality pre-school and school education.

It is also necessary to increase the share of the budgets for improving school facilities and to prepare a comprehensive medium-term programme for modernizing the facilities in kindergartens and schools and making it accessible for all kindergartens and schools.

Establishing the interinstitutional mechanism for coverage and retaining of children and students in the education system is a positive step in the process of strengthening intersectoral cooperation and identification of children left outside the education system. With regard to prevention, there is still no comprehensive and harmonized approach to identification of the children at risk of dropping out. It should be clearly tied to the mechanisms for provision of additional support under the Inclusive Education Ordinance, and more attention should be paid to the efficiency of the envisaged measures.

Special measures are also required to ensure a safe educational environment. There is a need for building capacities in educational institutions for implementation of a comprehensive school approach to prevention of violence and aggression in school, and for improving the monitoring of the provision of the comprehensive educational service.



CHILDREN WITH DISABILITIES

CHILDREN WITH DISABILITIES

1. Institutional and Legal Context

Children with disabilities have all rights under the Convention on the rights of the child. However, they are one of the groups of children that face serious difficulties in the full enjoyment of their rights. They are more likely to be separated from their families and grow in specialized institutions, to remain out of the educational system or to face discrimination, violence and social isolation in the family, school and community. These difficulties are not owing only to the “disability” itself, but are rather related to the existing combination of environmental factors – social, cultural and physical, which limit the implementation of children’s rights provided for in the Convention.

In Bulgaria conditions – legislative and institutional – are established to support the realization of the rights of children with disabilities. The state policy regarding the children with disabilities is based on protecting the rights of the child in line with the international and national legislation. The state provides support to families of children with disabilities by various instruments – financial benefits, social services, various insurance payments, healthcare and support measures for inclusive education.

In 2012 Bulgaria ratified the Convention on the Rights of Persons with Disabilities. Various strategic and policy documents were adopted, in relation to the deinstitutionalization, healthcare and protection of children, which provide conditions for protection and participation of children with disabilities. Specific measures for improving the situation and social inclusion of children with disabilities are included in the National Strategy for the Child 2008-2018, the annually adopted National Programmes for Child Protection, and the National Strategy for Persons with Disabilities 2016-2020 and the action Plan for its implementation in the period 2016-2018.

Over the past years considerable progress has been achieved in reducing the number of children with disabilities in specialized institutions. As of 2016, all specialized institutions for children with disabilities were closed and new residential services are established, where children are raised in a family environment. A system of community based social services was developed to assist families in the care for children with disabilities. Conditions for comprehensive support for inclusive education have been created, which resulted in substantial decrease in the number of children in special schools and increasing participation in mainstream schools and kindergartens.

In 2017, amendments were made to the Family Allowances Act, which introduced a new type of monthly benefit for raising a child with permanent disabilities, which provides support for raising the children in the family and for social inclusion. The benefits are differentiated depending on the degree of disability. For a child with 90 and over 90 percent disability degree or degree of permanently reduced working capacity, the monthly benefit is set at BGN 930.

As of 2017, measures have been implemented to expand the services for early intervention of disabilities and individual pedagogical support to children with disabilities by building on the activities implemented in the daily centers and disabilities rehabilitation centers. Specialized foster care for children with disabilities is being developed. The establishment of centers for specialized medical and social care for children in need of ongoing or specific medical care is pending. The Medical Establishments Act provides for a new type of medical establishment – Centre for Comprehensive Services for Children with Disabilities and Chronic Diseases, which is expected to provide a comprehensive care for the needs of children with disabilities.

Nevertheless, the medical approach to disability, which views disability as a quality or a condition of the individual present at birth or emerging later as a result of trauma, disease or other health condition

is still dominant in Bulgaria. At the same time, in the recent decade and particularly after the adoption of the Convention on the Rights of Persons with Disabilities, the understanding of disabilities of children has gradually changed. The collective concept “disability” was gradually replaced by an approach which does not view disability as a quality and a condition that occurs at birth or upon the occurrence of a disease, but rather as a condition that is reached when particular physical, mental, sensory or intellectual difficulties meet barriers and obstacles to social participation in the environment.

In Bulgaria comprehensive and reliable information on the total number of children with disabilities, the nature of their conditions and whether they lead to disabilities, is still not available. The health care system collects data on the number of children registered every year to have a specific type and degree of disability as well as on the types of disabilities. Thus, according to NCPHA data, in the recent years the number of newly registered children with disabilities in the age group up to 16 years increased after 2008, when they numbered around 3,000 children, and approximates 5,000 newly registered cases per annum in the period 2013-2015. While in 2008 the number of newly registered children with disabilities was 2.8 per 1,000, in 2013 it grew to 5.1 per 1,000 – the highest level after 2001. A slight drop was registered in 2014 and 2015 - to 4.8 and 4.7 per 1,000 children, respectively.¹⁰⁴ In 2015 for 29% of the children the disability was due to respiratory system diseases, for 18.2% – to mental and behavioural disorders, for 15.2% – to congenital anomalies and for 14.9% – to nervous system diseases.

According to data of the Agency for Social Assistance, in the period 2013–2016 the number of children with permanent disabilities, whose families were supported under the Family Allowances Act, gradually increased from 20,147 monthly on the average in 2013 to 26,092 in 2016. Pursuant to the Integration of Persons with Disabilities Act and its Implementing Rules, in 2015 and 2016, around 21,600 children monthly on the average received social integration allowances.¹⁰⁵ These data provide a partial idea of the group of children with disabilities, because they include also health problems and conditions of a diverse character, which are often unrelated to social obstacles and barriers for participation in society. For example the number of children eligible for support under the IPDA includes all children suffering from a chronic illness, irrespective of its seriousness and the effect, which it has on their opportunity for participation. At the same time a number of children with developmental delays or emotional or behavioural problems are at a risk of disability and need special measures to access education and training, but are not identified as children with disabilities, because their condition is not related to an identified diagnosis.

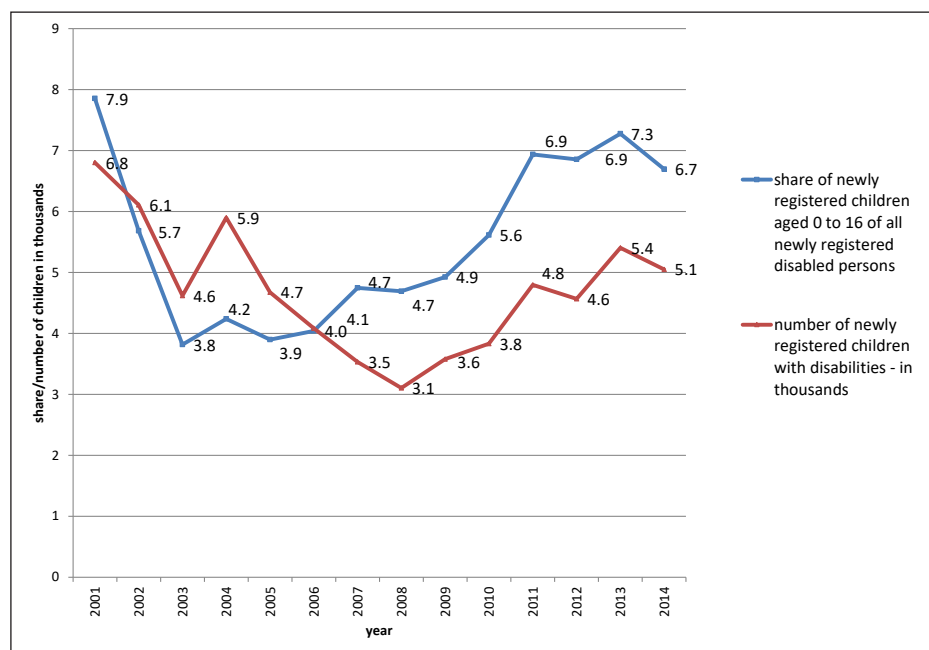
The number of children with disabilities (including cases when there is more than one child with disability in the family) is considerably larger than those receiving assistance, which is suggested by the fact that according to TransMonee database, only during the period 2001-2014 there were annually an average of 4,718 newly registered cases of children with disabilities aged 0 to 16 years and according to NSI figures for 2011-2013, about two-thirds of the newly registered cases received a disability assessment for more than one year¹⁰⁶.

¹⁰⁴ 65% of the children under age 16 examined in 2014 were recognized as suffering from a recognized type and degree of disability for more than 1 year – Health Care in the Republic of Bulgaria in 2015, NSI, Sofia, 2016, page 51.

¹⁰⁵ Annual reports of the Agency Social for Assistance, published on <http://www.asp.government.bg/web/guest/godisen-otcet>

¹⁰⁶ Children under 16 who were certified in 2011 as having a disability of recognized type and degree lasting over a year, totaled 70% – Health Care in the Republic of Bulgaria in 2012, NSI, Sofia, 2013, page 51; Children under 16 who were certified in 2012 as having a disability of recognized type and degree lasting over a year, totaled 67% – Health Care in the Republic of Bulgaria in 2013, NSI, Sofia, 2014, page 51; Children under 16 who were certified in 2013 as having a disability of recognized type and degree lasting over a year, totaled 65% – Health Care in the Republic of Bulgaria in 2014, NSI, Sofia, 2015, page 51.

Figure 33. Number and share of newly registered children with disabilities



Source:
TransMonee, 2015

The availability of reliable and accurate data on the number of children, the disability types and the resulting needs for adaptation of the social environment to support social inclusion is particularly important for the development of effective policies. Key element in this process is the adoption of an objective terminology and methodology for evaluation of the condition, accepted and recognizable by all competent institutions.

2. Access to public services

2.1. Access to health care and rehabilitation

Children with chronic illnesses or health conditions need specialized medical services as well as care, to reduce the risk for social isolation and social exclusion. To this end health and social systems need to guarantee adequate and timely diagnostics, follow-up treatment, access to specific expertise, medical manipulations, rehabilitation and special aids, as well as support and education of the family to meet the specific needs of children.

The national health system ensures a basic package of diagnostic, treatment and rehabilitation services for children with disabilities, but serious challenges continue to exist. To prevent and reduce the severity of the disabilities early diagnostics and early interventions are of exceptional importance – they need to be organized in a way that ensures easy access and support, even without a final diagnosis, tailored to the individual needs of the child including counselling and referral of families to appropriate services. Targeted interventions during the first years of child's life are most effective and any delay pending the precise diagnosis or issuance of expert opinion by TEMP could lead to lost opportunities for maximizing child development. Unfortunately, for a number of reasons early diagnosis in yearly years is frequently constrained and by the time children reach preschool and especially school age their problems may be further aggravated and much more difficult to overcome.

Some specific factors, which hinder early and timely diagnosis, particularly of disorders in the social, emotional and cognitive domains of development in early childhood, include lack of standardized

screening tools, as well as the insufficient knowledge and skills of medical specialists from the primary health care to assess child development and health and detect risks of developmental difficulties. Follow up monitoring of the child's development and treatment are provided by the child's general practitioner, who often does not have all the required specialized competencies for this or is unable to devote sufficient time for providing specific and comprehensive care for the child. At many places a comprehensive assessment of child development is hindered by the lack of other specialists – psychologists, speech therapists, etc. with thorough knowledge of early childhood development.

Access to adequate and quality health services for children with disabilities often involve significant financial costs for their families. In many cases the precise diagnostics, treatment and rehabilitation require multiple trips to and stays by the family in other towns or cities, where the medical specialists and services of the respective profiles are located. Often families need to navigate through many different medical establishments and find on their own adequate services. The treatment of children with disabilities in the primary health system, ensured by NHIF, involves a limited number of visits for follow up on the condition, which are standardized and do not take into account its level of severity. This forces parents, in cases of more serious and more complicated conditions, to pay for additional treatment and examinations. A number of tests and manipulations required, as well as some medical consumables, are not funded by the NHIF.

No opportunities have been established for ensuring ongoing medical care in a home environment. The child's general practitioner or his/her nurse can make home visits, but they are limited in number and cannot meet the need for medical care in cases of chronic conditions or conditions involving a serious risk of disability. In extreme cases the lack of financial means to cover the costs of health care at home, as well as the distance from medical specialists and facilities may force the family to leave the child in a specialized institution.

Rehabilitation is provided both by the health care system, as well as by community-based social services. NHIF is funding rehabilitation, which is provided in health facilities under specified procedure and may involve hospitalization or a fixed number of visits to specified locations, where the procedures are performed, which are also limited in terms of number and inaccessible in many regions. These specific conditions may constrain access of children to rehabilitation, particularly if children need intensive support, not covered by NHIF. For example children, who need kinetic rehabilitation, may not be able to fully benefit from the available opportunities, because the way services are organized does not correspond to their needs. The children with sensory impairments are also severely constrained in their opportunities for access to rehabilitation and development of skills for independent skills.

The access to therapeutic appliances is also often severely constrained. The resources available for such appliances are determined based on standard tariffs and do not provide for flexibility in finding the therapeutic appliance, most appropriate for the condition of the individual child. Often only basic models are provided, which are uncomfortable and impracticable, and do not meet the child's needs.

2.2. Social assistance and community-based social services

Pursuant to the Social Assistance Act and the Regulation for its Implementation, the Family Allowances Act, and the Integration of Persons with Disabilities Act, families having children with disabilities are entitled to social assistance to provide adequate care for the child. Social payments can be accessed only if the condition of the child is evaluated by a Territorial Expert Medical Panel (TEMP) and a degree of disability established.

In many cases, despite the existence of a specific condition, the evaluation and the issuance of a decision on disability may be delayed due to the complicated character of the condition, lack of specialists with the required competencies to make assessment, lengthy period of waiting and

examination, as well as the need for psychological support for the family to acknowledge the problem and initiate additional tests. Financial cost may also be a serious barrier, particularly for poor families. All this can prevent families in accessing social assistance for the child.

The level of social assistance and benefits for children with disabilities were raised substantially in 2017 but for many years they have been insufficient to cover the needs of the child and the family. Additional payments for medicines, consumables, rehabilitation and consultations, despite the fact that some of them are partially or to some extent covered by public funds, continue to place a significant financial burden on families.

Families with children with disabilities can benefit from different social services in the community – day care centers for children with disabilities, centers for social integration and rehabilitation and early intervention services. These services are available both for children with an established disability and for children who still do not have a certificate issued by a Territorial Expert Medical Panel, and the access procedure is regulated in the Child Protection Act and the Social Assistance Act. There is an opportunity for issuing a permanent referral for usage of certain social service by decision of a medical board. In the recent years, early intervention services were launched in many municipalities in the country, which provide support for children at risk of developmental problems and disability in early childhood.

Social services for children with disabilities, which are provided in the community include counselling, rehabilitation, early intervention and day care. In addition to them families and children can benefit from the support of a personal assistant. This support however is not available everywhere and is limited in scope, and funded on programme basis. Resident care is also provided to children and young people with special groups of disabilities.

Day care is provided in day care centers for children with disabilities, with a particular focus on children above 3 years of age. Over the years, the number of day care centers increased considerably from 57 in 2008 to 78 in 2017. Presently, there are 78 day care centers covering approximately 30% of the municipalities in the country, with a total capacity of 2,194 children. The number of children attending the centers also increased. Thus at the end of 2013, 2,081 children benefited from these services, as compared to 2010 when their number was 1,691. In 2013 about 6% of the centers were managed by NGOs.

Despite the increased number of day care services, they are unevenly distributed across the country and cannot meet existing needs. Often children from rural areas and small towns remain with no access. In many locations there is shortage of qualified specialists to work with children with disabilities, which undermines the quality of services. Lack of services for children with mental health problems is also observed.

Social services provide specialized counselling and rehabilitation with strong focus on individual work with each child. To promote and facilitate child inclusion, there is a need of reorientation of the care services to strengthening contacts and social interaction in small groups, which will help children develop competences and skills for social interaction and independent life in the community. The opportunities for socialisation through small group activities, provided by the day centres are not sufficiently utilized and day centres are used only as counselling services, which leads to deepening of the isolation and poor social competencies among the children and young people with disabilities, who are visiting them.

In their majority social services are intended to address the needs of children and young people, who have clear-cut conditions and disabilities. The access to assistance and support by children at risk of disability due to development delay or disorders in early childhood is extremely limited. The services for early intervention and early detection of developmental problems, as well as the family counselling

and support services, are provided only at a limited number of locations and at separate centers. Services of this type were set up under a project, co-financed by the World Bank and are currently being run by municipalities mainly with support from the Operational Programme Human Resources Development. As of the end of 2016, day care centers for children under the age of 3 are opened in 11 infant homes; children live with their families but receive rehabilitation and physiotherapy services in the day care centers, established as part of the infant homes. Regrettably, the number of these services is very limited thereby constraining access of children to support in the most critical years of their development.

2.3. Access to Education

The capacity of the education system to promote and support inclusion of children with disabilities into mainstream schools and kindergartens is continuously developing. The most important aspects and challenges of inclusion are reviewed in other sections of this report. Only some additional challenges will be outlined here.

The Preschool and School Education Act and the State Educational Standard for Inclusive Education introduced a number of changes to strengthen the process toward inclusive education and guarantee the right of every child with disability to be educated alongside her or his peers. It is still early to assess the effect of the reform but beyond doubt the changes introduced reinforce the principles of inclusive education and create conditions, including financial, for guaranteeing specialized support for children with specific educational needs in the kindergartens and schools and for building an inclusive environment and teaching practices. Much more children are now attending mainstream schools and kindergartens. There are still children left outside the education system or enrolled but unable to fully participate in the education process.

Inclusion of children with disabilities in resident care into the mainstream schools is still not guaranteed.

The shortage of specialized public transportation, as well as the lack of physically accessible environment in most of the schools and kindergartens continues to be the main barrier for inclusion of children with physical disabilities. Many schools and kindergarten lack specialized materials to ensure full participation of children in the process of education. Innovations and technologies are not utilized to facilitate the learning process of children with specific needs.

Despite the established legal framework, one of the main challenges of inclusion is the lack of qualified specialists for providing additional support to children with specific educational needs (speech therapists, psychologists, specialist teachers) at schools and kindergartens. The issue is particularly acute in villages and small towns. There is a need to endorse an approach focused on children's needs while actively encouraging joint efforts of parents, teachers, specialists and other institutions outside the education system.

The competencies and attitudes of teachers to apply inclusive, child-centered practices are the key to building inclusive environment, where every child can develop his or her potential. The UNICEF study of the phenomena of failure to enroll in school¹⁰⁷ showed that a major part of school management and pedagogical staff lack the training required for ensuring inclusive and high quality education of children with special education needs. The main reasons for this are related to the pre-service training of teachers, as well as lack of continuous support and opportunities for professional development of teachers.

3. Public attitudes and acceptance

¹⁰⁷ Study of the phenomena of failure to enroll in school, research paper, UNICEF Bulgaria, Boyan Zahariev, Ilko Yordanov, Yoana Decheva, Sofia, 2013, page 68.

The public attitudes toward children with disabilities are a key factor for developing an environment supporting children's full participation in all spheres of life and realization of their rights. These attitudes can help compensate for the limitations related to the specific condition by providing favourable and inclusive environment, or can transform the condition into disability setting barriers of various nature to inclusion.

Negative attitudes and discrimination remain a major barrier to inclusive education and social inclusion of children with disabilities. A significant positive change is observed in recent years in Bulgaria in terms of public attitudes, but still a large proportion of citizens believe that children with disabilities differ from the other children and they should be separated in specialized institutions. Data from a survey of attitudes towards the deinstitutionalization of children, conducted in 2015, shows that 20% of respondents would not agree for their child to attend kindergarten or school together with children with physical disabilities and in the cases, where the "different" children would also suffer from intellectual disabilities - that share reached nearly 65% ¹⁰⁸.

Together with the public attitudes, the attitudes of the professionals toward social inclusion and integration of children with disabilities are of critical importance. Medical specialists enjoy the greatest degree of trust from parents, professionals and society in general and their understanding of the ability of children with disabilities to fully participate in the society is of fundamental importance for the behaviour of parents and for the life chances of children with disabilities. Medical specialists, however, often emphasize the difficulties associated with certain illness or medical condition, which lead to permanent constraints, and rarely appreciate the factors of growth, education, rehabilitation as instruments for change and development, that could compensate completely or partially the constraints encountered due to the disability or could promote the development of compensatory abilities. Due to lack of experience and sufficient knowledge, pedagogues also treat with distrust and concern the inclusion of children with disabilities. Often they have and demonstrate lower expectations of the children, which affects the quality of the support for achieving educational goals.

4. Key Recommendations

The policies in regard to children with disabilities, according to Article 25 of the Convention on the Rights of the Child, must ensure access to education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner that supports social integration and individual development. Support to children with disabilities is very specific, but is interrelated at a horizontal level with the policies in the fields of healthcare, education, social assistance, recreation, sports and culture. Special attention is paid to children with disabilities when reviewing sectoral policies and issues related to child protection, poverty, nutrition and early intervention, addressing youth unemployment, violence against children, etc.

The lack of unified, coordinated intersectoral support for children with disabilities and developmental disorders impedes the full realization of their rights, thus increasing the risk of social isolation and institutionalization. Families having children with disabilities often have lower intensity of employment and lower income because of the need of an adult family member to stay at home and take care of the child, or because of the additional costs involved in meeting child's special needs. This significantly increases the financial and psychological pressure on the families.

Some basic recommendations for improvement of the assistance to children with disabilities and their families:

There is a need to implement a unified, multi-sectoral system for collection of data regarding the number of children with disabilities, disability type, and specific needs of the children. This could

¹⁰⁸ Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 22.

be achieved by setting up a single register with information on all children with disabilities in this country, their needs and the assistance provided by health, social and educational institutions.

Legal and institutional prerequisites should be introduced for strengthening the role of the health care and educational system in the identification of children with development disorders at an early age and referral to appropriate services for early intervention, incl. by introducing screening tools for assessment of child development, by improvement of the knowledge and skills of medical and pedagogical specialists, etc.

The network of early intervention services must be expanded and standards for guaranteeing the quality of the services provided must be introduced.

A comprehensive approach must be introduced and applied in the evaluation of needs of children with disabilities, based on the International Classification of Functioning, Disability and Health of the WHO;

The social assistance to families with children with disabilities need strengthening in order to ensure effective financial support for meeting the children's needs in a family environment.

The level of education of pedagogical specialists for work with children with disabilities and specific needs must be improved by modification of the curricula for higher education degrees in the respective professional field and by continuous training.

CRC recommendations

Ensure full implementation of relevant existing laws prohibiting discrimination, including by strengthening public education campaigns to address negative social attitudes towards Roma children, children with disabilities, minority children and refugees and asylum seeking children;

Enhance data collection on children with disabilities and conduct studies and analyses on the effectiveness of the implementation of the Convention and the existing laws and policies;

Reform the system of social assistance for children with disabilities and their families in order to improve its coherence and coordination and avoid institutionalization;

Give priority to measures that facilitate full inclusion of children with disabilities, including those with intellectual and psycho-social disabilities, in all areas of public life, such as leisure activities, community-based care and provision of social housing with reasonable accommodation;

Undertake awareness-raising campaigns to combat prejudices and stereotypes against children with disabilities;

Guarantee all children with disabilities the right to inclusive education in mainstream school, independent of parental consent;

Train and assign specialized teachers and professionals in integrated classes providing individual support and due attention to children with learning difficulties, and address the shortage of speech therapists and qualified professionals for children with mental and psychosocial disabilities;

Introduce a monitoring system for residential institutions to carefully monitor the fulfilment of the right to education of every child with mental and other disabilities, and to guarantee that the monitoring process includes specific steps for follow-up of implementation of the recommendations made and to facilitate the participation of civil organizations.

Undertake public awareness campaigns to prevent and address negative societal attitudes and behaviour based on sex, age, race, nationality, ethnicity, religion and disability.



CHILDREN IN PUBLIC CARE

CHILDREN IN PUBLIC CARE

“States – parties to the Convention shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”

Article 19. 1, CRC

1. Institutional and Legal Context

Child protection requires the committed action of all stakeholders and duty-bearers and must be integrated into national policies, laws, regulations and institutions.

In Bulgaria, the Child Protection Act, passed in 2000, is the main regulatory document governing the protection of children at risk. It defines “Child Protection” as a system of legislative, administrative and other measures to guarantee the rights of every child. Child protection is implemented by child protection bodies through protection measures in a family environment and outside of it. According to the Act the child protection bodies are: the Chairperson of the State Agency for Child Protection; the Minister of Labour and Social Policy, the Minister of Interior, the Minister of Education and Science, the Minister of Justice, the Minister of Foreign Affairs, the Minister of Culture, the Minister of Health and mayors of municipalities. In 2008, the National Assembly approved the National Strategy for the Child 2008-2018 as a key policy framework document, aimed at improving the coordination and implementation of the main rights stipulated in the CRC. In addition to that, every year the Council of Ministers adopts a National Programme for Child Protection, as the latest one was for 2017. The main functions and direct implementation of child protection activities are assigned to two separate administrative bodies – the State Agency for Child Protection (SACP) and the Agency for Social Assistance (ASA) – an executive agency to the Minister of Labour and Social Policy. Within SACP stays the responsibility to develop the child protection policy and monitor implementation of the child protection measures, and ASA applies the child protection measures through the child protection departments (CPDs), which are structural units in the Social Assistance Directorates (in the ASA). Social workers from CPDs focus their efforts to prevent abandonment and to reintegrate children, providing in addition to socio-psychological support also financial assistance which is part of the work on prevention, reintegration and placement with relatives or in a foster family. The legal framework of the Child Protection Act and its Regulations for Implementation provides the foundation for provision of social services for children. There are two types of social services according to the legislation: community-based or provided by specialized institutions. Standardized indicators for quality assurance of the services are defined in the Ordinance on Criteria and Standards of Social Services Provided to Children. The secondary legislation in the area of child protection also includes: Ordinance on the Conditions and Procedures for Implementing Measures to Prevent the Abandonment and Institutionalization of Children and Measures for Reintegration Thereof; Ordinance on the Conditions and Procedures for Application, Selection and Approval of Foster Families and Placing Children in them; Ordinance on the Conditions and Procedures for Keeping of Full Adoption Registers; Ordinance on the Specialized Protection of Children at Public Places and Ordinance on the Conditions and Procedures for Protection of Gifted and Talented Children.

In 2010, the Government adopted the National Strategy “Vision for Deinstitutionalization of Children in Bulgaria” aiming to set out a child care philosophy focusing on prevention, early intervention, family

support and provision of alternative care in a family or close-to-family environment. With the Action Plan for its implementation of 2010 Bulgaria took the commitment to ban placement of children under 3 years of age in residential care and to close all old-style large residential care facilities by 2025.

The Plan envisages six main groups of measures that will be pivotal for the efforts for child care deinstitutionalization until 2025. The measures are aimed at providing social and integrated services for early intervention and prevention in a family environment; care in a family environment for children at risk who are not raised by their biological parents, and the phased-in closure of homes for residential medical and social care for children; measures for provision of social services and support in the community for children placed in homes for children deprived of parental care and the children leaving these homes, exiting the care system; for ensuring social, health and integrated health and social care for children with disabilities; for stepping up the efficiency of the system for safeguarding children's rights, as well as measures for developing the needed child services infrastructure.

The Action Plan provided investment of more than EUR 100 million from EU structural funds (European Social Fund, European Regional Development Fund and European Agricultural Fund for Rural Development) for the reform in the childcare system, and five national projects were implemented in the period 2010-2015. These projects were managed by SACP, MoH and ASA and were aimed at closing the institutions for children with disabilities up to 3-years of age, development of foster care and development of the social workers' capacity.

The updated Action Plan on implementation of the Vision for Deinstitutionalization, adopted in October 2016, articulates the steps for the continuation of childcare system reform and puts a strong emphasis on the prevention of separation of children from their families.

2. Description of the situation and key challenges

2.1. Children separated from their own families

The Convention on the Rights of the Child states that “the child, for the full and harmonious development of his or her personality, should grow up in a family environment”¹⁰⁹ and underscores that “State parties shall ensure that a child shall not be separated from his or her parents against their will unless this “is necessary for the best interests of the child”¹¹⁰.

Bulgarian legislation on the family also emphasizes the principle that children should be brought up in the family of their parents, and that the state and society should both assist parents to this end.

Bulgaria inherited from the period before 1989 a child care system based on the placement of children into residential care institutions. In 2000, a reform of the child care system or the so called “deinstitutionalization” was launched. In the period 2010 – 2016, Bulgaria focused efforts in ensuring the right of the child to live in a family environment and providing opportunities for alternative care and various forms of support for families in order to prevent their separation from their children.

While the process of moving away from residential care to family-based and community-based care is now considered irreversible, still in 2016 2,179 children were separated from their families and one third of them are below the age of 3¹¹¹. Children from the most vulnerable groups as well as children with disabilities are at highest risk of family separation and institutionalization. The development and improvement of the support services network, extending the scope and enhancing the quality and efficiency of social services should continue, as exactly the lack of adequate services for supporting families on community level, combined with the stigma and discrimination, poor parenting skills and

¹⁰⁹ UNCRC, Preamble.

¹¹⁰ Article 9 of the CRC

¹¹¹ Source: Agency for Social Assistance.

traditional harmful practices and social norms, as well as child marriages and early pregnancies are the top factors for the children's separation from their families¹¹².

2.2. Institutional care

According to the Child Protection Act the placement in an institution is viewed as the last child protection measure, after the exhaustion of possibilities for protection in a family environment. The Social Assistance Act defines "specialized institutions" as "boarding-house type of care homes at which the people are separated from the environment thereof".

According to data of SACP¹¹³, in the period 2010 – 2015 the process of decrease in the overall number of institutions and the number of children in them continued, and with faster rates in comparison to previous four year period, which was owing to the experience gained and to the created alternative services in the process of deinstitutionalization.

The total number of specialized institutions decreased from 130 in 2010 to 42 in 2016. The total number of children placed in such institutions dropped from 5,695 in 2010 to 1,019 in 2016.¹¹⁴

In 2010, there were 31 HMSCC in the country, where 2,046 children were taken care of. As of 31 December 2016, the HMSCC were 17, with 609 children accommodated there for residential care.¹¹⁵ Currently placement in specialized institutions of children below 3 years of age is still possible despite the stated political will to adopt legislative changes banning it.

Thus, in 2010, 2,778 children were placed in 75 HCDPCs. As of 31 December 2016, 410 children were placed in 25 HCDPC. In 2010, there were 24 operating institutions for children with disabilities, which accommodated 871 children, and as of 2015 all the children were taken out and the institutions of this type were closed.

Table 11. Number of social institutions and number of children placed there

Type of SI	Number of SI		# of children placed in the SI	
	2010	2016	2010	2016
HMSCC	31	17	2046	609
HCDPC	75	25	2778	410
HCYID	24	0	871	0
Total	130	42	5695	1019

Source: ASA

According to data of the State Agency for Child Protection (SACP), as of 2013 the average stay of children in the institutions continued to be over 3 years for large part of the children – 41%. Compared to 2011, in 2013 the greatest increase was registered in HCYID – from 76% to 87%, against an average growth of the share of these children in all institutions of 6 percentage points for the same period. In 2013, almost every second child in an institution stayed in it at least 3 years. With a share of 31%, children staying in the relevant institution from 1 to 3 years are the group ranking second in size. The smallest share – 28% – is held by children staying in institutions for less than 1 year. Out of all children staying in institutions for a period up to 1 year, 55.23% are placed in HMSCC. Exactly in these homes the probability of stay below 1 year is the greatest.

¹¹² Source: Study on the reasons for abandonment of children and their placement in an institution for children in Bulgaria. Agency for Social and Economic Analysis, 2010.

¹¹³ <http://sacp.government.bg/bg/statistika>

¹¹⁴ Source: Agency for Social Assistance

¹¹⁵ Source: National Statistical Institute

While there is an increased public understanding and support for the deinstitutionalization process and reforms, one of the main obstacles is the attitude amongst professionals working with children and some members of society that placement in institutions is the best solution to address the needs of some children.

Concerning the placement of children on the basis of their disabilities, there are still cases where medical staff push parents to abandon their children if they are born with a disability and place them in a specialized institution.

2.3. Social services – residential type

For the last few years of the reform of the system of childcare in Bulgaria, the network of social services that provide residential care to children separated from their families has developed. According to the Regulations for Implementation of the Social Assistance Act “Social services – residential type” provide conditions for living for up to 15 people in a family environment or in a close to family environment. The Regulations introduce the following social services – residential type for children:

- Family Type Placement Centres (FTPC) for children and young people without disabilities;
- FTPC for children and young people with disabilities;
- Crisis centers (CC);
- Transitional Housing (TH).

Data from ASA¹¹⁶ show that in the period 2010-2016 there was a steady increase in the number and total capacities of social services of residential type for children developed in the country, most prominently the FTPCs. Further to that, legislative changes were introduced in 2014 that divided the FTPCs in two types: for children and young people with disabilities and children and young people without disabilities.

At the end of 2010, in Bulgaria there were 48 FTPCs, with a total capacity of 568. At the end of 2016, there were 284 FTPCs in total operating in the country, with a capacity of 3,597, of which 146 were FTPCs for children/young people without disabilities, with a capacity of 1,780, 130 FTPCs for children/young people with disabilities with a capacity of 1,753, and 8 FTPCs for children/young people needing constant medical care with a capacity of 64.¹¹⁷

The prerequisites for provision of higher quality services in FTPCs as a whole remain the same, they are even improving, taking into account that the number of serviced beneficiaries per employee decreased from 1.3 in 2011 to 1.2 in 2013, and in 2015 the ratio even reversed to one child per 1.2 employees. However, there is a decrease in the share of educators – in 2013 it was 11% and it decreased by 8 percentage points in comparison to 2011. (19%), as well as of specialist staff (psychologists, social workers, etc.) – by about 7 percentage points – from 19.3% in 2011 to 12.6%. At the same time the increase of proportion of medical staff in the same period was double – by 3 percentage points from 3% to 6%. A significant growth rate was registered in terms of servicing personnel, whose proportion in 2011 was 41% but in 2015 reached 55%. The increasing trend of low skilled personnel should be carefully monitored in the coming years, since there is a risk this type of personnel to “compensate” with increasing staff number the shortage of pedagogues and other highly qualified specialists for the centers, which would have a negative impact on the quality of provided care. At the same time it should be noted that while in the period 2010 – 2014 an average of 9 out of 10 places in the centers were used, in 2015 only around two thirds of the capacity was utilized.

¹¹⁶ Reports of the activities of the Social Assistance Agency for 2010 and 2016; http://asp.government.bg/ASP_Client/ClientServlet?cmd=add_content&lng=1§id=12&s1=207&selid=207

¹¹⁷ Ibid.

Data from the ASA¹¹⁸ show that the number and capacities of two other types of residential services for children, i.e. CCs, and THs, increased in the period 2010 – 2016 as well.

Table 12. Number and capacity of the social services of residential type

Type of SSRT	Number of SSRT		Capacity of SSRT	
	2010	2016	2010	2016
FTPC	48	146	568	1780
FTPC CYwD	0	130	0	1753
FTPC CYwD FC	0	8	0	64
CC	11	17	115	176
TH	11	17	88	146
Total	70	318	771	3919

Source: ASA

2.4. Foster care

In the last five years, foster care developed significantly, mainly owing to the implementation of the project “I Have Family Too” under OP “Human Resources Development” 2007-2013 and the ensured continuity, building on previous achievements and sustainability of results by implementation of the project “Accept me 2015” under OP HRD 2014-2020. In support of the importance and significance of the service, legislative amendments were implemented in 2012, which were aimed at improving the provision of the service, its scope and quality, and the ongoing efforts of the state for its improvement. Currently there is a better understanding of foster care as a primary alternative to institutional and residential care among the child protection services, as well as wider acceptance among society as a whole.

In the period 2010-2016, the number of foster families in the country has increased almost tenfold, reaching in June 2016 2,480 foster families which accommodated 2,394 children¹¹⁹. One third of the children are under 3 years old. When the Plan for the implementation of the Vision for deinstitutionalization was adopted in 2010, there were only 221 children living with foster families.

The development of foster care in Bulgaria filled the gap in the system for alternative care and social services for children. At present, efforts should focus mainly on improving the quality of care, on protecting the rights of children placed in foster care and on reintegrating them in their birth families or finding other long-term solutions which are in the best interests of the children.

2.5. Kinship care

ASA reports that during 2016, 886 children were placed in kinship care and the total number of children in kinship care as of 31.12.2016 was 5,927¹²⁰. The placements are less compared to the ones in 2015 – 995 children, and 2010 – 1,461, but there is no available analysis about the reasons for decrease.

Although in accordance to TransMonee data in the period 2002 – 2015 the number of children in Bulgaria placed in foster care or under guardianship of close friends and relatives or under another type of family guardianship increased more than 12 times – from 60 per 100,000 children in 2002 to 748 per 100,000 children at the end of the period, and in 2015 the country lagged behind most of the Central and East European countries in terms of this indicator, which in most of the countries approximates or exceeds considerably the value of 1,000 per 100,000 children.

¹¹⁸ Ibid.

¹¹⁹ Source: ASA

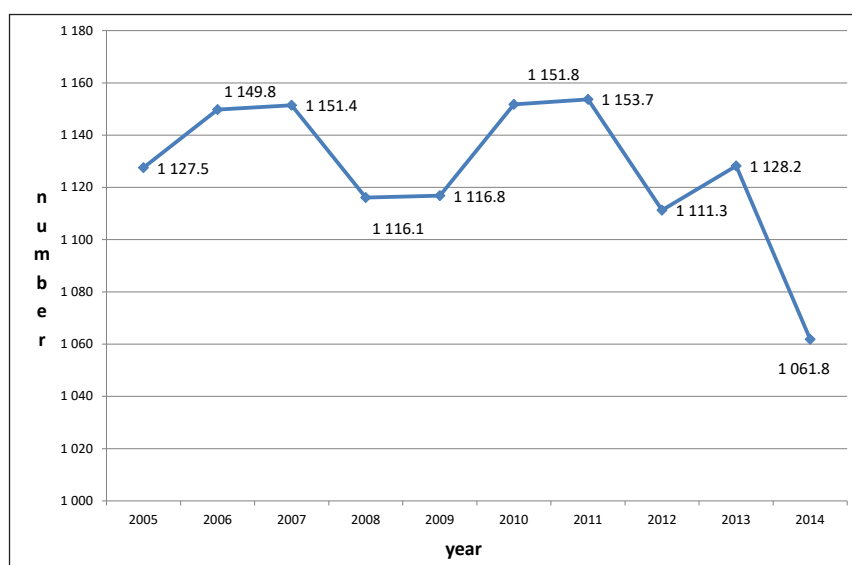
¹²⁰ http://asp.government.bg/ASP_Files/APP/GODISHEN%20OTCHET%20ASP%20-%20202016-final.pdf

2.6. Total number of children in formal care

While there has been a significant decrease in the number of children living in institutions, the total number of children in formal care in the period 2011-2013 has remained almost unchanged¹²¹, which suggests limited progress in providing support for families to prevent separation.

According to data of TransMonee, between 2005 and 2013 the number of children in the age group 0 – 17 in formal care continued to fluctuate from year to year between 1,154 and 1,111 per 100,000 children without a clear-cut trend. There is a more noticeable decline (about 6% in comparison to previous year) in 2014, when 1,062 per 100,000 children were in formal care.

Figure 34. Children in formal care per 100,000 children at the end of the year



Source: TransMonee, 2015

2.7. Where do children who leave institutional care go?

According to data of TransMonee, the number of children who left residential care in Bulgaria in 2014 was 2,694, i.e. about 2/3 of their number in 2005 - 3,965.

Table 13. Reasons for children leaving institutions throughout the year

d.	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Reintegrated in their families	30.0%	35.4%	27.2%	32.6%	24.9%	28.9%	24.0%	28.8%	22.5%	16.0%
Placed in a family-like environment	3.8%	3.4%	3.2%	3.8%	4.4%	7.6%	11.2%	12.6%	21.9%	14.8%
Adopted	19.0%	19.5%	19.2%	18.8%	21.2%	26.0%	24.4%	25.4%	21.2%	19.2%
Started independent life	10.0%	10.5%	9.9%	8.8%	11.2%	7.5%	7.3%	5.7%	5.2%	18.0%
Moved to another institution	13.8%	17.9%	19.7%	17.1%	14.1%	10.2%	8.0%	7.8%	4.1%	4.7%
Died	2.1%	3.5%	2.7%	2.6%	2.6%	2.8%	2.1%	2.3%	1.8%	2.4%
Other	21.3%	9.8%	18.0%	16.2%	21.6%	16.9%	23.0%	17.3%	23.2%	24.9%

Source: TransMonee, 2015

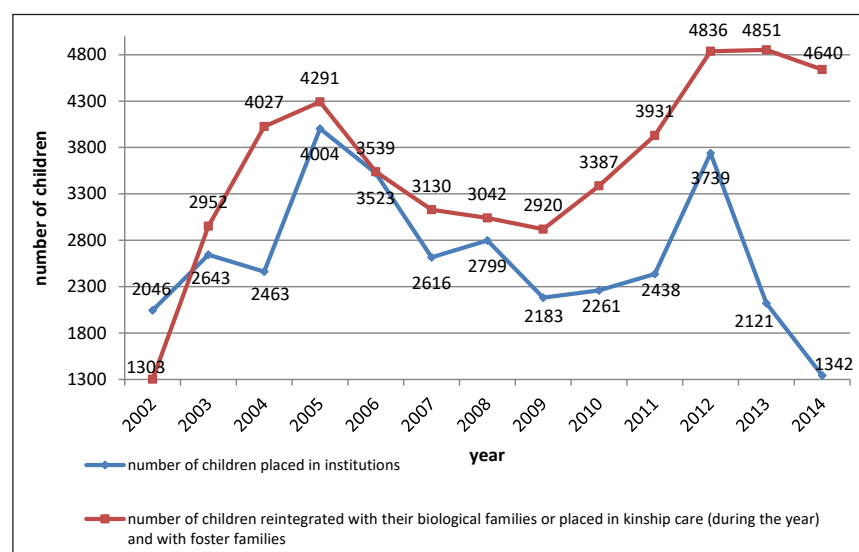
¹²¹ Deinstitutionalization of Children in Bulgaria – How Far and Where? Independent review of progress and challenges, UNICEF, Joanna Rogers, Sofia, 2014.

In the period 2005 – 2009, an average of 53% of the children leaving institutions were reintegrated in a family environment (those returned to their biological parents having the greatest share – 30% on the average, followed by adopted children – around 1/5 on the average, or going to another type of family environment – approximately 4%). In 2010-2013, this share reached almost 2/3, those who returned to their biological families having the greatest share – 26% on the average, followed by adopted children (with almost the same share), or going to another type of family environment – around 13 on the average. In 2014 again only around half of the children leaving institutions were reintegrated in a family environment, with the adopted ones having the biggest share (19%), followed by those reintegrated in their families – but with a share of only 16%, and those placed in a family-like environment – 15%.

The period 2005 – 2014 shows the trends of decrease in the share of children moved to other institutions, and increase of children placed from an institution into a family-like environment. The share of children reintegrated in their families also marked a decrease, reaching levels at the end of the period twice lower than at its beginning. In 2014, there was a sharp increase in the children who left institutions to start their independent life – while in the previous 9 years the average share of these children was 8.5%, in 2014 it peaked abruptly to 18%.

2013 and 2014 are the first two consecutive years in which the number of children placed with close friends and relatives and foster families considerably exceeded the number of children placed in institutions. The trend of increase in the number of children placed in a family type of environment, which started from the beginning of the decade, was reinforced – while in 2009 the number of these children was below 2,000, in 2013 and 2014 they were already around 3,500. At the same time, in 2014 the number of children placed in institutions reached the record-low level for the recent quarter of a century – 1,342 – i.e. almost 3 times lower than in 2012.

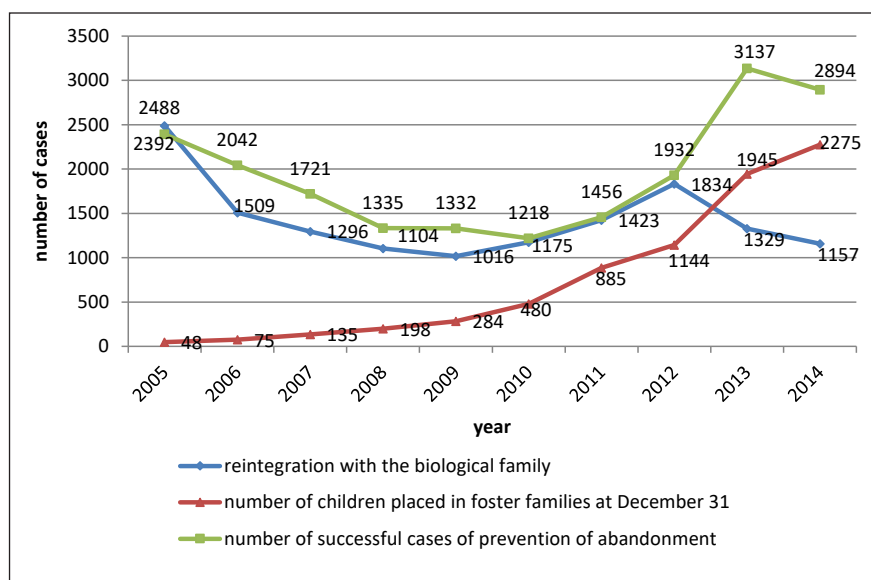
Figure 35. Number of children placed in institutions and number of children reintegrated with their biological families or placed in kinship care and with foster families



Source: SACP and SAA, 2015 and own calculations

Cases of reintegration in the biological family significantly decreased in the period 2012-2014 – from 1,834 to 1,157. In addition to that, in 2013 and 2014 there was a substantial increase of cases of prevention activities of social workers, which led to prevention of abandonment. In 2013 and 2014 children placed with foster families are considerably more than those reintegrated with their biological families, and in 2014 the difference is almost two times. According to SACP data, in the period 2010 – 2014 the number of cases of prevention of abandonment of children have increased, and in 2013 and 2014 their number was 2.5 times higher than the cases of reintegration.

Figure 36. Reintegration with the family, prevention of abandonment and placement in a foster family



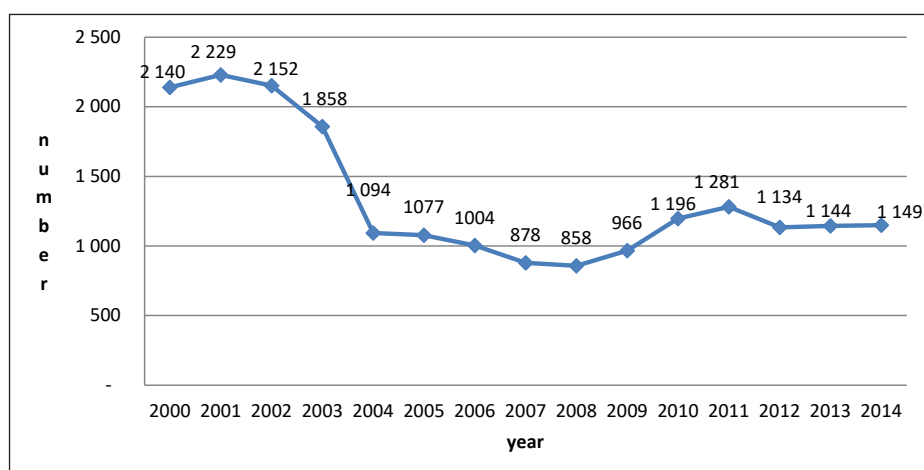
Source: SACP, 2015

2.8. Adoptions

Adoption is a measure that aims to provide family care and environment for children who are either orphans, or shall not be raised by or reintegrated in their birth families, because it is not in their best interests. Bulgaria has harmonized its legislation in the area of adoption, and procedures for child adoption in accordance with the Family Code are clearly defined. The government implements the requirements of the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption to regulate the process of inter-country adoptions and has prioritized adoptions of children with disabilities and older children, and the regulatory framework provides for special measures for adoption of an older child with a health problem, special needs or at age higher than seven years.

After 2008 adoptions increased, including international ones, as a form of child reintegration into a family environment. 20,160 children born in Bulgaria were adopted in the period 2000 – 2014. In the period from 2007 to 2010 on average 975 children were adopted annually and in 2011-2014 the average number of adoptions increased to 1,177. However, the number of adoptions of children with severe disabilities has only slightly increased and the number of adoptions of Roma children remains very low.

Figure 37. Total number of adoptions per year



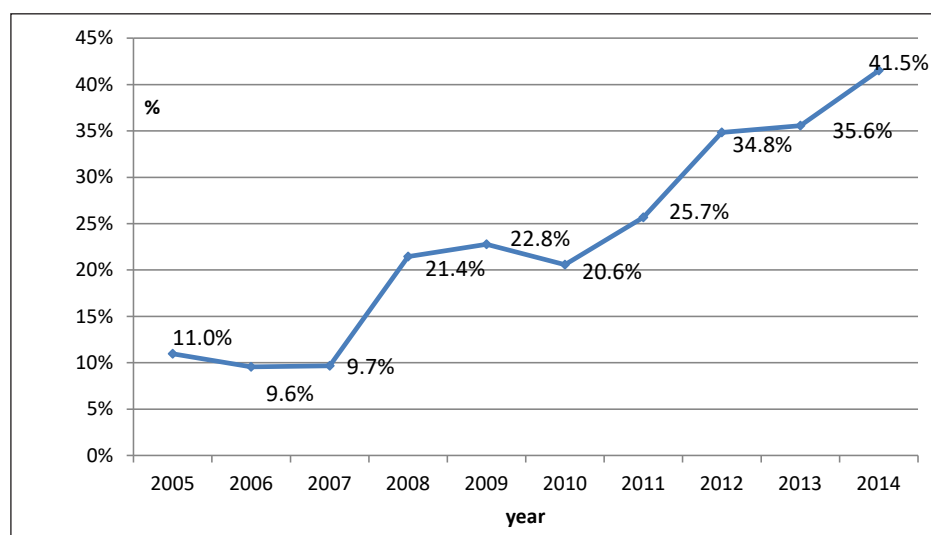
Source: TransMonee, 2015

Extremely low and drastically decreasing is also the number of children with disabilities adopted in Bulgaria – in 2011 they were 91, and in 2012 – only 46. These are 7% and 4%, respectively, of the total number of adoptions in the year. In 2013 their number dropped to 35, and in 2014 was 11 – i.e. 3% and 1%, respectively, of the total number of adoptions in the year. For comparison, in 2011-2012 around 50% of the children expecting adoption in Bulgaria were with disabilities, while in Hungary and Latvia their number varies between 35% and 40%, and in Poland in 2012 it was almost twice lower – 26%.

According to data of TransMonee, in the period 2011-2014, 1,608 children from Bulgaria were adopted abroad – this number is more than 2.3 times higher than the number of children from the country adopted abroad in the period 2007 – 2010 (735). Only in 2014 the Minister of Justice granted consent for international adoption of 480 children.¹²² Among the countries of Central and Eastern Europe, Bulgaria continues to keep its lead position on this indicator, and in the period 2010-2014 the difference with more of the CEE countries has increased compared to 2005 – 2009.

These data outline an on-going increase in the share of international adoptions of children born in Bulgaria. While in the period 2007-2010 around 19% of the adoptions were inter-country, in the period 2011-2014 this share has almost doubled – 34%, and only in 2014 it reached 41.5% – the highest for the country after 2002. For comparison, their share in Poland and Slovakia was significantly lower in the period 2011-2014 and varies between 4.4% and 11.6%.

Figure 38. Share of international adoptions in the total number of adoptions



Source: TransMonee, own calculations, 2016

3. Challenges

The Action Plan for Implementation of the National Strategy “Vision for Deinstitutionalization of Children in Bulgaria” adopted by the Council of Ministers in 2010, underlines that “the main factors, which determine placement of children of socially disadvantaged families in specialized institutions are difficulties faced in their raising (economic, psychological, social, medical), combined with lack of sufficient alternatives to the institutional care and supporting forms of services”¹²³.

Although the process of closure of specialized institutions and provision of alternative form of care in a family and closest-to-family environment is considered irreversible, in 2016 more than 2,000 children were separated from their birth families. One third of them are less than 3 years old¹²⁴. Children

¹²² MoJ, Information of the characteristics of children for whom the Minister of Justice has given consent for international adoption in 2014,

¹²³ Action Plan for Implementation of the National Strategy “Vision for Deinstitutionalization of Children in the Republic of Bulgaria”, 2010

¹²⁴ Source: The Agency for Social Assistance

from the most disadvantaged groups, including Roma children and children with disabilities are still exposed to the highest risk of separation from their families and institutionalization.

The UNICEF Review “Deinstitutionalization of Children in Bulgaria – How Far and Where to?” finds that in 2014 the main risks for institutionalization are still, *inter alia*, poverty of the families and the inability of public institutions and systems to satisfy the comprehensive needs of support to vulnerable households with children, as well as the children’s disabilities and the medical model for their treatment. In addition, the review points out the need to strengthen services for prevention and family support as a main challenge, as well as to identify the root causes of children separation from the family¹²⁵.

In 2015, Eurochild and a number of Bulgarian nongovernmental organizations stated that poverty in Bulgaria remains a leading reason for institutionalization.¹²⁶

Analyses of needs of social services at regional level further include other challenges remaining on the deinstitutionalization agenda. Thus, for example it is noted that in the region of Shumen¹²⁷ development of advisory and supporting activities in the existing social services for children and families should remain as a priority area, as well as prevention of abandonment of children, also addressing such reason as limited access of the families and children to services and rights; risks for deterioration of health; lack of health insurance of pregnant women and expectant parents, and also the low degree of preparedness for good parenting behavior.

According to information of the MoLSP in the recent years funding for social services, which are activities delegated by the state, was continuously growing.

Table 14. Amount of funding from the state budget for social services in the period 2013-2017

Year	Amount of funding from the state budget for social services
2013	177,037,600 BGN
2014	183,205,800 BGN
2015	189,803,600 BGN
2016	200,455,025 BGN
2017	211,494,202 BGN

Source: MLSP

According to data of the National Association of Municipalities in the Republic of Bulgaria (NAMRB) conducted among 30 experts from 15 Bulgarian municipalities¹²⁸, the most serious challenges in the process of deinstitutionalization are: insufficient funding to support the newly opened social services in the community, funding based on a uniform cost standard, provided per beneficiary rather than per number of places, low pay to the specialists employed, understaffing of the newly opened social services in the community, staff turnover, lack of adequate training, and insufficient number of supervisions and individual counselling. This information is also confirmed by a 2015 survey among experts participating in the deinstitutionalization process, which outlines the following as main challenges to the new services: unqualified staff, inadequate selection and supervision of new staff, weaknesses in the workload norms and remuneration, and delayed (or even nonexistent in the smaller settlements) support services, children and young people relocated unprepared, hence stressed, subscribing to the so-called “medicalization” approach, and the recurrence of obsolete institutional practices reinstated in the new institutions, such as keeping the beneficiaries “locked” and providing care similar to

¹²⁵ Deinstitutionalization of Children in Bulgaria – How Far and Where to? Independent review of progress and challenges, UNICEF, Joanna Rogers, Sofia, 2014, page 4.

¹²⁶ Eurochild, Hope and Homes for Children, , 2015

¹²⁷ Strategy for Development of Social Services in Shumen Region in the Period 2016 - 2020, Analysis of Needs of Social Services in Shumen Region, Final Report, October, 2015, page 49.

¹²⁸ Workshop “Sustainability of deinstitutionalization of children and municipal social services”, 16 – 17 April 2015, Training Center for Local Authorities, p. Gergini village.

the one provided in the institutions rather than creating a family-like environment.¹²⁹

These weaknesses call into question the temporary nature of the services at the new facilities, and achieving their goal to be a transitional environment preparing children and young people, taken out of institutional care, for their full inclusion into the community.

Although there are mechanisms in place for management and coordination of the deinstitutionalization process on national, regional and municipal level, they should be implemented in a more synchronized manner. According to the professionals interviewed in the survey on the attitudes to child deinstitutionalization, conducted in 2015, the major outstanding challenges to the process are poor communication and the disagreements between institutions (14%). Second comes the underfunding and the uncertainties related to it after the end of the project (11%).¹³⁰ Reinvestment of savings from deinstitutionalization into services in the community should be guaranteed. Calculations made by Lumos Foundation show that investing the funds annually saved through the deinstitutionalization amounted to more than BGN 13 million as of 2015, and keeping these resources in the social system and redirecting them into support services could increase the payroll staff in FTPCs/protected homes by two thirds, could increase by 320 the number of social workers who could assist almost 20,000 children in their families, or could provide 464 workers in support of families, who could provide assistance to 1,856 children with disabilities in their families¹³¹.

The services for children with disabilities and their families are insufficient. In 2016, one third of the children in residential care were with disabilities. The approach to them is prevalently medical. The International Classification of Functioning, Disability and Health is not adopted in Bulgaria.

Large part of decisions on policies relating to women and children are aimed at reducing damages and harms, when the vulnerable groups have already suffered them. The social support system and providing family and child allowances only partially reduce the risk of poverty. Often the support and the child protection measures are not properly coordinated and fail to achieve the desired effect. Although the Child Protection Act provides for allocation of targeted allowances in cases of prevention of abandonment and support for reintegration, these are rarely allocated.

At the same time, in the society as well as in the expert community there are strong perceptions of the need of enhancing primary prevention initiatives. Thus, almost 2/3 (64%) of the adults interviewed in the survey of the attitudes to deinstitutionalization of children believe a change in the social assistance system is needed, which should be governed by social protection and support to the birth and extended family for prevention of child abandonment, and 82% are convinced the family is the best environment for the development of children¹³².

Child protection departments do not have enough social workers, staff turnover is also a serious problem. Funds for consumables for social work are limited, and so are those for professional development of specialists working with children. The quality of the alternative services is jeopardized by the underfunding, insufficiently qualified and motivated staff, lack of regular training, support and supervision. As a result, the social workers' decisions may not always be in the best interest of the children and their families. A system should be implemented for development of the capacity of the people working in the protection system to ensure the highest standard of social work on the cases.

The low social status of the workers in assisting professions is a challenge, as this often serves as a ground to users for not recognizing their authority, and the attitudes for short-term stay in the profession increase the risk of lack of motivation for seeking long-term results and building sustainable interinstitutional professional networks.

¹²⁹ Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 58.

¹³⁰ Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 30.

¹³¹ Termination of institutionalization. Analysis of funding of the deinstitutionalization process in Bulgaria, Lumos Foundation, Sofia, 2015, page 34

¹³² Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 17-18.

The low motivation and high workload of social workers have serious adverse effects on the quality of some of the social reports produced, which in turn affects further decision-making on cases by other bodies, including the court.

There are no uniform standards for social work with children and sufficient number of trained and motivated social workers, specialized to work with children. Introduction to the fundamentals of the concept of the rights of children and relevant international documents are included in the syllabus of the academic study of social workers. After graduation, however, most professionals practicing social work are overloaded and exposed to risk of “professional burnout”, which also includes the lack of time and other conditions for life-long development and qualification.

A great part of the professionals providing child care, particularly those whose daily work does not involve application of statutory provisions, such as educators and assistant staff at schools, kindergartens and other institutions where care and services are provided to children, still do not know well the legal and regulatory documents, which leads to a high risk of breaches of the child protection legal framework.

Despite the efforts of responsible institutions for improvement of the data collection system, still there is no single and centralized information management system for the child-related policies, including an approved list of indicators in different sectors of child policies, uniform methodology for data collection and linking/synchronization of databases, and also for the requirements to data disaggregation by age bracket, gender and other features. Large part of the information in the child protection sector is dispersed among the different institutions responsible for different child-related policies – MES, MoI, MoJ, MH, SACP, ASA, NSI, etc.

The administrative capacity for information collection and analysis is insufficient. There are no rules and procedures setting short terms for collection, processing and analysis of information. Besides, access to it is not facilitated by its regular publication allowing for free access. Quite often the lack of statistics prevents making correct judgments as to the workload and efficiency of the institutions and professionals and for planning and redirecting resources to priority areas.

The Committee on the Rights of the Child notes in its Concluding observations on the combined third to fifth periodic reports of Bulgaria that it is concerned by:

- The number of children, including children up to 3 years of age, placed in institutional care is still significant, with the risk of family separation and institutionalization remaining high for children from the most disadvantaged groups, including Roma children and children with disabilities;
- Lack of support and inadequate training for social workers and staff in Family Type Placement Centres, along with gaps in the child protection system, has led to the separation of children from their families without proper assessment and planning with the risk of re-institutionalization remaining high;
- Family court judges tend to choose placement of the child in institutional care, rather than prioritize support to the original family to keep their children;
- Support for reintegration in the society of children and young people leaving care, including those with disabilities, is insufficient.
- The number of adoptions of children with serious disabilities has grown significantly, while the number of adoptions of Roma children remains low.

4. Key Recommendations

A plan should be drawn up for gradual increase of the State's commitments after the end of the project funding. In this context, priority should be given to working to develop the local authorities' capacity to manage the delegated services and to stimulate the transition from specialized to integrated services in the community.¹³³

General improvement is needed in the coordination between various institutions assigned child protection functions, including coordination of the methodology for data collection and linking/synchronization of databases and consolidation of data flows related to child protection and welfare.

A consistent policy should be pursued for improving the quality of social work by providing social workers with basic resources (access to information, basic infrastructure, consumables and materials) periodic training, supervision, etc.

The changes in the social assistance system should be directed towards social protection and supporting the birth and extended family to prevent separation with their children.

As regards deinstitutionalization, according to the expert community, focus should be placed on: enhancing staff qualification – 17%; developing new methodologies and standards of government funding after the end of the deinstitutionalization projects – 13%; increasing payment and higher job security for the jobs opened in the course of the deinstitutionalization – 12%; improving communication and coordination between key institutions on national level – 10%.¹³⁴

Among the priorities, social workers mention also the need of developing and implementing a set of instruments to assess the impact of services on children; developing a national framework of competences, qualifications and career development of personnel within the child protection system; a new standard of workload and remuneration of social workers; new methodology for selection of experts and assessment of foster parents; to make the availability of a social worker a condition for accreditation of hospitals; establishing a mechanism for redirection of the resources freed from the closed institutions into the new services in the community.¹³⁵

CRC recommendations

In the Concluding Observations on the combined third to fifth periodic reports on Bulgaria in 2016, the UN Committee on the Rights of Child recommended for the country the following:

- Urgently reduce placement of children under the age of 3 years in residential care institutions, including those with disabilities, and expedite the placement in family-based care;
- Ensure adequate safeguards and clear criteria, particularly for Roma children and children with disabilities, based on the needs and best interests of the child, for determining whether a child should be placed in alternative care;
- Ensure institutionalization is used only in the short term, including by providing information to expectant parents and healthcare workers who serve new parents, on the rights and dignity of children with disabilities;
- Ensure implementation of proper preparation procedures, before relocation to the newly established Family Type Placement Centres, including adequate child participation, and develop a monitoring mechanism to ensure that staff receive adequate and regular training and supervision;

¹³³ Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 75-76.

¹³⁴ Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 37.

¹³⁵ Deinstitutionalization of children, G-Consulting, SACP, July – August 2015, page 51-52.

- Ensure adequate legal safeguards and clear criteria for determining whether a child should be placed in alternative care, taking into consideration the views and best interests of the child, and enforce such criteria by raising awareness of family court judges;
- Support and monitor regular and appropriate contact between the child and his or her family, provided that it is consistent with the child's best interests;
- Strengthen support to children and young people leaving care, including those with disabilities, to enable them to reintegrate into society, by providing access to adequate housing, legal, health and social services, as well as educational and vocational training opportunities;
- Raise awareness in society to counter the stigmatization and discrimination of children in alternative care.
- Ensure that children with disabilities and Roma children are not discriminated against in the adoption process and establish programmes to reduce misconceptions relating to the adoption of children with severe disabilities and Roma children;
- Amend the Family Code to ensure that children under the age of 14 years are consulted in all decisions that affect their lives, including in cases of adoption;
- Ensure enhanced coordination of relevant agencies and sufficient training of staff to ensure appropriate long-term support for adopted children and adoptive parents;
- Introduce legislation guaranteeing the right of the child to know his or her origins in line with Universal Periodic Review recommendation 80,79 of 2011 (A/HRC/16/9).



VIOLENCE AGAINST CHILDREN

VIOLENCE AGAINST CHILDREN

1. Institutional and Legal Context

Prevention of and response to different forms of violence against children is regulated both in integrated policies and in sectoral policies and legislation. Prevention of violence through support to families and work with children is a part of policies and legislation, led by the Ministry of Labour and Social Policy and Ministry of Education and Science at national level and by municipal authorities at local level.

Identification, signalization and response in cases of violence against children is part of child protection and the policies of rule of law, managed and implemented by the child protection authorities provided for in the Child Protection Act, namely: The Ministry of Labour and Social Policy, Ministry of Interior, Ministry of Education and Science, Ministry of Justice, Ministry of Culture, Ministry of Health, Ministry of Foreign Affairs, State Agency for Child Protection and municipal authorities.

The National Strategy for the Child (2008-2018) is the main strategic document in relation to the children's rights in Bulgaria and it sets out as a separate priority area the protection of children from all forms of violence and exploitation¹³⁶ and the specific measures to be pursued by all stakeholders. In addition, the Council of Ministers adopts an Annual Programme for Child Protection with a specific chapter on violence against children with particular focus on prevention, inter-sectoral coordination in cases of violence and strengthening the capacity of professionals to work with children victims of violence. The programmes for 2014, 2015 and 2016 show that VAC is a crosscutting issue in the areas of child protection, education and justice.

To improve the protection of children from violence and abuse, in 2017 the Government of Bulgaria approved the National Programme for Prevention of Violence and Abuse of Children. Main objectives of the programme include: 1) To increase the efficiency of measures for child protection against violence; 2) To establish an effective system for prevention of domestic violence against children; 3) To prevent sexual violence, sexual abuse and sexual exploitation of children; 4) To prevent any form of child abuse; 5) To prevent child abuse in the educational system; 6) To create various services, models and tools for violence prevention and work with children who are victims or perpetrators of violence; 7) To enhance the capacity of the professionals working with children and improve interinstitutional cooperation and coordination; 8) To raise awareness and improve society's sensitivity on matters related to violence against children. In July 2017, a two-year action plan was approved, the main goal of which is to create a reliable mechanism for monitoring, reporting and assessment of results from the implementation of the National Programme.

According to the existing domestic legislation, violence against children, including corporal punishment at home, is prohibited. Article 11 (2) of the Child Protection Act (2000) stipulates that: "Every child has a right to protection against all methods of upbringing, that undermine his or her dignity; against physical, psychological or other types of violence; against all forms of influence, which go against his or her interests." The Implementing Regulation on the Child Protection Act defines child abuse as "any act of physical, mental or sexual abuse, neglect, commercial or other exploitation resulting in actual or potential damage to the child's health, life, development or dignity that may be performed in a family, school and social environment. Physical abuse is described as "causing of bodily harm, including causing of pain or suffering, harm caused to health". Domestic abuse, perpetrated in a child's presence shall also be deemed psychological and emotional violence against a child¹³⁷. In

¹³⁶ National Strategy for the Child (2008-2018), pages 37–39. http://sacp.government.bg/media/filer_public/2015/11/26/natsionalna-strategia-za-deteto-2008-2018.pdf

¹³⁷ Protection against Domestic Violence Act, Art 1, paragraphs 1 and 2.

addition, the Family Code of 2009 prohibits, for the first time in family law, the use of violence by the parent or of methods of education, which lower the child's dignity.

The Preschool and School Education Act of 2015 regulates the commitments for implementing measures against violence for all participants in the educational process, including parents.

Steps have been taken for implementation in the Bulgarian legislation of the requirements of Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA (OJ L 315, 14.11.2012). Currently the Directive is partially implemented in the Bulgarian legislation through the Act to Amend and Supplement the Act on Assistance and Financial Compensation of the Victims of Crime, adopted on 6 October 2016. The amendments attribute responsibility to the overseeing prosecutor to monitor the observance of obligations with regard to provision of information to the victims by the investigating bodies. All victims of common criminal offenses are granted free access to organizations providing free psychological consultation and practical support. The financial compensation scheme is also improved with its amount being increased, including, where it is related to child support.

The Ministry of Justice has taken measures for the full implementation of Directive 2012/29, by drafting an Act to Amend and Supplement the PPC. The bill provides for extended rights of victims during criminal proceedings – it guarantees their right to a written translation of acts which affect their rights and legal interests, if they do not speak Bulgarian, an opportunity is provided for expert medical examination to establish the specific protection needs of the victim, including the risk of secondary victimization. It sets out that the interrogation of the victim, where it is a child or an individual with specific protection needs, to be carried out avoiding contact with the accused person, including through specially equipped premises, video and telephone conference. The amendments provide that a child witness or a witness with special protection needs shall be interrogated only once during the pre-trial proceedings unless otherwise required in order to establish the objective truth.

The Ministry of Justice has taken steps as regards the accession of the Republic of Bulgaria to the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention). The Istanbul Convention was signed on 21 April 2016 and is subject to further ratification. A task force was set up to this end, which shall draft specific proposals for regulatory amendments as regards the implementation in the Bulgarian legislation of the principles and requirements of the Istanbul Convention, as well as prepare all required documents for the ratification of the Convention.

The Law on Protection against Domestic Violence protects children also against different forms of domestic violence with possibility for the court to issue orders for protection, incl. emergency orders for protection. The law explicitly protects the child witness of violence and provides for possibility of the court to order special protection of the child with the non-violent parent.

Legislation also criminalizes sexual exploitation, including commercial sexual exploitation, and trafficking of children.

The country has not signed yet the Third Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure which will allow individual children or groups of children to submit complaints regarding specific violations of their rights under the Convention on the Rights of the Child, the Optional Protocol on the Involvement of Children in Armed Conflict, and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography.

2. Description of status and key issues and trends

2.1. Number of child victims of violence and crime

Data of the number of children victims of violence are collected mainly from the Agency for Social Assistance and the Ministry of Interior. But these sources of information concern only cases that have been addressed by the public structures. There is no reliable source of information on the prevailing types of violence and the actual number of children that experience different forms of violence in their lives. Based on international studies it can be safely assumed that they are much more numerous than those established by the public institutions.

According to SACP data, the cases of violence against children on which social workers from Child Protection Departments worked in the period 2011 – 2013 decreased from 2,175 to 1,973. The number of cases for 2015 is even smaller (SAA data) – 1,839¹³⁸. Girls are more vulnerable than boys; 935 of the victims are girls, and 904 are boys. This breakdown matches the data on child victims of crime (see below).

There is indirect data that the actual number of children victims of violence is much higher (e.g. see data on the shares of children victims of domestic violence or school bullying).

The number of offenses against children in 2014 was 2670 (including offenses that do not constitute violence)¹³⁹. The share of crimes against the person (murder, bodily injury, rape, molestation, etc.) is 20% of the total number of crimes against children. The share of crimes falling in the category “other”, victims who are children, is 33% (there is no available breakdown by type, but such crimes also involve child marriages and births).

Statistical data show that children aged 14 – 17 are more vulnerable to crime and violence – 58% of all crimes are against them. On the one hand, this trend coincides also with international trends but it should be noted on the other hand that communication and investigation of crimes against victims at younger age is hindered by the application of procedures for identification and investigation which are not always aligned with the specific age peculiarities of children.

Since 2011, the share of boys in crime victims has risen to over 50% of the total number of cases. Girls more often than boys become victims of crimes against the person – particularly molestation, rape, procurement, kidnapping for debauchery, kidnapping and illegal deprivation of liberty and trafficking in human beings, as well as crimes against marriage, family and youth.

Against the background of the increased number of crimes against children, the reduced share of cases of violence against children on which child protection departments work shows the inadequate capacity of these departments to provide services and support to victims of violence against children.

According to data from the European-wide survey on violence against women, conducted by the EU Agency for Fundamental Rights, a significant share of Bulgarian women are affected by violence against them from early child and adolescent age – 30% of the women in Bulgaria (35% for EU 28) confess that before reaching the age of 15 they have already been victims of physical, sexual or psychological violence¹⁴⁰.

The latest statistics on the use of NHLC confirm the upward trend in calls, and based on Animus Association Foundation data, which manages the line, the calls reached some 109,000 in 2015,¹⁴¹ and 658 of them, i.e. 4% are concerning violence against children. The number of alerts made via NHLC to CPD has been increasing over the years – from 295 in 2011 to 649 in 2015.¹⁴²

¹³⁸ SAA data and data from the National Programme for Prevention of Violence and Abuse of Children (2017 - 2020).

¹³⁹ <http://www.transmonee.org/>.

¹⁴⁰ The data quoted by the end of the section are from a Survey on gender-based violence against women, conducted by the EU Agency for Fundamental Rights (FRA), 2012 data set.

¹⁴¹ Animus Association Foundation, National Help-Line for Children 116 111, <http://animusassociation.org>, 2016.

¹⁴² Data from the National Programme for Prevention of Violence and Abuse of Children (2017-2020).

2.2. Offender

Perpetrators of violence against children most often are members of the family (father, mother, relative) – in 2015 in 58.1% of all cases it was a parent, and in 5.8% – a relative.¹⁴³ Despite the lack of available data, this share of offenders can be assumed as realistic in view of the global trends¹⁴⁴.

Similar are the data from the above-mentioned European-wide study of violence against women – most often women state that offenders of all kinds of violence against them are men, and fathers, spouses and relatives prevail in physical violence.

Violence happens mostly in the family: 1,224 cases (66,6%), in the street – 206 cases, at school – 186 cases. 126 cases of violence happened in types of formal care (89 in a residential service, 23 in institutions and 14 in foster families).¹⁴⁵

2.3. Types of violence

2.3.1. Physical, sexual, psychological violence

Majority of cases of violence in 2015 are of physical violence against children (733 cases or 40%, which is a slight increase to previous years), neglect (460 cases, i.e. 25%, which is a slight decrease), psychological violence (406 cases, i.e. 22%, increase) and sexual violence (240 cases, i.e. 13%, decrease for 2015).¹⁴⁶ However, studies and experts assert that very often a child is a victim of multiple types of violence. At present the statistics in the country does not provide for capturing such polyvictimization.

In the lack of data about the real spread of different types of violence against children, it is difficult to assume that the data shows increased physical and sexual violence against children. Given the divergent trends in the number of offenses against children (increase) and the number of cases of child victims of violence on which child protection departments worked (decrease), the data rather shows that social work efforts have been directed at more serious and more easily identifiable forms of violence but since there are no signs of enhanced capacity for management of cases, most probably this is at the expense of prevention work on more “unobtrusive” cases such as neglect and psychological violence.

Despite the legal prohibition for use of corporal punishment, data from the survey “Health Behaviour in School-aged Children”¹⁴⁷ reveals that in Bulgaria one in 5 students has been punished by a slap in the face, and one in six students has been punished by a slap in the body, and 15% by standing upright by the wall. 11% of students share that they have been punished by pinching of the hands, legs, body, 9% of juveniles confess that they have been punished by kicks and hair plucking, and about 8% have been beaten by more than one hit; about 7% have been deprived of food or have been beaten to bruises or scrapes, 6% have been punished by being locked in the dark.

2.3.2. Domestic violence

According to the European-wide study of violence against women, psychological violence is the most common type of violence against women in Bulgaria – 39% of women in the 18-74 age group, which is lower than EU average rate of 43%. Proportion and number of all adult women in this country, who

¹⁴³ Animus Association Foundation, National Help-Line for Children 116 111, <http://animusassociation.org>, 2016.

¹⁴⁴ The data quoted by the end of the section are from a Survey on gender-based violence against women, conducted by the EU Agency for Fundamental Rights (FRA), 2012 data set.

¹⁴⁵ Data from the National Programme for Prevention of Violence and Abuse of Children (2017-2020).

¹⁴⁶ Data from the National Programme for Prevention of Violence and Abuse of Children (2017-2020).

¹⁴⁷ Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014

have ever been victims of physical and/or sexual violence since the age of 15 accounts for 28% or over 750,000. 3% of the girls in the country below the age of 15 have become victims of some form of sexual abuse or sexual incident committed by an adult. This percentage is lower than the average for the EU-28 member states: 12%.

2.3.3. Child victims of trafficking

The information about child victims of trafficking abroad shows a decrease from 2010 to 2015.

Table 15. Child victims of trafficking in Bulgaria in the period 2010 – 2015

Year	Total	boys		girls		total		boys aged 0 - 17	girls aged 0-17
		aged 0 - 11	aged 12 - 17	aged 0 - 11	aged 12 - 17	aged 0 - 11	aged 12 - 17		
2010	580	1	2	4	89	5	91	3	93
2011	541	10		3	57	13	57	10	60
2012	579	6	5	7	48	13	53	11	55
2013	540	15	3	8	41	23	44	18	49
2014	495	14		8	23	22	23	14	31
2015	409	5		1	27	6	27	5	28

Source: Eurostat, 2015, Trafficking in human beings, own calculations. The National Commission for Combating Trafficking in Human Beings: Data on 2013 is based on a Report on the National Programme for Prevention and Combatting Trafficking in Human Beings and Protection of Victims for 2013, p. 43, and refers to minors and underaged. Data on 2014 is based on a Report on the National Programme for Prevention and Combating Trafficking in Human Beings and Protection of Victims for 2014, p. 58, and refers to monitored pre-trials against minors and juveniles for that year. Data on 2015 is based on a Report on the National Programme for Prevention and Combating Trafficking in Human Beings and Protection of Victims for 2015, p. 16, and refers to monitored pre-trials against minors and juveniles for that year.

It should be noted that there is a significant difference in the data on trafficking of minors and underaged provided by the Commission for Combating Trafficking in Human Beings and data published by NSI. According to NSI statistics, minors and underaged who were victims of trafficking for the whole period 2008-2015 are 29 in total or only 3.6 children on average per annum.

As with adults, the main purpose of child trafficking is sexual exploitation – about 4/5 of the cases on average for the whole period. Most of the other cases are related to labour exploitation.

The number of children victims of trafficking or repatriated from abroad, monitored by CPDs of SAA is increasing (on monthly average basis) – in 2013 this number was 54.75 per quarter on the average, and has doubled compared to 2011. (27), whereas in 2014 a slight drop was reported – 48.25 child victims of trafficking were monitored quarterly on average by social workers from CPDs of SAA.

In 2015, SACP coordinated the repatriation of 25 children from EU Member States.

2.3.4. Bullying and violence at school

Study of the health behaviour of children¹⁴⁸ shows that one of the main forms of violence against children is school bullying. Moreover, most probably bullying is key aspect of the main reason for disliking school, namely relations among students.

In the period from the beginning of 2014/15 school year until December 2015, 92 instances of aggression by teachers and/or parents over children and 4,117 instances of aggression among students

¹⁴⁸ Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014.

were registered.¹⁴⁹ The types of aggressive behaviour among students comprise 1,662 instances of physical aggression, 1,603 instances of verbal aggression, 256 instances of unaddressed aggression (vandalism), 48 instances of self-aggression (suicides), 497 instances of psychological bullying, and 51 instances of virtual bullying. MES reported higher indicators for all types of aggression in the period from the beginning of school year 2014/15 to the end of 2015. Same as the alerts to CPDs, the data may indicate both increased aggression among students, and higher sensitivity for detection and alerting. It should be noted that the CPDs report 51 instances of violence by a school employee, which is much less than those reported by the Ministry of Education. The data indicates weak coordination between the systems and the need to enhance the awareness of pedagogues of their duties to communicate any information about violence against a child.

The registered instances of aggression and violence account for a small part of the incidents, according to the statements of the children themselves. In the past several months about 1/3 of students aged 11-15 were subject to bullying by classmates at school. For the past decade this share fell minimally – by some 2 percentage points (36% in 2005/6)¹⁵⁰. About 9% of students are subject to school bullying, the share of younger students is even higher.

2.3.5. *Child marriages*

In 2015, there were as many as 1,094 alerts of the Social Assistance Directorates submitted to the regional prosecutor's offices across the country, on early co-habitation with persons aged under 16, forced conjugal co-habitations of a child, living together as married with a person of female gender, etc., according to the provisions of Article 190 through Article 192 of the PC.¹⁵¹ However, on 573 of these institution of pretrial proceedings was rejected. The Prosecution of the Republic of Bulgaria reports that in 2015, there were 874 pretrial proceedings initiated in relation to crimes as per Article 190 through Article 192 of the PC, with 561 prosecutor's acts against 619 individuals referred to court. A total of 561 individuals were convicted or sanctioned with a ruling.

To prevent cohabitation and early pregnancy, and for launching criminal proceedings in cases constituting a crime, guidelines were issued by the Social Assistance Agency to child protection departments and Methodological Guidelines – by the Supreme Prosecutor's Office of Cassation (in 2010). The latter, however, were repealed in 2016. Their updating is pending.

2.3.6. *Risks involving children in the media and cyber environment*

Internet and the new technologies have long become a primary environment for communication and development for children and their families. The age limits for Internet and information technology use are also falling. In the recent years Internet and digital technologies became an opportunity but also a risk for safeguarding child rights. According to a national representative survey of the National Safer Internet Center Safenet.bg in Bulgaria more than half of the children aged 9 and 17 begin to use Internet before reaching the age of 8. 42% of the children have an account in Facebook before reaching the age of 11. The most common risks children share about are rudeness and bullying, clips with violence, indecent invitations, photos and messages, as well as pornography websites. Almost one third of the parents and half of the teachers have never or almost never talked to children about online risks or how to search and learn novelties in Internet. The above data is disturbing in the context of the increasing cases of online abuse and violence against children and confirms once again that children are active users of Internet from early age and public institutions should commit

¹⁴⁹ Data from the National Programme for Prevention of Violence and Abuse of Children (2017-2020).

¹⁵⁰ Inequalities in Young People's Health, HBSC International Report from the 2005/2006 Survey, World Health Organization, 2008, p. 205.

¹⁵¹ Data from a draft National Programme for Prevention of Violence and Abuse of Children (2016 - 2020).

themselves to protecting and guaranteeing their rights in the digital society.

The number of instances of cyberbullying, reported to the National Safer Internet Center is growing every year. The online hot-line for combating illegal and harmful content and behaviour in Internet to children in 2015 was used for 69 alerts on online abuse of children, a double increase on 2014.¹⁵²

The study of health behaviour of schoolchildren¹⁵³ shows that 17% of schoolchildren have been victims of cyberbullying through offensive chat messaging, Facebook wall, e.g. posts containing emails or SMS messages, or through creation of websites; one in seven schoolchildren says that insulting or inappropriate images of them have been published on the Internet. About 6% of schoolchildren aged 11 through 15 years have been exposed to cyberbullying more than twice per month.

2.3.7. Child Labour

Child labour is allowed only after obtaining permit by the General Labour Inspectorate Executive Agency, which is the authority responsible for complying with the labour legislation.

In accordance with the Consolidated Report to CRC on Bulgaria: Third, Fourth and Fifth Periodic Review, a total of 1,733 permits for legal employment of persons up to the age of 18 have been requested by the General Labour Inspectorate Executive Agency in 2012, while the number of requests in 2011 was 1838. The trend was for a diminishing number of requests for granting permits by the General Labour Inspectorate Executive Agency for hiring persons below the age of 18.

The number above are for the legal employment of children. There are no data of the illegally engaged children, but the report concludes that the most severe forms of child labour are found in the family economy (agriculture and household labour) and the informal economy (hotels, construction, street labour, etc.). The results of the labour inspections in recent years show the existence of problems with the use of employment of juveniles in the small and medium-sized business sector. In most cases the employment of underaged is related to seasonal work and low-skilled jobs. Persons up to the age of 18 participate in the activities of small enterprises involved in trade, hotels and restaurants, as well as in the small agricultural family enterprises.

It should be pointed out that the use of child labour in its most severe forms, in breach of the explicitly regulated bans in the national legislation about exposing adolescents to danger and harmful working conditions, was not established during the inspections of the Labour Inspectorate.

2.4. Special vulnerable groups of children

There is not sufficient and disaggregated data on age, gender, disability, social status to clearly define children that are at a higher risk of becoming victims of violence. The available data allows to conclude that children in formal care and children in the juvenile justice system are especially vulnerable.

2.4.1. Children in formal care

Children in formal care are especially vulnerable to becoming victims of violence. This is evident from the data on proceedings regarding cases of violence against children at institutions, foster families and placed with relatives. The small number of cases on the basis of which the calculations are made does not allow for in-depth interpretation of the changes over the years of the cases of violence in different forms of public care (relatives, institutions and foster families). The explanation for such higher vulnerability can be sought in different directions:

¹⁵² Data from a draft National Programme for Prevention of Violence and Abuse of Children (2016 - 2020).

¹⁵³ Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014.

More frequent monitoring by authorities of children placed in formal care, which could increase the possibility for identification and response to cases of violence;

Inadequate quality of the formal care, especially the understaffing and insufficient training and supervision of staff.

As noted in the report “Sexual abuse of children – study of the phenomenon and dimension of the violence against children brought up in the institutions”¹⁵⁴, about 20% of the children aged 12-18 placed in an institution have been victims of rape or attempted rape.

2.4.2. Children in the system of the Ministry of Interior and the juvenile justice system

As the Ombudsman of the Republic of Bulgaria notes in a report in the capacity of National Prevention Mechanism¹⁵⁵ the cases of different types of violence among children and thefts among them in the correctional educational boarding schools and the socio-pedagogical boarding schools are defined as happening every day. Almost without exception the children in correctional educational boarding schools and socio-pedagogical boarding schools state that violence is exercised over them by the personnel (single slaps, offensive remarks and qualifications), as well as about unauthorized forms of punishment which violate their rights or degrade their dignity such as depriving them of vacation, cleaning the area of the school, ban on use of school telephone, cleaning of sanitary premises, maintaining the yard, pit cleaning, etc.¹⁵⁶

Many of the findings of the Ombudsman in the thematic report on the status of correctional educational boarding schools and socio-pedagogical boarding schools published in 2014 are confirmed in the next report for 2015, which points out that despite the measures taken by the institutions, problems still exist such as: violence, lack of common pedagogical methods, rules and standards for equal treatment of children, co-habitation without differentiation based on the type of offense; deteriorating material facilities and learning process; lack of qualified pedagogues and insufficiently motivated personnel for efficient correctional work.¹⁵⁷

According to the Bulgarian Helsinki Committee (BHC), in the juvenile institutions within the system of criminal justice there are many cases of high level of violence and maltreatment by supervisors and policemen.¹⁵⁸ In addition, according to BHC, the most serious punishment is over-excessively applied – solitary confinement, which is executed in the conditions of full confinement, in conditions which are inadmissible under international standards regarding children (including regular review of the measure).^{159, 160} The problem with the ongoing violence against children who are victims of procurement and trafficking, to whom the system of placements in boarding schools does not ensure adequate protection against the procurement network is also identified as a systemic issue.¹⁶¹

154 “Sexual abuse of children – study of the phenomenon and dimension of the violence against children brought up in institutions”, PhD As. Prof. Neli Petrova, Dr. Nadya Stoykova, “Institute of Social Activities and Practices” Association, 2010.

155 Report on inspections performed and assessment of the status and respect for the rights of children placed in juvenile detention facilities and socio-pedagogical boarding schools in the Republic of Bulgaria, Ombudsman of the Republic of Bulgaria, 2014, p. 5.

156 Ibid., pp. 8-9.

157 “For the Children in Conflict with Law”, a thematic report on inspections performed and assessment of the status and respect for the rights of children placed in Juvenile Detention Facilities and Socio-Pedagogical Boarding Schools in the Republic of Bulgaria, Ombudsman of the Republic of Bulgaria, November - December 2015, p. 22-23.

158 “Children deprived of liberty in Bulgaria: between legacy and reform”, BHC, Sofia, 2014, p. 21.

159 Recommendation CM/Rec(2008)11 of the Committee of Ministers to Member States on the European Rules for Juvenile Offenders Subject to Sanctions Or Measures (Adopted by the Committee of Ministers on 5 November 2008 at the 1040th meeting of the Ministers' Deputies), E.13.4. Separation for security and safety reasons, p.93.1 - 93.2.

160 “Children deprived of liberty in Bulgaria: between legacy and reform”, BHC, Sofia, 2014, p. 115.

161 Ibid., p. 9.

2.5. Social norms in respect of violence against children and women, awareness

Available surveys show tolerance of some types of violence and low awareness of the methods of alert and obtaining support.

A 2012 study of the National Centre for Public Opinion Research shows that 68% of Bulgarians approve the use of “minimal force” corporal punishment methods for educational purposes. On the other hand, 83% are against methods that degrade child’s dignity.

Based on data from a conducted survey “Attitudes of parents and future parents to three rights of the children”¹⁶² 39% of the parents would use corporal punishment in rearing their child. Corporal punishment is approved as parental response mainly in cases where the child exposes his or her life to threat – 72% of the parents approve such response.

Approval of corporal punishment is combined with the confession that corporal punishment of small children leads to their humiliation (68%) and diffidence (50%). In addition, parents understand that corporal punishment of a child rears similar behaviour in the child to other children (49.1% of the parents agree with the statement that if a parent slaps his or her child, it will beat other children). At first glance this controversy in the opinions and statements of parents may also suggest a lack of knowledge and skills to apply other practices of upbringing, which exclude corporal punishment. Although parents understand the adverse effects of corporal punishment, they still lack an appropriate set of formative methods to replace it.

Both studies show tolerance to some forms of corporal punishment and at the same time recognition on their degrading effect on children. The UNICEF report from 2014 “Hidden in Plain Sight: A statistical analysis of violence against children” also shows the contradiction between the high share of children across the world that experience corporal punishment at home and the low percentage of parents that approve it¹⁶³. The report provides a possible explanation: “This suggests that many households practice physical punishment even when they do not consider it necessary. The reasons behind this are likely to be interlinked and complex. Part of the reason may be that the respondent (mother/primary caregiver or other adult household member) may not be the only person in the household responsible for disciplining children. In fact, she or he may not be responsible for discipline at all. In other words, children may be subjected to physical punishment by others living in the household even if the respondent does not support that practice. Another possible reason why many children experience physical punishment at home (whether or not adults in the household believe it is necessary) may be a perceived absence – or lack of knowledge – of alternative, non-violent methods.”¹⁶⁴

The study “Health Behaviour in School-aged Children”¹⁶⁵, conducted in 2014, shows that a significant share of the children are not informed of their rights to protection against physical violence and to not being forced to do things that they do not want to do. 23% of the students are not aware of the right to not being forced to do things that they do not want to do, and 17% of them do not know their right to be protected against physical harm.

The European-wide survey of violence against women, conducted by the EU Agency for Fundamental Rights, shows that in Bulgaria women’s sensitivity to the issue of violence seems much lower than the average for the EU – 28. Whereas 78% in Member States define the acts of violence against women as very largely or comparatively widespread, in Bulgaria this share is much lower – 60%. However, one in 5 women in Bulgaria tends to give responses that correspond to an extremely low

¹⁶² The survey was conducted by Estat Agency to order of the National Network for Children in the period 10 - 30 April 2013. At that time, a national quantitative survey was conducted among parents of children aged under 18 and among youths in the age group 20-35 without children. The total number of conducted interviews is 1161: 581 among youths and 580 among parents. The survey is a nationally representative survey for the target group of parents of children aged under 18.

¹⁶³ http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf

¹⁶⁴ “Hidden in Plain Sight: A statistical analysis of violence against children”. UNICEF, 2014, pages 154-157.

¹⁶⁵ Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014.

awareness of and sensitivity to issues of violence against women – 15% of adult Bulgarian women cannot state how widespread violence is, and 6% take the extreme position that there is no violence at all against women. In aggregate the above shares show that from among the EU countries Bulgaria exhibits the highest lack of awareness and underestimation of the problems related to violence against women. Indicative of the low extent of awareness is also the fact that one in two women on average in EU (59%) knows about existing legislation or policies on domestic violence protection and prevention. In Bulgaria, however, this share is much lower, 34% alone, the second lowest in EU. In Bulgaria more often than in the EU on average women seek solution by facing themselves the person stalking them – 56% of such women resort to this type of effort for dealing with the offender themselves, compared to 42% in the EU.

2.6. Coordination

To improve coordination and interaction in cases of violence against children in 2010 a Coordination Mechanism of interaction in working with children who are victims of violence or at risk of being abused, and for cooperation in crisis intervention, was signed.

The bodies involved in the Mechanism are: Ministry of Interior, Ministry of Health, Ministry of Education and Science, State Agency for Child Protection, the Agency for Social Assistance, social service providers and mayors of the relevant municipalities. All of them have specific and concrete powers for the implementation of intervention in cases of violence.

The structure of the Mechanism ensures a multidisciplinary approach to intervention and resolution of specific cases involving violence. The multidisciplinary team includes a police officer, a judge, a prosecutor, a doctor, a social worker, representative of the municipal administration, director or class teacher – representatives of the school.

Regulation of responsibilities is dispersed in various laws, regulations, orders, etc. The responsibilities and the cooperation between the bodies, involved in the mechanism were further validated by signing an Agreement of Action for Children at Risk (March 2010).

Monitoring on the application of the Mechanism shows that in 2015 the multidisciplinary teams, under the guidance of the Social Assistance directorates, examined 1104 alerts in total¹⁶⁶. This number nearly matches the number of alerts for 2014 when they were 1,102. Of note is the fact that the number of examined alerts is much lower than the number of cases of violence on which CPDs worked (1,839). This shows that some of the cases were handled only by the child protection departments without any partnership with the other institutions concerned. This is an alarming fact indicating possible weaknesses in the operation of the Mechanism. The weaknesses could be related both to the failure by the officials to fulfil obligations, or they could be a symptom of a systemic problem which requires a regulatory intervention.

Particularly worrying are cases of sexual and physical violence which could be offenses – the CPDs have worked on 240 cases of sexual violence, and multidisciplinary teams have worked on only 199 cases; the CPDs have covered 733 cases of physical violence and multidisciplinary teams have worked on 596 cases.

Monitoring of the application of the Coordination Mechanism shows a positive assessment by the participants of the work on cases of violence against children. At the same time, problems with its application were identified, involving:

- Insufficiently developed social services and lack of experts (psychologists, psychiatrists,

¹⁶⁶ SACP Report “Monitoring of the Application of the Coordination Mechanism of interaction in working with children who are victims of violence or at risk of being abused and for cooperation in crisis intervention”, July 2016.

specialized doctors).

- Insufficient training on violence, interinstitutional interaction and integrated approach;
- Insufficient employees and resources for work in the structures of the child protection system;
- Difficult communication between child protection departments and the prosecution office bodies.

In regard to violence and bullying at school a Mechanism for preventing school bullying among children and students at school was approved¹⁶⁷. According to the MES guidelines, schools are set to design and implement a system for preventing and combating school bullying among children at school. The annual report of the SACP for 2015 concludes that for the time being as a whole “the Mechanism for preventing school bullying among children and students at school, approved by MES, is not strictly applied”¹⁶⁸, despite the interventions to improve awareness of school personnel and their capacity to identify and respond to violence in schools.

Since 2010, there is an operating Coordination Mechanism facilitating joint, quick and efficient monitoring of every case related to child trafficking in the country and abroad. The Mechanism was agreed between the Ministry of Foreign Affairs, Ministry of Interior, Ministry of Labour and Social Policy, State Agency for Child Protection and Agency for Social Assistance, which work in close cooperation with the National Commission for Combating Trafficking in Human Beings (NCCTHB), the International Organization for Migration (IOM), etc. The implementation of the Mechanism is coordinated by the Minister of Interior and the SACP chair. At local level the mechanism is implemented with a centre the Directorate for Social Assistance, Child Protection Department (CPD), and includes the establishment of a multidisciplinary team with participants from local Regional Police Departments of Mol, Regional Inspectorate of Education (RIE), Regional Health Centre (RHC), Local Commission for Combating Juvenile Delinquency (LCCJD), Local Commission for Combating Trafficking in Human Beings (LCCTHB), Regional Prosecutor’s Office, Regional Court, the managing body of the crisis center, a professional at a provider of a community-based social service (if any and where such a professional is used) and others, at the discretion of SAD/CPD.

2.7. Available services

The available services for identification and protection against violence include community-based and alternative care services. Alternative care services are reviewed in a separate chapter of this analysis. There is no information on the number of children placed in them due to violence against them.

The main service that facilitates identification and reporting of violence against children is the National Help Line managed by the State Agency for Child Protection.

2.7.1. National Help Line for Children

The national hotline for children 116 111 operated by SACP was opened on 5 November 2009. It provides children with 24-hour free access for sharing a problem or receiving information on problems from a professional. The Help Line is currently managed by Animus Association Foundation.

In 2015, the Help Line reported 108,852 calls – the biggest number reported since launching the line in the autumn of 2009. 2015 evidenced the highest number of alerts for children at risk ever received on the Help Line – 649, which exceeds by almost 200 the number in the previous year (with 461 calls reported). This marks an increase of about 40% in comparison to 2014, which is again indicative of the fact that the hotline gains more and more recognition as a spot for getting help or to report of a child in

¹⁶⁷ Mechanism for preventing school bullying among children and students at school, approved by Order No. РД 09-611/18.05.2012.

¹⁶⁸ Report on the Activity of the State Agency for Child Protection, 2015, p. 21.

a difficult situation¹⁶⁹. However, the primary reasons for alerts remain similar: various forms of violence, usually combined, as well as neglect of children, risk of abandonment, and begging.

The alerts are mainly reported by adults, with children submitting such information in much rarer occasions. Consultations with children placed at specialized institutions (Homes for Children Deprived of Parental Care (HCDPC), Juvenile Educational Facilities (JEF), and Juvenile Correctional Facilities (JCF)) amount to only 146, with most of them being related to conflicts with educators, other placed individuals or psychosocial disorders such as anxiety, worries about the future, quest for identity. This shows that there is a need to further increase awareness of children on the existence of the line.

Still, the potential of the help line is not fully utilized for counseling with regard to resolving cases of violence, school problems and use of drugs.

Another flaw is the fact that the information from the line goes only one way and there is no tracking on the signals submitted by the Line to other authorities.

2.7.2. Community-based services

Community Support Centers are the most developed social services in the country that also include a component on prevention and support to children victims of violence. There were 121 Community Support Centers at the end of 2016 with a capacity of 4887. They normally provide social and psychological counselling with a duration of 3 to 6 months. There is no data on the share of children victims of violence out of the total number of children who received services in them. At the end of 2016, 16 specialized premises for child-sensitive hearing of children victims of violence and crimes (aka blue rooms) are functioning in the country. They are mostly established in social services.

A few services for victims of gender-based violence have been created by NGOs and are still not recognized by public authorities. Examples of such services are the Sexual Assault Referral Centre¹⁷⁰ and the Child Contact Centre¹⁷¹.

Innovative Child Advocacy and Support Centers have been established in 3 regions to provide a comprehensive social, psychological and legal support to victims of violence as a pilot project supported by UNICEF and implemented in partnership with national and local authorities and NGOs.

2.7.3. Social service providers

There are as many as thirty two non-public providers of social services for children licensed by the Chairperson of State Agency for Child Protection, which worked with children - victims of violence in 2015, and which provide 63 social services for children.¹⁷² In 2015 they worked with 1213 children victims of violence, almost equally split into girls and boys. In terms of the type of violence suffered, 27% are victims of psychological violence and 8% of sexual violence.

Table 16. Breakdown of cases by the types of violence in child protection departments and in social services

Types of violence	Breakdown of cases in child protection departments	Breakdown of cases in social services
- physical violence	40%	33%
- sexual violence	13%	8%
- psychological violence	22%	27%
- neglect	25%	33%

Source: SACP, 2015

Of note is the difference in the shares of children who are victims of different types of violence with

¹⁶⁹ Data and conclusions from the National Programme for Prevention of Violence and Abuse of Children (2017-2020).

¹⁷⁰ Established by Demetra Association in Burgas.

¹⁷¹ Established by Demetra Association and Open Door Centre in Sofia.

¹⁷² Data from the National Programme for Prevention of Violence and Abuse of Children (2017-2020).

whom CPDs and social services for children worked. Social services have a lower share and number in the cases of sexual and physical violence. This could be explained with the above-mentioned shortage of social services for children - victims of violence and therefore not all child protection departments across the country may use them for support and they are the only specialists working with the victims. On the other hand, social services have a higher share in the cases of psychological violence and neglect, reflecting their efforts to provide prevention activities.

2.7.4. Crisis centres

Crisis centres provide temporary accommodation to children victims of violence and trafficking. They are often used as a service in which police protection measure is implemented. Since 1 January 2007 the Crisis Centres have been regarded as a state delegated activity, i.e. they are financed from the national budget through the municipal budgets. The main services provided at the Crisis Centres involve provision of shelter and food, meeting of health needs, provision of psychological support, training on life and social skills, ensuring participation of the child in a school form of education, preparation for reintegration in the family and, should this be impossible, taking an adequate measure for protection of the child. At the end of 2016 their number in the country is 17, and the total capacity is 176 people¹⁷³.

In the period 2010 - 2015, the number of children placed in crisis centers more than doubled – from 205 to 473. The share of child victims of violence in the crisis centres stood at over 50% in the whole period, followed by the share of trafficked children.

Table 17. Breakdown of children placed in crisis centres at year-end

Type of violence	year	2009	2010	2011	2012	2013	2014	2015
Child victims of violence		74.4%	71.9%	50.5%	64.8%	52.5%	70.2%	61.8%
Child victims of trafficking		19.4%	12.3%	15.8%	16.9%	15.8%	10.6%	8.1%
Number of child victims of other forms of exploitation)		6.3%	12.3%	7.4%	11.3%	5.0%	7.7%	5.9%
Other		0.0%	3.5%	26.3%	7.0%	26.7%	11.5%	24.2%

Source: SACP, 2015, own calculations

In 2009 – 2015, the Centres provided mainly protection to children who were victims of physical and sexual violence, except for 2013, when the share of children who were victims of psychological violence and neglect prevailed.

Table 18. Shares of children placed in crisis centers for the period 2009-2015 according to type of violence suffered

Type of violence	year	2009	2010	2011	2012	2013	2014	2015
Physical violence		42.96%	44%	52%	39%	32%	40%	50%
Sexual violence		19.72%	27%	27%	13%	17%	15%	19%
Psychological violence		21.56%	17%	10%	20%	28%	34%	17%
Neglect		15.76%	12%	10%	28%	23%	11%	14%

Source: SACP, 2015

In many municipalities there is a shortage of places in crisis centres. Often such deficit is combined

¹⁷³ Data from the Agency for Social Assistance.

with the lack of or difficult access for different reasons to a number of social services provided at local level. Many vacant practices in remote regions and the lack of specialists hinder access by the beneficiaries of health care and medical establishments.

The legal framework in the field of placement in crisis centers should be aligned so as to ensure fastest issuance of court orders on the applications for placement.

In addition to crisis centres for children, there are a few crisis centres for women victims of domestic violence.

2.8. Challenges on policy level

The main challenges in the country include:

- Alignment of national legal framework with the applicable international regulations, standards and directives in the sphere;
- Improvement of the coordination and the multidisciplinary approach in the work of the institutions involved;
- Strengthening of the capacity of the child protection system and ensuring regular professional supervision of those working in it;
- Development of social services on the whole territory of the country, operating in the sphere of violence against children;
- Design and implementation of measures aimed at professionals working with children (GPs, teachers, coaches, social service workers and so on), towards identification of the signs of the different types of violence as well as due enforcement of the obligation to report on children at risk;
- Drafting of measures and activities to respond to violence perpetrated by and against children in educational institutions, as well as towards prevention of and response to cyberbullying and the other forms of violence against children online;
- Design of minimal bundle of services for work with children and families, and for work with offenders.
- Provision of refresher training sessions for professionals working with children who are victims and perpetrators of violence, as well as joint training sessions for the multidisciplinary teams as regards joint work on the Coordination mechanism for interaction in working with children who are victims of violence or at risk of being abused and for cooperation in crisis intervention, as well as provision of material and technical resources for the operation of the teams.
- Change of the existing attitudes and social norms encouraging violence and discrimination (such as “early marriages”) and enhancement of social sensitivity towards cases of violence and discharge of the obligation to report on children in need of protection.
- Collection of data and carrying out of research. Good understanding of the phenomenon of violence – most common places of occurrence, forms of manifestation, as well as most vulnerable age groups and communities of children – is essential to the design and drafting of adequate intervention strategies and to identify specific objectives expressed in actual figures and having specific deadlines to monitor the progress and prevention of violence;
- Building partnerships to plan measures for prevention with all sectors of society, including children themselves, the NGO sector, the business community, the media, and the ICT sector, in order to develop and implement definite standards for child protection against harmful influence.

These challenges are confirmed by the determinant analysis carried out by UNICEF in 2014¹⁷⁴.

The Committee on the Rights of the Child notes in its Concluding observations on the combined third to fifth periodic reports of Bulgaria that it is concerned by:

- The inhuman or degrading treatment, including physical, psychological and sexual abuse, among and against children living in institutional care homes;
- Reports indicating that children in juvenile detention centers, sociopedagogical boarding schools, correctional schools and temporary placement homes for minors and juveniles suffer from disproportionate punishment, including beatings, arbitrary periods in solitary confinement and limited food rations;
- The secondary victimization of children as a result of flawed investigative procedures which fail to provide sufficient guarantees of redress and lack a child sensitive approach;
- The general lack of understanding as to what constitutes violence against children, limited ability on the part of professionals to recognize cases of violence, insufficient cooperation and information-sharing among relevant agencies and inadequate follow-up;
- The lack of continued investment and ongoing support to ensure a “whole-school” approach to tackle bullying.
- Gaps in coordination are preventing multidisciplinary teams at the local level from functioning properly. The Committee expresses also concerns that there is insufficient refuge accommodation and accessible counselling services for children who have experienced violence. It is further concerned at prevailing societal attitudes that consider domestic abuse to be a private matter.
- That corporal punishment continues to be widely accepted in society as a means of disciplining children and is not explicitly prohibited or sanctioned in legislation.

3. Key Recommendations

UNICEF supported Determinants Analysis of Addressing Violence against Children conducted in 2015¹⁷⁵ provides the following recommendations:

1. Build system capacity and improve coordination and develop a programme for the implementation:

- Training and regular supervision of specialists. In particular social workers in CPDs, staff in education and health professionals and specialists in the justice system (police officers, prosecutors, judges); all points of contact for child well-being. Training on child rights, as well as for identification, assessment and response, is needed.
- Meet the basis and technical resource needs of the child protection system and multidisciplinary teams.
- Improve coordination and the multidisciplinary approach in the work of engaged institutions to ensure effective cooperation, coordination and exchange of data between the systems, and in particular, between the child protection services, on the one hand, and the police and the justice system, on the other. Develop mechanism for tracking and coordinating data across the system (for example ensuring that police reports are matching up with CPD reports and cases of VAC are “not falling through the cracks”).

174 <https://www.unicef.bg/en/article/Determinants-Analysis-and-Theory-of-Change-on-Addressing-Violence-against-Children-in-Bulgaria/902>

175 <https://www.unicef.bg/bg/article/Analiz-na-opredelyashtite-faktori-i-teoriya-na-promyanata-svarzani-s-nasiliето-sreshtu-detsa-v-Balgariya/902>

2. Delineate clear pathways through the system and promote access:

- Identify key access avenues – NHLC, social services, health and education sectors.
- Enforce appropriate legislation to support victims.
- Design of minimal bundle of services for work with children and families, and for work with offenders. Access to support services should be ensured for juvenile offenders as well as for the children who are victims of violence, in order to prevent further negative consequences for their mental development; also all required measures should be designed and taken to prevent subsequent victimization of the child.

3. Build upon Promising Practices:

- Require all programs to provide evidence of their effectiveness.
- Develop cross-sectoral partnerships to facilitate access and communication for improved outcomes.
- Enforcing mandatory uniform reporting guidelines.
- Collection of data and carrying out of research.

4. Promote Awareness of Violence Against Children:

- Culture of violence against children needs to be changed – social norms continue to be one of the reasons why abuse is tolerated. Changing public attitudes to move towards zero tolerance of violence towards children.
- Promote positive parenting practices to prevent violence against children.
- Raise public awareness to recognize and respond to violence against children (so that everyone to know what to do when it occurs).

5. Intervene Earlier:

- Improve the existing mechanisms of social assistance/family allowances for children.
- Promote community mental health and prevention.
- Address the issues related to domestic violence as this is an area with a strong link to child maltreatment practices.
- Engage men and boys in activities for preventing/ending violence against women and children before it begins.
- Engage children as citizens, to promote non-violence as they become the next adults. Drafting of measures and activities to respond to violence perpetrated by and against children in educational institutions, as well as towards prevention of and response to cyberbullying and the other forms of violence against children online.

CRC Recommendations

The Committee on the Rights of the Child recommends that:

- In coordination with the Office of the Ombudsman, in its capacity as national Preventive mechanism, establish a monitoring mechanism to ensure that all children deprived of their liberty, including in the course of criminal or corrective procedures, are free from all forms of torture, inhuman or degrading treatment, and ensure that they have access to a safe and child-friendly mechanism to file complaints relating to their deprivation of liberty, conditions of detention or internment and treatment;
- Ensure that child victims of ill-treatment are provided with proper care and rehabilitation programmes and guarantee that revictimization of any kind is avoided;
- Strengthen capacity-building programmes for teachers and staff members of child care facilities, in order to promote positive and alternative forms of discipline and respect for children's rights and to raise awareness about the adverse consequences of corporal punishment on children;
- Ensure efficient cooperation, coordination and data sharing between child protection services on the one hand, and the police and justice system on the other;
- Establish compulsory training courses on violence against children for all relevant professionals;
- Develop a national programme to address violence in schools with support from the Ministry of Education and Science and teacher training agencies to establish standards, mentoring and peer reviews in schools; to provide training, including for parents, on the risks of cyber bullying;
- Develop a public-awareness campaign as a means of changing prevailing attitudes in relation to violence against children and move towards zero tolerance;
- Further strengthen awareness-raising and education programmes — including campaigns in these areas — with the involvement of children, in order to formulate a comprehensive strategy for preventing and combating child abuse;
- Establish a national database on all cases of domestic violence against children and undertake a comprehensive assessment of the extent, causes and nature of such violence;
- Ensure the allocation of adequate human, technical and financial resources to the State Agency for Child Protection to enable it to implement long-term programmes for addressing the root causes of violence and abuse;
- Encourage community-based programmes aimed at preventing and tackling domestic violence, child abuse and neglect, including by involving former victims, volunteers and community members, and providing training support to them;
- Explicitly prohibit corporal punishment in legislation;
- Ensure that the prohibition of corporal punishment is adequately monitored and enforced in all settings;
- Promote positive, non-violent and participatory forms of child-rearing and discipline through awareness campaigns;
- Ensure that offenders are brought before the competent administrative and judicial authorities;
- The Committee recommends that the State party to Convention should establish a system to track all cases involving child marriages among ethnic groups, particularly Roma girls, and provide victims with shelter as well as appropriate rehabilitation and counselling services.



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**ACCESS
TO JUSTICE**

ACCESS TO JUSTICE

1. Institutional and Legal Context

Children's access to justice is a fundamental human right, but also a means of protection of all other rights, and in this sense it is defined as the ability to obtain fair, timely and effective legal remedy for violations of rights.¹⁷⁶ Children are facing a number of barriers when they seek protection in case of violation of their rights, most often in relation to the lack of adapted procedures, trained specialists and supporting services. As regards the national strategic framework related to providing guarantees for children's access to justice, the first to be mentioned is the National Strategy of the Child (2008-2018) – the main strategic document in relation to the children's rights in Bulgaria. Two priority areas of the Strategy are targeted at the children's access to justice, namely "Protection of Children from All Forms of Abuse, Violence and Exploitation" and "Guaranteeing the Rights of Juvenile Offenders to Fair and Lawful Treatment and Respecting their Dignity". Other important strategic documents adopted in the recent years are: Justice for the Child State Policy Concept (2011), Roadmap for Implementation of the Justice for the Child State Policy Concept (2013), Updated Strategy to Continue the Judicial System Reform (2015).

The general legislative framework related to children's access to justice comprises of various regulatory acts of substantive and procedural law, with the following being the most important – the Penal Code and Penal Procedure Code, the Child Protection Act, the Law on Combating the Anti-social Behavior of Minors and Underaged, the Family Code, Civil Procedure Code and the Legal Aid Act. Authorities and institutions having the most significant role in ensuring fair and timely protection, when children's rights are violated in Bulgaria, are the Ministry of Interior, Ministry of Justice, State Agency for Child Protection, Prosecutor's Office of the Republic of Bulgaria, Supreme Judicial Council, National Legal Aid Bureau, Ministry of Labour and Social Policy, Agency for Social Assistance, the National Ombudsman.

2. Description of the status and key issues and trends

Like all other citizens, children encounter a number of challenges to their access to justice, but they are facing also additional and specific legal and social obstacles owing to their specific status as minors and underage persons. Some of the basic problems facing all children involved in legal procedures are related to the current legal framework, specialization and training of professionals working with them, and the access to support services. At the same time, it should be noted that some children involved in legal procedures face more serious challenges and are more vulnerable due to the nature of the proceedings they are involved in, or owing to their role in the relevant proceedings. The following are among the most vulnerable groups of children involved in legal proceedings: children in conflict with the law, children under the minimum age of criminal responsibility, children who have committed status offences, children – victims or witnesses of violence and crimes.

2.1. Children in conflict with the law, children under the minimum age of criminal responsibility, children who have committed status offences

In the Bulgarian law there is no legal definition of child in conflict with the law. The generally accepted definition, also increasingly used in Bulgaria, is based on Art.40 of the UN Convention on the Rights of the Child and covers every child suspected, indicted or convicted for violation of the criminal law, where such a child is over the minimum age of criminal responsibility.

¹⁷⁶ This is the definition adopted by UNICEF and the European Union Agency for Fundamental Rights.

The current legal and institutional framework regulating juvenile (youth) justice¹⁷⁷, comprises several relatively independent systems, which operate simultaneously and sometimes in parallel: judicial, administrative and child protection systems.¹⁷⁸

According to the PC, the minimum age of criminal responsibility of children is 14 years, but only in cases where they were aware of the nature and significance of their actions. At the same time, the LCABMU contains the concept of “anti-social behaviour”, which allows for imposing educational measures on children under the minimum age of criminal responsibility and children who have committed status offences, such as running away from home, playing truant, drinking alcohol, and for activities such as vagrancy and begging, which are more of a social problem.

The institutional framework is comprised of two different systems – the judiciary including regional and district prosecutor’s offices and regional and district courts, and the administrative one, including the Central Commission for Combating the Anti-social Behaviour of Minors and Underaged (a collegiate body on national level, chaired by the Deputy Prime Minister and comprising Deputy Ministers to the Council of Ministers) and local commissions for combating the anti-social behaviour of minors and underaged (to municipal mayors). In compliance with the LCABMU, both the administrative system and the judiciary, but only in cases of imposition of measures of “placement in a socio-pedagogical boarding school” and “placement in a “correctional educational boarding school”, deal with children in conflict with the law, children under the minimum age of criminal responsibility and children who have committed status offences. This is largely owing to the legal term “anti-social behaviour” introduced by the act, which is rather broadly defined and is subject to interpretation.

These deficiencies of the national legislation have been noted and analyzed in various reports by Bulgarian and international experts, as well as in the recommendations of the UN Committee on the Rights of the Child as early as 2003, and again in 2008, and were confirmed in the Committee’s Concluding Observations in relation to the consolidated third and fourth periodic reports on Bulgaria in 2016.

The children in conflict with the law are subject to the criminal justice system and the system for combating juvenile delinquency, while the children under the minimum age of criminal responsibility and the children who have committed status offences are subject to the system for combating juvenile delinquency. The connection between the two systems and the child protection one is difficult, primarily due to gaps in the legislative framework and the professionals’ inadequate training. This results in a limited access to services in support of children in conflict with the law, children under the minimum age of criminal responsibility and children who have committed status offences.

The above-mentioned gaps and inconsistencies of the legislation with the requirements of the international standards, as well as the insufficient guarantees for due process within the framework of the LCABMU due to the lack of the requirement of mandatory representation by a lawyer, result in violation of children’s rights under the proceedings, but also as a result of the rulings on them.

The data from a study on the social inclusion of children in conflict with the law, covering also children under 14 years old and children who have committed status offences, shows that the reasons for this type of behaviour among children are largely of socio-economic nature and are often due to the children’s families’ belonging to marginalized communities, neglect and violence, difficulties at school and mental health issues. The majority of children placed in Social-pedagogic boarding schools (SPBS) have issues in the family environment – expert assessments show that 3 out of 4 children

¹⁷⁷ The English term is “juvenile” (from the Latin “juvenis”), which literally means in Bulgarian “young person, youth”, within the meaning of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules) of 1985. “Juvenile” is a child or a young person, who in case of an offence is treated in a manner other than treatment of adults according to the relevant legal system; within the meaning of the Bulgarian legislation, these are the minors and underage persons (Penal Code) who come within the general concept of “children” (Child Protection Act).

¹⁷⁸ Juvenile justice system in Bulgaria – analysis of the current legal and institutional framework.

placed in SPBS face challenges with attachment, and for 41.6% of them there is information for parents' criminal record and problems with the law.¹⁷⁹

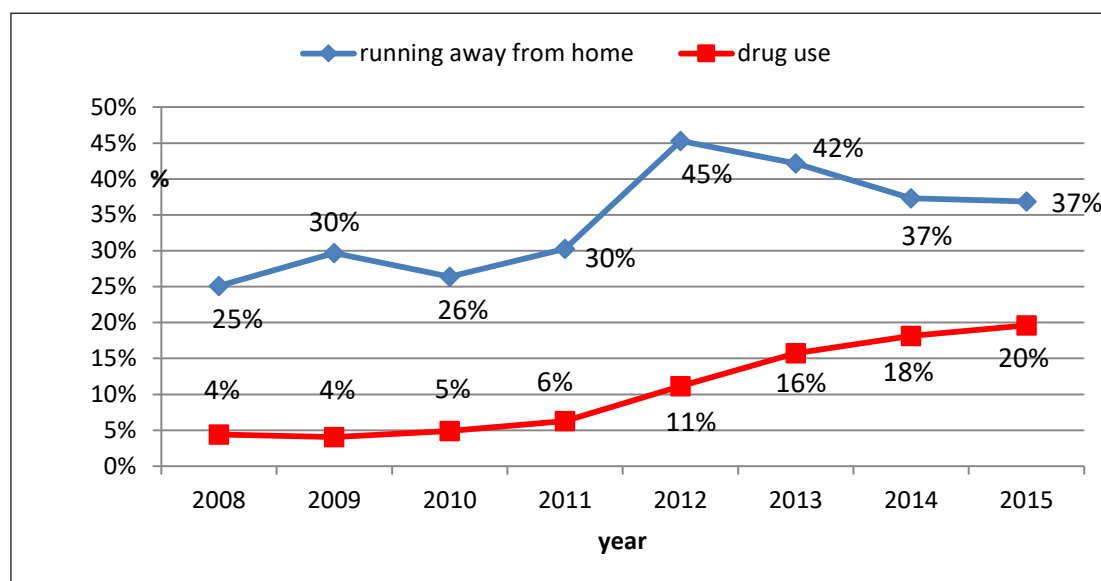
More than half of the interviewed children in SPBS (53.2%) have been victims of various forms of violence in the family environment. According to 44.6% of the parents of such children included in a study on parental capacity, there were instances of domestic violence as well.¹⁸⁰

It is not by chance that many of these children exhibit manifestations of mental suffering and mental illnesses. The study among children placed in SPBS shows (based on their records and documents) that while there is objective data for mental suffering and disorders for only 14.5% of them, a specialized assessment performed by the teams of Child and Space Association shows that in fact there is mental suffering present among many more of the officially recognized children and among the children currently on medication therapy.

Irregular school attendance and dropping out of the educational system at an early stage are among the key features of the children at risk of conflict with the law. A little more than two thirds of children placed in SPBS (69%) have missed more than 1 school year in their educational development compared to their peers, and 14% of them lag behind in their education with 4 years and more.

In comparison to the 2008-2011 period, the last 4 years see a considerable increase in the proportion of anti-social behaviour among children, such as running away from the institution and drug use, with the latter seeing a five-fold increase in 2015 compared to 2008.

Figure 39. A share of delinquency for which educational measures were imposed, are running away from home and use of drugs



Source: own calculations based on NSI data of educational measures imposed for juvenile delinquency, 2016.

It is impossible to determine the number of children with anti-social behaviour, who were recognized by the child protection system as children at risk and are subject of protection measures and beneficiaries of social services for support.

In the period 2010-2015, there are no material changes in the proportion of educational measures

¹⁷⁹ Social Inclusion of Children in Conflict with the Law – New Models and Practices, Handbook for Professionals, Coordinating Editor Dr. Nelly Petrova-Dimitrova, Social Activities and Practice Institute, Sofia, 2014, page 69.

¹⁸⁰ Social Inclusion of Children in Conflict with the Law – New Models and Practices, Handbook for Professionals, Coordinating Editor Dr. Nelly Petrova-Dimitrova, Social Activities and Practice Institute, Sofia, 2014, page 70.

in view of the socially hazardous acts performed by children. The proportion of warning measures remains the highest of all – nearly 2 out of 5 measures imposed, and placement under educational supervision of a public supervisor – about 1/5 of measures.

Based on NSI data, the last 10 years have seen a sustainable trend of decrease in the total number of children supervised by Child Pedagogic Officers (CPO), with their number decreasing nearly twice for the whole period: from 13,343 in 2004 to 5,372 in 2014.

For the period 2007-2011 there is a fluctuation in the number of children supervised by CPO per year, with years of increase followed by years of decrease. However, the period between 2012 and 2014 saw a gradual decrease in the number of children supervised at child pedagogical facilities for their antisocial acts: while in 2011 they were 8,134, in 2014 the number was 5,372, or about one third less. This marks the lowest number of children supervised per year at CPO, for the last 10 years.

Runaways from home traditionally rank first among the antisocial acts – their annual average number for 2007-2010 is 1,748, insignificantly decreasing by 4% in the period 2011-2014 (annual average of 1,676).

Following 2011, the methodology for recording antisocial acts was amended and truancy no longer fall among the tracked indicators. The same applies for alcohol consumption. The changes in the methodology are among the key factors accounting for the considerable drop in the number of recorded antisocial acts.

The second most frequent antisocial act for the period 2011-2014 was drug use: an annual average of 483 cases; by way of comparison, the previous 4-year period saw an annual average of 360 such cases, i.e. this marks a 26-percent increase in the recorded cases of drug use. The average annual number of cases of vagrancy and mendicancy between the two periods decreased by 50% and 1/3, respectively, the registered cases of prostitution and homosexual behaviour decreased more than twice. This poses the question if they have halved as a result of the methodology of reporting such behaviour and possibly the underrating of keeping a statistics for them, or to possible effects of the systematic measures implemented for their prevention and reduction, or these cases were identified as children at risk, rather than delinquent children.

Table 19. Number of underaged and minors supervised at CPO for the period 2007-2014

Types of behaviour	Year	2007	2008	2009	2010	2011	2012	2013	2014
Truancy		2044	1615	1590	1621	1768			
Flight from the institution (from home)		2053	1896	1548	1494	1665	1745	1744	1550
Wandering		695	474	561	390	407	378	387	239
Alcohol consumption		471	401	497	422	429			
Drug use		492	314	307	326	446	437	517	532
Begging		349	185	238	281	223	236	215	115
Prostitution and homosexual services		276	210	177	119	137	78	62	59

Source: NSI, 2015

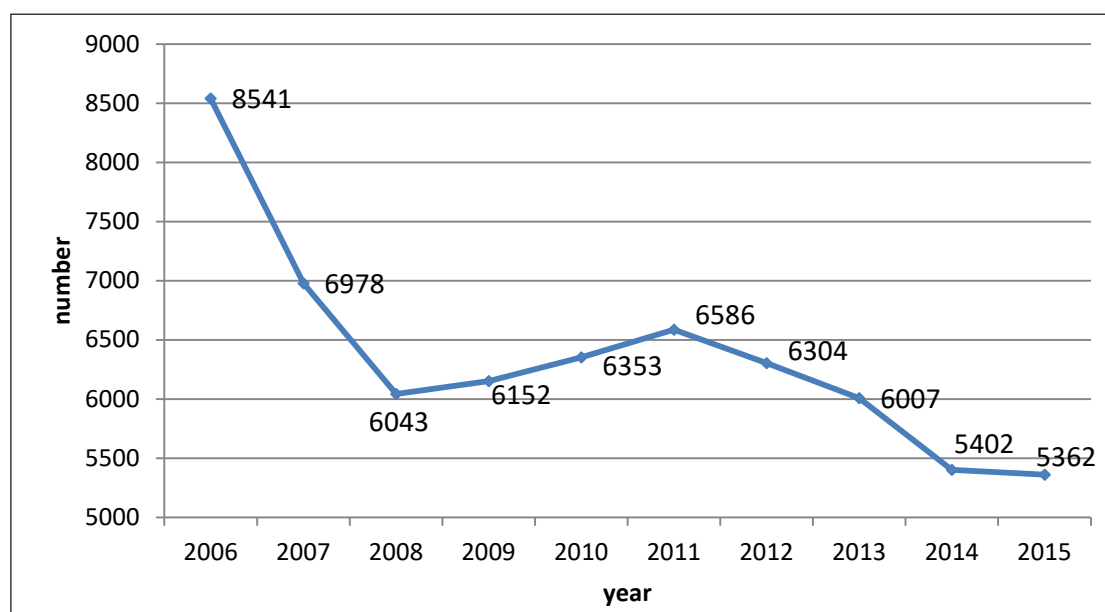
In the period 2006-2012 the proportion of minors' records kept at CPO fluctuated between 20% and 22%, but in 2013 it was on the rise and surpassed 22%, to reach 25% in 2014 – the highest proportion of juveniles for the last 10 years. In 2015, this indicator goes back to 22%.

For the period 2007-2010, the proportion of minor girls supervised at CPO comprises 30% of all minors, but between 2011 and 2014 this proportion rises to 35%. Unlike the previous 4 years, the number of minor girls prevails over the number of their peers boys not only as regards instances of prostitution, but as regards runaways from home as well.

The period 2008-2011 marks a gradual increase in the number of children who have perpetrated offenses – from 6,043 to 6,586; and from 2011 till 2015 their number gradually drops to 5,362. The most frequent offenses committed by children remain unchanged: theft, bringing about nearly 60% of educational measures, followed by hooliganism, with the measures inflicted for both the period between 2008 and 2011 and the following 4-year period comprising 11% of all measures for anti-social acts. For the last 4 years, drug-related offences rank third with an annual average of 6%, which, however, has doubled compared to 2008-2011.

Similar to the period 2008-2011, for the last 4 years, an annual average of 80% of measures are imposed for perpetration of criminal offences.

Figure 40. Children who have committed offences



Source: NSI, 2016

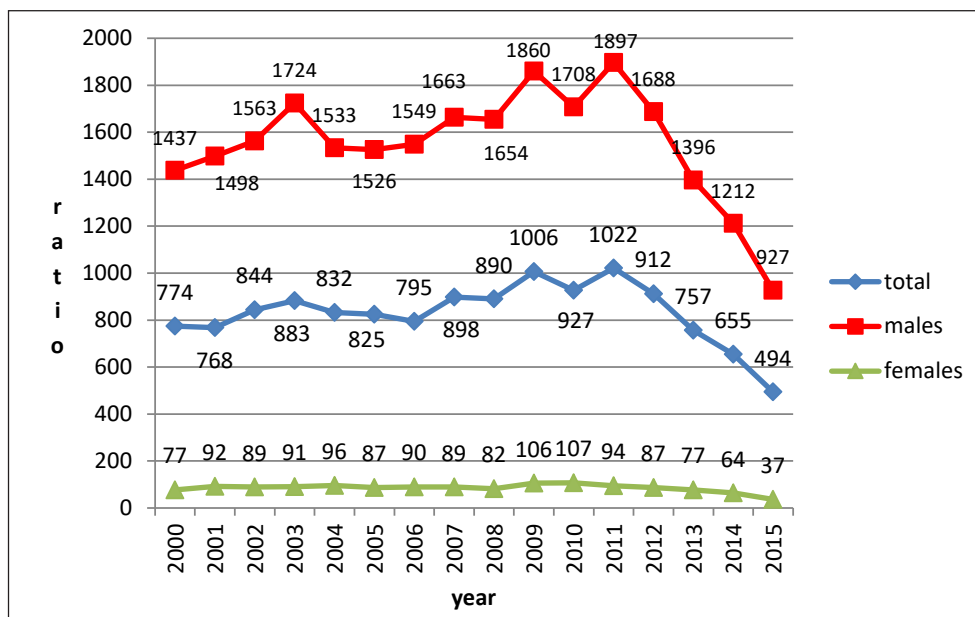
A review of statistics indicates a preserved trend of educational measures imposed much more frequently for criminal offences rather than for antisocial acts. For the period 2008-2011 around 5 times more offences were sanctioned compared to the number of anti-social acts. In the period 2012-2015, the difference has grown to over 6-fold. Nevertheless, the percentage of educational measures imposed for delinquency that is not crime cannot be overlooked and deemed insignificant, as this approach is in violation of international standards.

The primary measure imposed on children in the 2010-2015 period is warning (about 40% of measures), which along with the placement under educational supervision performed by parents or individuals performing intense care instead of them (about ¼ of measures), takes up as much as two thirds of all measures. The third most frequent measure with a share of about 12% is the mandatory participation in counselling, training sessions and programmes. Children were placed at Correctional Educational Boarding School only in about 1% of instances, and warnings for placement at Correctional Educational Boarding School with a 6-month probation period with a proportion of between 4 and 6%.

The annual average of sentenced individuals per 100,000 people of average annual population aged 14-17 from the beginning of the century to 2015 inclusive is 830. In the period 2007-2011, there is an increase in the number of sentenced individuals of this age group, while in 2009 and 2011 the number of the sentenced per 100,000 underaged persons exceeded 1,000. In the following 4-year period, the

average value of this indicator dropped significantly, in 2015 it is 494 per 100 000, and the last 3 years evidenced the lowest levels registered since the beginning of the Millennium.

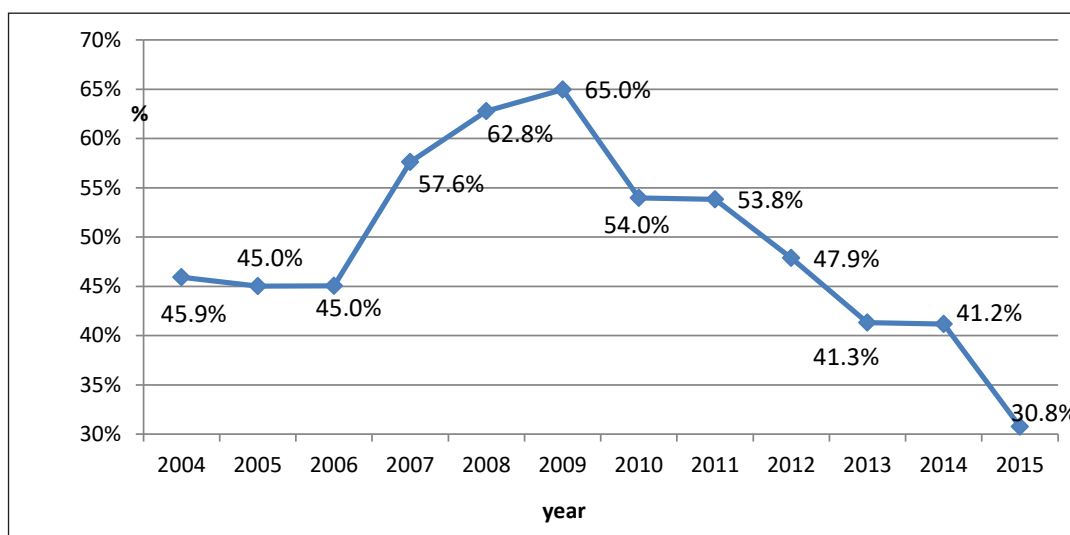
Figure 41. Number of sentenced individuals per 100,000 people of average annual population aged 14 -17 years



Source:
NSI, 2016

The proportion of offenders aged 14-17 of the total number of children who have committed criminal offence was about 45% in the middle of the last decade, but in the period 2006-2009 it saw a significant increase, and at the end of the decade reached nearly two thirds. From 2010 to 2015 this proportion marks a constant decrease and during the last year hits the lowest level since 2004 – 30.8%.¹⁸¹

Figure 42. Proportion of convicted underage offenders aged 14-17 out of the number of offenders in the same age group for the respective year



Source: own calculations based on NSI data, 2016

¹⁸¹It should be noted that because of the slow court proceedings, trials largely do not lead to convictions in the year of perpetration of the offences.

The long-term trend of decrease in the number of convicted minors versus the 14-17 age group as well as versus the number of underage offenders probably shows the search for possibilities for underage offenders to become subject to alternative measures.

In 2015, conditional sentences for underaged are 12% more in number compared to 2011. The legal institution of probation appears to be an insufficiently developed sanction where minors are convicted – while in 2011 it was a primary form of punishment, in 2015 merely less than one third of the penalties imposed were probation. Between the two years its status as a penalty to minors diminished by 8%.

Table 20. Convicted underaged offenders in 2011 and 2015 with imposed penalties

Year	Convicted persons – proportion			Imposed penalties – proportion		
	with effective conviction	with conditional sentence	including the number out of the total number of sentenced under amicable settlement	custodial sentence	probation	public reprimand
2011	72%	28%	47%	39%	40%	21%
2015	60%	40%	53%	52%	32%	16%

Source: own calculations based on data from Crimes and Persons Convicted – 2011, NSI, 2013, page 66, and Crimes and Persons Convicted, NSI – 2014, 2015, page 70

The 2013 annual report of the prosecutor's offices states that the speed of the proceedings involving underage persons, including issuing a prosecutor's decision, ensures the state's timely response, regardless if it is in the form of non-prosecution, an educational measure under the Juvenile Delinquency Act, or penalty under the PC. In addition, it was found that the quality of the conducted inspections and investigations should mandatorily entail particular care to the personality of the underaged person. This can be achieved by specialization of the investigators and prosecutors for working with children, and providing this specialization should be a commitment of the administrative managers locally¹⁸².

The specialization and suitable training of all professionals working with children in conflict with the law is crucial for ensuring their access to justice and their further social integration.

In the Concept on State Policy in the Area of Juvenile Justice, adopted in 2011¹⁸³, the following were envisaged: the establishment of a legal framework focusing on children's rights and in line with the social reality, which is compliant with international legal standards and established applicable foreign best practices, as well as the implementation of a specialization of the juvenile justice system and measures for establishment of new services and improvement of the capacity of existing public services related to children with behavioural deviations.

Although specialization is stipulated in the Concept and in the Roadmap for its implementation, training of professionals – social workers, police officers, prosecutors and judges has been so far provided on project principle and with no nationally adopted concept and standards. Training and pilot implementation of specialized court panels for work with children has been in place since 2013 under the project "Strengthening the Legal and Institutional Capacity of the Judicial System in the Field of Juvenile Justice" of the Ministry of Justice as part of the Bulgarian - Swiss Cooperation Programme. To date, specialized judges and court panels have started work in the Varna District and Regional Courts, Plovdiv District and Regional Courts and Kozloduy Regional Court. By the end of 2016, specialized judges and court panels are expected to start work in the Pleven and Vratsa Regional Courts. As a result of the project, online training is available, which is conducted by the National Institute of Justice, and only magistrates have access to it.

¹⁸² A 2013 Report on the application of the act and the activities of the prosecution and the investigative authorities, page 106.

¹⁸³ Concept on State Policy in the Area of Juvenile Justice, 2011, page 4.

In 2013 the Roadmap for Implementation of the Concept¹⁸⁴ identified specific measures and deadlines for changes in juvenile justice. Key weakness of the document is that the approach at the heart of the Roadmap is not integrated and comprehensive and does not ensure interaction between the child protection system and the delinquency prevention system¹⁸⁵. The implementation of most of the measures and projects set out in the documents is limited. There are no reports on or assessments of the progress with the tasks and objectives set out in the strategic documents and roadmaps.

The updated Strategy for continuation of the reform in the judicial system, adopted by a resolution of the National Assembly of 21.01.2015, also sets as a priority the reform in the juvenile justice system in specific goal 7. Juvenile justice system targeted at prevention, provision of effective protection and humane corrective measures.

The Ministry of Justice finalized the work on a draft legal act known as Diversion from Criminal Proceedings and Implementation of Educational Measures Act, which fully regulates the principles, structure and procedures of the juvenile justice system. The transitional and final provisions of the draft act propose amendments to the PC and the PPC, providing for partial transposition of the provisions of Directive (EU) 2016/800 of the European Parliament and of the Council of 11 May 2016 on procedural safeguards for children who are suspects or accused persons in criminal proceedings, in the national legislation. The draft act has passed the inter-agency coordination and public consultation stage and will be submitted for consideration by the Council of Ministers.

Many professionals believe that no focused work is done for prevention of juvenile antisocial acts¹⁸⁶. For example, researchers from the Bulgarian Helsinki Committee claim that there are no alternative measures for support of families and children in conflict with the law¹⁸⁷.

There is a sparsity of specialized services available for work with children and families, such as crisis centres, centres for children with dependencies, as well as a service for support of children who have been involved in prostitution, residential-type counselling centres for expert assessment of children, semi-open residential services (centres for assessment and supervision), as well as open residential services – as many as 28 centres for children in conflict with the law, one in each region of the country. The provision of many of these is provided for in the Roadmap, but the effective implementation has been put off¹⁸⁸.

The access of children in conflict with the law to counselling, treatment and support services is limited. A priori, actively seeking contact with social services providers is not among the life strategies of children for coping with crises and risks. Therefore, the most frequent practice is for them to get access to social services on the initiative of an institution or of the child's parents. Next comes the activity of the providers themselves and of professionals working in various structures along lines of professional cooperation and acquaintance. In separate cases, it is on the initiative of the school. Most rarely, services are sought personally by the child, and most often in such cases he or she is motivated by another child using the service¹⁸⁹. The investigative and law-enforcement authorities do not keep in contact with the protection system and social services providers, so as to facilitate directing children to a suitable service. It should be noted also that services are concentrated mainly in the big cities, and in the small settlements users have no access to them, except by way of exception or in the form of a mobile service¹⁹⁰.

184 Roadmap for implementation of the Concept on State Policy in the Area of Juvenile Justice (2013 – 2014), 2013.

185 "Children deprived of liberty in Bulgaria: between legacy and reform", BHC, Sofia, 2014, p. 17.

186 Social Inclusion of Children in Conflict with the Law - New Models and Practices, Handbook for Professionals, Coordinating Editor Dr. Nelly Petrova-Dimitrova, Social Activities and Practice Institute, Sofia, 2014, page 72.

187 "Children Deprived of Liberty in Bulgaria: between Legacy and Reform", BHC, Sofia, 2014, p. 18.

188 Roadmap for implementation of the Concept on State Policy in the Area of Justice for Children (2013 – 2014), 2013, page 30.

189 "Services for children in contact with the state: review, analysis and assessment of the services for children in conflict with the law, available in Bulgaria", Justice Development Foundation, Sofia, 2016, page 43.

190 "Services for children in contact with the state: review, analysis and assessment of the services for children in conflict with the law, available in Bulgaria", Justice Development Foundation, Sofia, 2016, pages 44-45.

The workload, turnover and shortage of social workers and public educators, as well as their insufficient qualification and lack of effective interinstitutional coordination continue to hamper both the prevention of antisocial acts and the work with juvenile and minor offenders. This factor curbs the capacity of the system to work efficiently towards prevention and reintegration of children in conflict with the law on the basis of qualitative complex multidisciplinary assessment focusing on the child's needs.

Prevention of behaviour in conflict with the law is perceived by the institutions as a key priority, but there is a lack of diversified mechanisms, methodologies and literature for the effective completion of its objectives, including approaches to involving children and their active participation¹⁹¹.

Not enough active use is made of the opportunities of the so called "restorative justice" (including mediation, conciliation procedures, community service and so on).

2.2. Children witnesses or victims of crimes and violence

The children witnesses or victims of crimes and violence are among the most vulnerable participants in legal proceedings, owing to the great formality of criminal proceedings, the absence of any adapted procedures, some deficiencies in the regulatory framework of domestic violence, the shortage of trained professionals to conduct and monitor the proceedings and the underdeveloped system of consultation, accompanying and treatment services.

National statistics does not provide data of children victims or witnesses of crimes and violence. Information of the number of children victims of crimes can be derived from the official police statistics, and the annual reports on law enforcement and activities of the prosecution and investigative authorities.

Table 21. Number of children victims of crimes according to the annual reports on law enforcement and activities of the prosecution and investigative authorities

Year	Total children aged 13-17	Girls	Boys	Total children aged 0-13	Girls	Boys
2011	2340	1291	1049	1342	723	619
2012	2126	1248	893	1543	878	650
2013	1913	1205	708	1640	851	789
2014	2445	1422	1023	1678	958	720
2015	1966	1290	676	1600	882	718

Source: Annual reports on law enforcement and activities of the prosecution and investigative authorities 2011-2015.

The annual reports of the prosecutors' offices indicate that girls aged 13-17 years are the most vulnerable to criminal offences. Girls aged 0-13 are also more often victims of crimes, than the boys of the same age group.

In the last 5 years, there is a sustained trend for minors and underage persons to be registered as victims of non-payment of child support (2011 – 830, 2012 – 979, 2013 – 954, 2014 – 994, 2015 – 938). In the same period, next come the children victims of theft (2011 – 756, 2012 – 721, 2013 – 644, 2014 – 948, 2015 – no data available) and third come the children participating in illegal matrimonial cohabitation (2011 – 601, 2012 – 544, 2013 – 510, 2014 – 637, 2015 – 655).

The annual reports of the prosecutors' offices do not contain information on the perpetrators of the offence of illegal matrimonial cohabitation, nor of the outcome of the initiated proceedings –

¹⁹¹ Social Inclusion of Children in Conflict with the Law – New Models and Practices, Handbook for Professionals, Coordinating Editor Dr. Nelly Petrova-Dimitrova, Social Activities and Practice Institute, Sofia, 2014, page 73.

how many of them ended with a formal indictment, how many – with a judgment, and if there was any conviction – what it was. Child marriages or illegal matrimonial cohabitation, according to the terminology of the Penal Code, continue to be among the most frequent crimes against children in Bulgaria, so more effort should be focused on monitoring and analysis of the investigation of these offences, and of the results of their prosecution.

No data are available of the number of children participating in criminal proceedings as witnesses.

With regard to the specific needs of the proceedings, the criminal process is characterized with great formality, which does not take into consideration the particular vulnerability and specific needs of the children involved in the process, and the risk of revictimization. The PPC lacks any sensitivity to the specifics of children and a child-sensitive approach, just the opposite, there is still a possibility to use a face-to-face confrontation as a method of proof, where there is a significant contradiction between the explanations of the defendants or between the defendants' explanations and the witness evidence, even where the witness is a child victim of the crime.

Many national and international bodies on human rights, including the UN Committee on the Rights of the Child in its 2016 recommendation on the consolidated third, fourth and fifth periodic reports on Bulgaria, note the lack of a child-sensitive approach adapted to children's needs, and the lack of specialized police officers, prosecutors and judges.

A positive step towards the implementation of child-sensitive and adapted to the children needs procedures is providing special premises for forensic interviews and hearing of children – the so-called "blue rooms". Creating blue rooms follows the experience of countries with existing good practices, like Iceland, Sweden, Norway, and the experience of France and Poland, consistent with the international standards and adapted to Bulgaria's legislation. Using a specialized premise is aimed at creating a comfortable environment where children can be interviewed in a safe environment and adapted surroundings, thus allowing for collection of exhaustive information and viable evidence. This is extremely important, particularly in some criminal proceedings for crimes against children, in which interviewing the child is often the only method of proof.

Moving part of the proceedings or procedure out to specialized premises outside the court room or police station allows for protection of the best interests of the child involved in the legal proceedings, while ensuring the collection of full and accurate information for the purposes of prosecution, without violating the right to protection and the principles of a fair process.

Using the possibilities of the blue rooms, as a suitable space and adapted procedures, meets the requirements of international and European standards, which provide a framework for children's access to justice¹⁹².

¹⁹² The Convention on the Rights of the Child adopted by the UN General Assembly on 20.11.1989, ratified by a resolution of the Grand National Assembly of 11.04.1991 - SG No. 32 of 23.04.1991, published, SG, No. 55 of 12.07.1991, in effect from 3.07.1991, ECOSOC Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime, Guidelines of the Committee of Ministers of the Council of Europe on Child Friendly Justice, Convention of the Council of Europe on the Protection of Children against Sexual Exploitation and Sexual Abuse, ratified by an act passed by the 41st National Assembly on 2.11.2011 - SG No. 90 of 2011, in force for the Republic of Bulgaria from 1.04.2012; Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA, and Directive 2012/29/EU of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.

Blue rooms – a space adapted to children’s needs

The “blue room” is a specialized room for hearing and forensic interviewing of children. It comprises of two parts (premises, rooms) divided with a one-way mirror. One of the rooms, where the professional facilitates the hearing or forensic interview, is cozy, painted in warm low-key tones. The surroundings are child-sensitive, with no external irritating factors and this predisposes the children to feel confident and safe, to freely express their thoughts and to tell about their experience. The room is provided with video and sound recording equipment, which allows for making video and audio recordings to be used throughout the proceedings, thus avoiding multiple interviews that would further traumatize the child.

The development of this good practice was initiated by NGOs, like the Social Activities and Practices Institute in partnership with municipalities and the judicial system and started in 2008 with the opening of the first specialized premises in Pazardjik. At the end of 2016, there were 16 blue rooms in Bulgaria. Usually blue rooms are part of the social services premises, with the exception one of the blue rooms in Sofia and the premises in Veliko Tarnovo, which are located in buildings of the Ministry of Interior.

In the recent years, several new blue rooms were opened, and this is a positive step towards establishing the necessary infrastructure to facilitate the implementation of child-sensitive procedures in an adapted environment. Still children’s access to such specialized premises is not guaranteed in terms of full coverage of the country, as not all of the 28 regional centres have blue rooms.

On the other hand, the existing blue rooms are not yet fully utilized, as it is not mandatory to conduct the interviews in the pre-trial phase and hearings in the trial phase of criminal proceedings, as well as the hearings in civil proceedings to be conducted there, which means that it is at the discretion of the investigating police staff, prosecutors and judges to use them or not use them depending on their personal opinion. There are no official data how many children are interrogated and heard annually in the blue rooms, and systematic collection of data is difficult, as there is no body responsible for funding of the rooms, neither is there an institution to monitor and provide methodological guidance regarding the specialized premises for interrogation and hearing.

Creating blue rooms in all the 28 regional centers and training of professionals – police officers, prosecutors, judges and lawyers in the right of the child and child-sensitive procedures would ensure children’s better access to justice, as well as better proceedings results, ensuring the protection of the child’s best interests and receiving redress.

2.3. Children participating in civil and administrative proceedings

A review of national statistics indicates that the data of children’s participation in court and administrative proceedings are incomplete and are not subject of systematic collection and analysis that would facilitate planning of the overall legislative reform, ensuring equitable access of children to justice. A check of the main sources of information about persons participating in civil, criminal and administrative proceedings indicates the availability of little disaggregated data of children participating in civil proceedings as a party to the case and children participating in criminal proceedings as indictees, defendants or victims and witnesses. Almost no data are available of children involved in administrative proceedings.

3. Key Recommendations

Recommendations aimed at ensuring better access to justice to children:

- Data should be collected of the number of children participating in legal proceedings (criminal, civil and administrative cases) and the causes of their involvement. These data should be integrated in existing data collection and administration mechanisms, should be regularly collected and published and used to plan the required legal amendments.
- The juvenile justice reform process should be completed to guarantee that children under the minimum age of criminal responsibility and children who have committed status offences are not subject to penal measures and deprivation of liberty, and that the rights of children in conflict with the law are protected, and procedural guarantees are consistently and fully complied with.
- Amendments to the Penal Procedure Code should be passed, that would guarantee the implementation of the rights of children victims or witnesses of violence and crime, and that children are treated in a sensitive manner.
- Efforts should continue for improving the capacity and specialization of police officers, prosecutors, judges and lawyers working with children involved in legal proceedings, including refugee and migrant children, in a manner compliant with international standards.
- The capacity of the social services system should be developed so that it would provide the necessary conditions for counseling and support to children involved in legal proceedings.

4. CRC Recommendations

Observations and recommendations of the UN Committee on the Rights of the Child

In its recommendations to Bulgaria in 2003, 2008 and 2016 in relation to the periodic reports on the implementation of the CRC, the UN Committee on the Rights of the Child urges the state party to take actions with regard to the access of children to justice. Most of the recommendations have not yet been fulfilled.

Concluding observations of the Committee on the Rights of the Child from 2016 on the combined third, fourth and fifth periodic reports of Bulgaria (CRC/C/BGR/CO/3-5):

Juvenile Justice

58. While noting as positive the efforts made to reform the juvenile justice system through the adoption of the Concept paper for public policy on justice for children, in 2011, the road map for its implementation, in 2013, the Strategy for the Judicial Reform of the Ministry of Justice, in 2015, and the training of magistrates in relation to child rights, the Committee remains deeply concerned that the majority of the recommendations from its previous recommendations (CRC/C/BGR/CO/2 para. 69) have not yet been implemented. It is particularly concerned that:

- (a) Children as young as 8 years of age continue to be deprived of their liberty in correctional facilities under the Juvenile Delinquency Act;
- (b) The principle of deprivation of liberty as a last resort, and for the minimum period of time, is not explicitly provided for in legislation;
- (c) Amendments to the Juvenile Delinquency Act and the Penal Procedure Code have not been implemented as recommended by the Committee in its previous concluding observations;
- (d) The term “anti-social” behaviour continues to be applied in contravention of international standards;
- (e) A large number of children continue to be placed in juvenile correctional and educational facilities, with inadequate living conditions, often isolated from the wider community and limited contact with family.

59. In relation to the abovementioned concerns the Committee urges the State party to implement its previous recommendations (CRC/C/BGR/CO/2, para. 69)

60. The Committee expresses further concern that:

- (a) Children with intellectual and psychosocial disabilities, severe health issues such as HIV/AIDS, and drug addiction continue to be placed in Social-Pedagogical Boarding Schools and Correctional Boarding Schools;
- (b) Pregnant girls placed in correctional facilities are often deprived of adequate living conditions, including a safe environment, suitable food and nutrition and a lack of access to appropriate medical care. Separation of mother and child after birth is apparently common place;
- (c) Legal counsel and representation is not guaranteed for children, while periodic review and monitoring of correctional facilities is lacking. The placement of children in Homes for Temporary Placement of Minors and Adolescents is implemented by administrative order without the possibility of judicial review.

61. The Committee urges the State party to:

- (a) Ensure that children placed in specialized educational institutions have access to protection measures under the Child Protection Act;
- (b) Ensure the provision of appropriate living conditions, including the right to adequate food and nutrition, medical care and a safe environment for pregnant girls placed in correctional facilities;
- (c) Monitor the implementation of alternatives to deprivation of liberty handed down by courts to ensure that it is only used as a last resort and for the shortest possible period of time and that it is reviewed on a regular basis with a view to withdrawing it;
- (d) Ensure the provision of qualified and independent legal aid to children in conflict with the law at an early stage of the procedure and throughout the legal proceedings;
- (e) In cases where detention is unavoidable, ensure that the children are not detained together with adults and that detention conditions are compliant with international standards, including with regard to access to education and health services.

Children victims and witnesses of crimes

62. While welcoming the adoption by the State party of several European Union directives (including Directive 2011/91/EU and Directive 2012/29/EU) as a means of improving conditions for child witnesses and the establishment of child-friendly “blue rooms”, the Committee urges the State party to expedite the establishment of child-sensitive procedures, ensure that interviews are conducted in an appropriate manner – without the accused perpetrator being present – by adequately trained judicial staff so as to prevent revictimization and traumatization of children and take fully into account the Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime (Economic and Social Council resolution 2005/20, annex).

Concluding observations of the Committee on the Rights of the Child from 2008 on the second periodic report of Bulgaria (CRC/C/BGR/CO/2):

Administration of the juvenile justice system

68. The Committee notes with appreciation the amendments to the Juvenile Delinquency Act, the introduction of measures regarding deprivation of liberty by courts and the adoption of the new Penal Procedure Code in 2005. However, the Committee is concerned:

- a) That the State party has not established specialized juvenile courts or chambers within the existing settlements as recommended by the Committee in its previous concluding observations;
- b) At the definition of “anti-social behaviour” of juveniles which contradicts international standards;
- c) That despite the fact that the Juvenile Delinquency Act defines the minimum legal age for criminal responsibility at the age of 14, children at a very low age (8 years old) are considered by measures of prevention and re-education fixed by article 13 of the Juvenile Delinquency Act and which may be decided by the local Commission, without adequate guarantees;
- d) That the deprivation of liberty is not used as a means of last resort;
- e) At the high percentage of children placed in correctional-educational institutions; and
- f) At the inadequate conditions prevailing in prisons and detention centres, including overpopulation and poor living conditions.

69. The Committee recommends that the State party take prompt measures to fully bring the system of juvenile justice in line with the Convention, in particular articles 37(b), 40 and 39, as well as with other United Nations standards in the field of juvenile justice, including the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines), United Nations Rules for the Protection of Juveniles Deprived of Their Liberty (the Havana Rules), the Vienna Guidelines for Action on Children in the Criminal Justice System and the recommendations of the Committee's general comment No. 10 (CRC/C/GC/10) on children's rights in juvenile justice. In this regard, the Committee recommends that the State party:

- a) Implement the Committee's recommendations (CRC/C/15/Add.66) regarding juvenile justice;
- b) Reform the Juvenile Delinquency Act and the Penal Procedure Code with the view to withdraw the notion of anti-social behaviour;
- c) Make a clear definition of the legal age of criminal responsibility in order to guarantee that children under the age of fourteen years are totally treated outside of the criminal justice system on the basis of social and protective measures;
- d) Set up an adequate system of juvenile justice, including juvenile courts with specialized judges for children, throughout the country;
- e) Use deprivation of liberty, including placement in correctional-educational institutions, as a means of last resort and, when used, regularly monitor and review it taking into account the best interests of the child;
- f) Provide a set of alternative socio-educational measures to deprivation of liberty and a policy to effectively implement them;
- g) Ensure that children deprived of their liberty remain in contact with the wider community, in particular with their families, as well as friends and other persons or representatives of reputable outside organizations, and are given the opportunity to visit their homes and families;
- h) Focus on strategies to prevent crimes in order to support children at risk at an early stage;
- i) Train judges and all law enforcement personnel who come into contact with children from the moment of arrest to the implementation of administrative or judicial decisions taken against them;
- j) Ensure independent monitoring of detention conditions and access to effective complaints, investigation and enforcement mechanisms;
- k) Seek technical assistance from the United Nations Interagency Panel on Juvenile Justice, which includes UNODC, UNICEF, OHCHR and NGOs.

70. The Committee also recommends that the State party ensure, through adequate legal provisions and regulations, that all children victims and or witnesses of crimes e.g. children victims of abuse, domestic violence, sexual and economic exploitation, abduction and trafficking and witnesses of such crimes are provided with the protection required by the Convention and to take fully into account the United Nations Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime (annexed to Economic and Social Council resolution 2005/20 of 22 July 2005).



MIGRANT AND ASYLUM-SEEKING CHILDREN IN BULGARIA

MIGRANT AND ASYLUM-SEEKING CHILDREN IN BULGARIA

1. Background

Bulgaria is a state party to the Convention on the Rights of the Child and is obliged to protect all children under their jurisdiction without any discrimination, including the refugee and migrant children. Bulgaria has also acceded to the Geneva Convention on the status of the refugees in 1992 and in 2007 became one of the states of the European Union. Thus, Bulgaria is bound not only by the UN rules regarding protection of refugees, but also by the EU rules for granting international protection. In addition, in accordance with the Convention on the Rights of the Child, the national legal framework for granting asylum and international protection is based on the Constitution of the Republic of Bulgaria.

Pursuant to Art. 27 paragraph 2 of the Constitution, the President of the Republic of Bulgaria provides asylum to foreigners persecuted for their beliefs or activities in relation to the protection of internationally recognized human rights.

The body of the executive having special competence to manage, coordinate and control the implementation of the state policy in relation to providing a refugee status and humanitarian status to foreigners in the Republic of Bulgaria is the State Agency for Refugees. It started operating in 1992 and is legally regulated in the Asylum and Refugees Act. The State Agency for Refugees is the only state authority in Bulgaria which is competent to register applicants for international protection, issue temporary documents to such applicants, ensure accommodation, food and medical care for them while their application for international protection in Bulgaria is being examined, and, most importantly, make a decision on either granting the application for protection, in which case the applicant will receive a status, or rejecting the application as unfounded, in which case the applicant will receive a refusal.

With regard to third country citizens, including migrant children, who do not apply for international protection, fall under the Foreigners in the Republic of Bulgaria Act. The responsible state authority in these cases is the Ministry of Interior, more specifically the Border Police General Directorate and Migration Directorate responsible for border control and regulation and control of migration processes of foreigners staying in the Republic of Bulgaria, respectively. The dynamic changes in the migration and refugee situation in the country in the last five years necessitated changes in the capacity and operation of the Bulgarian system for granting international protection and acceptance, thus testing the capacities for quickly and effectively meeting the arising needs. To this end, the joint capacities of national institutions, EU institutions, international and domestic NGOs were rallied.

The escalation of international and domestic conflicts in the Middle East and North Africa and the geographic location of Bulgaria on the route of the refugees and migrants from these regions towards Europe resulted in a considerable increase of the number of people, who arrive in and transit through the country. Refugees and migrants consider Bulgaria mainly a transit country, however with the tightening border controls and changing EU migration and asylum policies, it is expected that in the future the number of the people, who will remain on the territory of Bulgaria would increase.

A large number of all refugees and migrants, who arrive in Bulgaria are children, including unaccompanied children and children separated from their families. The reasons for the arrival of this particularly vulnerable category of children are numerous: escape from wars and conflicts, poverty or natural calamities, discrimination or persecution. Part of them are sent by their families to seek better life where they would have access to education and medical care, or to join a family member, and others arrive as victims of traffic with the purpose of exploitation.

For the past couple of years the number of unaccompanied and separated children has been growing proportionately to the numbers of new arrivals: a considerable number of third-country nationals or stateless persons below the age of 18 arrive on EU territory unaccompanied by a responsible adult, or are left unaccompanied after they have entered EU territory. Although some Member States experience this far more than others, all are affected.

The total number of children who sought international protection in Bulgaria in the recent couple of years has been continually increasing, thus their proportion to 2011 has doubled. According to data provided by the State Agency for the Refugees, 19,418 new applications for international protection have been lodged in 2016, with approximately one third of them being applications of children.

Table 22. Number and share of children seeking international protection in Bulgaria

Year	2011	2012	2013	2014	2015	2016
total number of children	141	252	2,270	3,357	5,709	6,572
total number of people seeking international protection of all ages	890	1,387	7,144	11,081	20,391	19,418
share of children	16%	18%	32%	30%	28%	34%

Source: State Agency for Refugees, 2016, own calculations

The number of unaccompanied children and children separated from their parents in Bulgaria also increased significantly, and their proportion of the total number of children reached 42% in 2016. While in recent years the majority of unaccompanied and separated children were Afghani boys aged 16-17, in 2016 almost 20% of all 2,772 unaccompanied children seeking protection are under 14 years old.

Table 23. Number and share of unaccompanied and separated children, seeking international protection

Year	2011	2012	2013	2014	2015	2016
Total number of children	141	252	2,270	3,357	5,709	6,572
Number of unaccompanied children	23	64	183	940	1,816	2,772
Share of unaccompanied children	16%	25.4%	8.1%	28.0%	32.0%	42.0%

Source: State Agency for Refugees, 2015, own calculations

The Bulgarian government has taken a number of steps towards improving the reception procedures and conditions of children, as well as specific provisions in the procedure for granting international protection to children, in particular by introducing a number of legislative amendments aimed at aligning Bulgarian legislation with the requirements of international and EU law. However, many gaps remain both in legislation and policy development and implementation. While Bulgaria clearly acknowledges its obligation to ensure the protection and care of all children under its jurisdiction¹⁹³, the lack of a coherent and comprehensive strategy, with clear assignment of accountabilities, and the lack of coordination between the different state institutions have a negative impact on the protection of children, depriving them from effective access to their rights. The lack of adequate protection systems, including suitable conditions for admission and the lack of focus on finding long-term solutions and the absence of clear procedures for assessment of the children's best interests expose them to additional risks.

¹⁹³ UN Convention on the Rights of the Child, Article 2.

2. Legal framework and its enforcement

In any decision making processes relating to children, the rules and the principles, set out in the UN Convention on the Rights of the Child are binding and shall be followed by each state in safeguarding the children's rights. As well as the CRC, Article 24 of the Charter of Fundamental Rights of the EU reads that "children shall have the right to such protection and care as necessary for their well-being. In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration".

Taking into account these considerations, all practices and policies, and legislative solutions relating to the protection of children's rights, including the rights of refugee and migrant children, should follow all principles set out in the Convention on the Rights of the Child and especially the principle of the best interests of the child. At the national level, the respect for the child's best interests is set out in Article 3(3) of the Child Protection Act (CPA). In relation to the status and care of unaccompanied and separated children within the territory of the country, all central and local government authorities and the non-governmental organizations involved should examine every legal provision, policy or practice from the perspective of safeguarding the child's best interests as they are defined in the Convention on the Rights of the Child and the other relevant international legal instruments and from the perspective of the national legislation.

Furthermore Article 5(4) of the Constitution of the Republic of Bulgaria enshrines the precedence of international legal instruments which are ratified by this country and promulgated in The State Gazette over the national legislation in all cases of inconsistency or lacunae in the latter. To the extent required by the child's best interests, first and foremost, he or she will always be treated as a child, and only then in line with his or her specific characteristics. It should be noted that all requirements and principles of the Asylum and Refugees Act and the policies related to them should be in line with the priority of the principle of the child's best interests, irrespective if the national legislation contains such provisions or not.

With regards to the unaccompanied and separated children, it is not only the assessment of the best interests that is to be taken into account but also the fact that they fall within the scope of the category of "children at risk" within the meaning of paragraph 1(11) of the Additional Provisions of the Child Protection Act. By definition, a child at risk is deprived of adult care and, at the same time, he or she is very likely to be a victim of abuse and/or violence and the risks to his or her physical and mental health and the possible involvement in activities which will pose additional risks are more likely than in the case of other children. In this sense, when the relevant immigration legislation is applied to a child in this situation, the special provisions of the Child Protection Act should be taken into account and applied to ensure adequate protection.

Although the Government is obliged to safeguard the best interest of every child, including the unaccompanied and separated children, the existing child protection system doesn't fully take into consideration the specific situation of these children and many challenges facing the refugee and migrant children remain to be addressed.

3. Challenges to ensuring adequate protection of the refugee and migrant children, including unaccompanied and separated children

a. Access to the territory and access to the procedure¹⁹⁴

The existence of a proper system for identification and direction at the border is a serious guarantee that unaccompanied and separated children who need international protection get access to the territory and are directed to the responsible authorities to obtain the care they are entitled to¹⁹⁵. The lack of such a procedure and of interpreters, social workers or guardians/custodians at the border may interfere with their identification as unaccompanied children and result in their detention or registration as adults, or as “accompanied” by adults who are not related to them, with no consideration what is in the best interests of the child¹⁹⁶.

Whenever children are identified as unaccompanied, they need to be referred to the relevant Child Protection Department at the Agency for Social Assistance, to apply the protection measures under the Child Protection Act and accommodated in a specialized center or child care service. However, the lack of such child accommodation centers, including the lack of emergency units capable of receiving referrals outside official working hours and the standard of care provided there is very often problematic.

The unaccompanied and separated children who do not seek international protection, or are denied protection are at least recognized within the national legal framework. There are no special procedures to ensure their representation nor special protection rules. Thus they fall within the scope of the general provisions of the Child Protection Act. However the Social Assistance Directorates of the Agency for Social Assistance of the Ministry of Labour and Social Policy still have not recognized their leading role, in providing protection to these children. The unaccompanied and separated children who do not seek international protection or are denied such protection, have no health insurance and they have to rely on paid healthcare as they are not included in the scope of Article 33 of the Health Insurance Act. They cannot attend school, a guardian cannot be appointed, nor a legal representative, because according to ARA, a legal representative is appointed only to a child, who is seeking international protection or has been granted protection.

The Bulgarian legislation does not envisage the possibility for unaccompanied children to lodge an application for international protection on their own¹⁹⁷. Having in mind that the Foreigners in the Republic of Bulgaria Act within the scope of which unaccompanied children fall before applying for international protection, does not provide for a possibility for appointment of guardians/custodians, while the Asylum and Refugees Act provides for such a possibility only after filing an application, the unaccompanied children’s access to proceedings for granting international protection may be

¹⁹⁴ Excerpt from Legal and Social Analysis of the Gaps in the Protection System for Children Seeking and Receiving Protection, UN High Commissioner for Refugees, Bulgaria.

¹⁹⁵ UN Committee on the Rights of the Child (CRC), General Comment № 6 (2005): Treatment of unaccompanied and separated children outside their country of origin.

¹⁹⁶ Pursuant to the Foreigners in the Republic of Bulgaria Act (FRBA), in cases of illegal crossing of the border or stay in Bulgaria of a foreigner, an enforcement measure of returning to the border (expulsion) is imposed on the foreigner. Where the foreigner, against whom an enforced administrative measure is imposed, is with unknown identity, hinders the enforcement of the order, or there is a risk of absconding, the authority that has issued the order or the Director of the Migration Directorate may issue an order for the foreigner’s enforced accommodation in a special temporary accommodation facility for foreigners with a view to organizing their return or expulsion (FRBA, Art. 44, paragraph 6). Enforced accommodation (detention) in a special facility for temporary accommodation of foreigners is not applied against unaccompanied children, instead they have to be directed to the relevant “Social Assistance” Directorate, which takes protection measures pursuant to the Child Protection Act (FRBA, Art. 44, paragraph 9). However, by way of exception, accompanied minors or underage persons may be forcefully accommodated for a period up to three months. Adults may also be detained for an initial period of three months, which may be extended by another 12 months under particular circumstances (FRBA, Art. 44, paragraph 8).

¹⁹⁷ In accordance with an amended article 3 of the Persons and Family Act (1949), minors, i.e. persons under the age of 14, may not perform any legal activities, and instead of them and on their behalf legal activities are performed by their legal representatives – parents or guardians (article 3). With respect to underage persons (aged between 14 and 18 years), PFA article 4 provides that they shall undertake legal action with the consent of their parents or custodians.

hindered¹⁹⁸. Besides, this gap in the national legislation comes in conflict with Bulgaria's obligations under the EU legislation.

There is no systematic procedure for identification of children subjected to enforced accommodation as "accompanied" by adults who are not related to them, or as erroneously registered as adults themselves, which results in their unlawful detention and delays their access to the procedure for applying for international protection.

Existing laws do not provide for any priority in consideration of applications for international protection filed by children, although such a privilege is provided in the EC law¹⁹⁹ and can obviously ease the access to protection and sustainable decisions.

b. Availability of interpreter's services, access to information and free legal aid

Interpretation

The lack of interpretation hinders the identification of unaccompanied children and their access to the country and to proceedings for granting them international protection, and in addition deprives them of the right to be heard. The right of the children to be heard, which is guaranteed under Art. 15 of the Child Protection Act, is a primary element in the assessment of the best interests of the child – the assessment should recognize the child's right to freely express his or her opinion, which should be regarded with due respect.

Access to information

In order to implement the child's right to be heard, the authorities have an obligation to provide children with information. There are still difficulties in providing to children information about their rights of accommodation and access to services, the international protection procedure and the right to get legal aid in a manner corresponding to their age and maturity and in a language they understand.

Legal Aid

While under the Law on Child Protection children are entitled to legal aid in all procedures concerning their rights and interests there are no administrative and financial arrangements to ensure that international protection-seeking children can make use of this entitlement in practice.

c. Reduction and/or elimination of detention of protection-seekers

Children in need of international protection should not be detained. As in all cases involving children, their best interests must be a primary consideration. Thus, this requires that Government must consider all possible alternatives, including unconditional release, prior to proceeding to detention. This approach should not be limited to unaccompanied and separated children but should rather be extended to all cases involving children, including also families with children or protection-seeking adults who are responsible for children.

The Foreigners in Bulgaria Act provides for a possibility for detention of accompanied and unaccompanied children. The Asylum and Refugees Act provides for the possibility of accommodation of accompanied and unaccompanied children at closed-type centers, but only as a measure of last resort for preserving the unity of the family or ensuring their protection and security for the shortest

¹⁹⁸ Pursuant to the Asylum Procedures Directive, article 7, paragraph 3, member states guarantee that an underage person has the right to file an application for international protection on their own behalf or through a representative. However, Bulgarian legislation does not provide for the first possibility, hence such a representative has to be appointed immediately after their identification. Article 7, paragraph 4 of the Directive obligates member states to guarantee that the relevant authorities, as stated in article 10 of Directive 2008/115/EC, who provide assistance to unaccompanied children, have the right to apply on their behalf for international protection.

¹⁹⁹ Directive on common procedures for granting asylum, article 31, paragraph 7.

possible period of time²⁰⁰. Legal provisions do not contain sufficient guarantees to ensure that detention of children should be applied as a measure of last resort, that it should be for the shortest possible period and take into consideration the assessment of their best interests.

Implementation of the existing provisions of the national child protection legislation may provide an opportunity for preventing detention of unaccompanied and separated children, but it is hindered by the absence of specialized locations for their accommodation.

Accommodations

The lack of safe and suitable locations for accommodation of unaccompanied children is one of the most serious gaps in the protection that requires urgent actions. Children are accommodated at SAR centres which, however, do not have the conditions to provide adequate care and ensure the children's safety. There are no dedicated social workers available and none are present outside working hours. In some of the centres, children are accommodated in the same room together with unrelated adults. Interpreters at SAR centres are only available in the context of the procedure for assessing the application for international protection and are not available to facilitate day-to-day communication with children.

Guardianship/custodianship

The amendment to ARA in 2015 stipulates that a representative from the municipal administration, designated by the mayor of the municipality or by an official empowered thereby is to be appointed as a representative of the child. The representative has the following responsibilities: to take care of the child's interests in the proceedings for granting international protection; to represent him or her before administrative bodies with a view to safeguarding the child's best interests; to perform the role of a procedural representative and take actions to ensure legal aid²⁰¹. However, the practical implementation of this provision still raises concerns. Municipalities, assigned with appointing representatives, lack financial and administrative capacity to implement this obligation and provide the necessary training. No common set of standards for guardians exists. There are no general standards for guardians/custodians.

Medical care, including psychological assistance

Although children have access to healthcare under the same conditions as Bulgarian children under the ARA, they face a number of practical barriers to enjoying this right. For example, in some cases access is impeded due to the unwillingness of general practitioners to register asylum-seekers, including children, for a number of reasons, such as lack of interpretation, leaving the country and filled quotas.

Age assessment

If a child is wrongly registered as an adult, the assumption about their age can only be rebutted through an age assessment ordered by a case worker. However, age assessment is only ordered in cases where the case worker has reasonable grounds to suspect the applicant is not a child. In addition, age assessment is limited to a medical examination (x-ray of the wrist) rather than being conducted through a non-intrusive method, within comprehensive multi-disciplinary assessment taking account

²⁰⁰ Asylum and Refugees Act, article 45, paragraph 1.

²⁰¹ Asylum and Refugees Act, article 25, paragraph 3.

of both the physical appearance and the psychological maturity of the child as well as their ethnic and cultural background.

e. Fair and effective proceedings for granting international protection

Unaccompanied and separated children do not have access to legal representation and assistance at each stage of the international protection procedure although the Law on Child Protection explicitly provides this for all children. Due to the absence of sufficiently qualified guardians, interpretation, child-friendly information and legal representation and aid, access to effective remedy is not always ensured in practice. No best interests assessment and determination procedure, including guidance and criteria, is in place to ensure that the principle of the best interests of the child is a primary consideration in all actions concerning children starting from the moment of the child's arrival until a durable solution is found.

f. Integration and resettlement

In June 2015, a new National Strategy on Migration, Asylum and Integration was adopted. It includes a separate section on integration of beneficiaries of international protection, placing particular emphasis on the integration of unaccompanied children and the need to provide them with specialized assistance, care and accommodation. In spite of the emphasis the Strategy puts on unaccompanied and separated children, there is no legal framework for their integration, neither for the integration of all persons granted protection in Bulgaria after the Integration Ordinance was repealed at the end of March 2017.

4. Key Recommendations

The practice of detention of children seeking international protection and migrant children should be discontinued and all possible detention alternatives should be considered. Special protection spaces for accommodation of unaccompanied and separated children should be provided at the SAR registration and admission centers. In addition, they should be provided with specialized care and support around the clock.

The existing legal framework should be amended so as to provide clear and certain legal possibility for unaccompanied and separated children, who do not wish to apply for international protection or are denied such protection in Bulgaria to obtain a legal residence permit and have access to rights.

The Ministry of Labour and Social Policy should commit itself, jointly with the Ministry of Interior and other responsible institutions, to develop a protection network for unaccompanied and separated children, including the development of a particular service meeting their needs. Further, the Coordination Mechanism, outlining the roles, responsibilities and accountability of the institutions, including coordination, support and referral mechanisms with regards to the unaccompanied and separated children should be finalized and implemented.

Legal amendments are also needed to provide for prioritized processing of applications for international protection of unaccompanied and separated children, as per the EU law, to facilitate access to protection and finding of lasting solutions. Further, in order to guarantee the unaccompanied children's right to file applications for international protection, legislative amendments should be made in order to define the cases where they can file an application for

international protection on their own, as well as the cases where the application must be filed by a representative.

Although according to CRC, the principle of the child's best interests is a priority consideration with regard the child protection measures and services in Bulgaria, according to the provisions of the Child Protection Act (CPA, Art. 3), the law does not provide references to a secondary legislation act, providing for the procedure of assessment and determination of the best interests of refugee and asylum seeking children. Therefore, a formal procedure should be established, that would determine their best interests, and in particular those of unaccompanied and separated children. The introduction of such a procedure will provide procedural safeguards that decisions that have impact on the child's future development are taken in consideration of the best interest principle.

Legislative amendments are required to establish an operating legal mechanism of representation/guardianship of unaccompanied and separated children, where a legal representative is appointed immediately upon the identification of the child. Where an adult from the unaccompanied child's family circle is available, he or she should be appointed as a legal custodian.

Provision of information to unaccompanied children with regard to their rights should be ensured, as well as procedures for applying and receiving protection, possibilities for family tracing and reunification and other services they are entitled to.

Free legal aid should be ensured by the state for all children, including unaccompanied and separated ones, as well as a possibility for them to be entitled to lodge an appeal in all proceedings affecting their interests.

Multi-disciplinary age assessment procedures shall be established outlining clearly that it should only be undertaken as a measure of last resort, not as standard or routine practice, where there are grounds for serious doubt and where other approaches, such as interviews and attempts to gather documentary evidence, have failed to establish the individual's age.

General capacity building is needed for all people working with protection-seeking children to strengthen their knowledge of their obligations under the international and national law on protection and care of refugee and migrant children, including unaccompanied and separated ones.

To facilitate the integration of those seeking and obtaining international protection in Bulgaria, it is important to have targeted support measures. It is particularly important that language courses in Bulgarian are provided to children to facilitate their integration in the Bulgarian educational system.



CHILDREN'S PARTICIPATION

CHILDREN'S PARTICIPATION

1. The right of participation and to be heard is a children's fundamental right and a guiding principle

The rights of a child to be heard and to participate is provided for in articles 12 to 15 of the UN Convention on the Rights of the Child (CRC). Article 12 provides that the child has the right to be heard on all matters affecting him or her, including in any judicial or administrative proceedings and his or her views are to be given due weight. Articles 13 through 15 refer to the child's rights of freedom of expression, freedom of thought, conscience and religion, and freedom of association.

As a state-party to the CRC, Bulgaria has committed to guarantee children's rights to be heard, to support child participation and encourage the implementation of practical mechanisms for full-fledged participation of children on all levels of decision-making. The Child Protection Act adopted in 2000 regulates the right of the child to express views on all issues related to his or her interests in Art. 12. The Act explicitly provides in Art. 15 that all children over the age of 10 have to be heard in all judicial and administrative procedures related to their rights or interests, unless the hearing would be harmful for their interests. In addition, the Preschool and School Education Act contains specific texts in Art. 171 regarding the active participation of students in the educational process, their participation in project activities, their right to express opinions and make suggestions on school activities, including elective and facultative classes and their right to participate in different forms of self-government on class and school level.

The National Strategy for the Child 2008 - 2018 identifies child participation as a separate priority and outlines specific activities in the annual child protection programmes adopted by the State Agency for Child Protection.

Participation is not only a right per se, but also a prerequisite for realization of all other rights. Guaranteeing child participation results in better protection. Providing information to children, encouraging them to voice their concerns, implementation of safe and accessible mechanisms for alerting of violations of their rights and for seeking help in case of violence or mistreatment, are key strategies for providing effective protection. Such mechanisms are still not available or accessible for all children in Bulgaria, and particularly for the most vulnerable ones.

In spite of the legislative amendments, the strategic goals programmed and the implementation of various measures to encourage child participation in Bulgaria, there is still lack of understanding as to the nature of child participation, lack of effective mechanisms for its implementation, lack of financing, as well as lack of experience in working together with children.²⁰²

In 2016 in its concluding observations the Committee on the Rights of the Child recognized the efforts made to guarantee the principle of child participation and its inclusion as a priority area in the National Strategy for the Child (2008-2018) and in the Child Protection Act, but noted that only the good will of professionals is relied on for the application of this principle. The Committee expressed concerns that some traditional and culture-based practices in the family, at school, and of certain administrative and court authorities hinder the full realization of the child's right to freely express his or her views, and that children from vulnerable or marginalized groups, or children with disabilities are often counseled on issues that affect them.

²⁰² Gerison Lansdown, Independent Assessment of the Mechanism for Child Participation, developed and tested under UNICEF supported pilot programme "Promoting Children's Participation through Enhancing the Role of Student Councils at School, Municipal, District, and National Level"; Sofia, 2015

The Committee recommends to invest further effort to guarantee children's right to freely express their views in the family, at school and in all administrative and other procedures affecting them, by making legislative amendments, training of professionals who work with children, by providing to children opportunities for participation at school and increasing public awareness of the child's right to participation.

The Committee has also underscored the need to work in cooperation with all stakeholders for the dissemination of the Convention (including in languages spoken by minorities) and to create mechanisms through which children can be included in the public politics.

Child participation at school level

One of the most popular and best developed forms of child participation in Bulgaria is at the school level. The Pre-School and School Education Act provides for the students' right to participation in the school life and in the organizational development of the school to be implemented through various forms of student self-government at the class and school level²⁰³.

In many schools across the country there are councils of children. Regardless of the fact they exist under different names: student councils, student parliament, school council, student consultative council, children's parliament or children's council, this form of participation indicates the children's desire and will to actively express views, directly participate in decision-making on issues related to school life and the student community, and a commitment on the part of school managements to keep the dialogue going, to listen and take into account children's proposals.

In some schools across the country conditions are provided for holding consultations with children on important matters of school life, presenting their views and positions before the school management, and making decisions recognizing the views expressed. Members of school councils at such schools are able to pose questions and express an opinion, to table requests to the school managements in relation to life at school, to discuss and propose solutions on specific cases, and to have a voting right at pedagogical councils. In other schools, the main activities of school councils are aimed at charity and social activities, rather than providing a forum for raising issues of concern, such as in relation to child protection and bullying, improvement of school environment, encouraging inclusion and putting an end to discrimination.

Child participation at municipality level

At municipal level child participation can be found in municipal child and youth councils/parliaments. Their main function is to work in partnership with the local authorities in planning and implementation of the policies targeted at children and young people, by expressing the position of their peers in discussions and decision-making that directly affect them.

In many cases these children's structures are recognized by the municipal authorities and get their support for the implementation of their initiatives. Municipal child parliaments have their own projects on which they work, and sometimes part of their activities are implemented in partnership with regional and local NGOs. Municipal child and youth parliaments are also formed to municipal child complexes, youth clubs, public support centers and non-governmental organizations. At municipal level there are also children and youth consultative councils, in which children and young people participate with voting rights in discussions on issues affecting them.

The municipal children's councils/parliaments have a great potential for development as they unite children from different schools, with different problems, encouraging them to share their ideas, prioritize

²⁰³ Preschool and School Education Act, Article 171, paragraph 2.

their requests and to have direct access to the decision-makers on municipal and regional levels, and yet there are a number of challenges facing them. What can be assessed as a definite progress is the inclusion of the subject of children's and youth's participation in the strategic documents of a number of municipalities in Bulgaria, which is the logical development of the efforts made nationwide to guarantee this right.

Some municipal authorities and schools respond positively to the councils, however this is rather the result of individual persons' good will than being a genuine commitment to grant children the right to be heard and taken seriously when discussing problems and policies on school and local level.

Child participation at national level

The Council of Children is a consultative body²⁰⁴ under the State Agency for Child Protection (SACP), established in 2003, in which each region of the country is represented by one child. According to the objective of the Council, it is a "structure managed by children in the interest of children" aimed at encouraging child participation in the policy development process and providing opportunities to representatives to share the opinion and position of their peers.

The Council of Children has two key functions: on the one hand, this body enables children to exchange knowledge, moral and intellectual values and to interact with governmental and non-governmental organizations, and on the other – they present to the SACP Chairperson the children's opinions and views on questions concerning the right to protection, the development and participation of children in socio-political life. Members from all administrative regions of the country, as well as (through special quotas) children with disabilities and children of risk groups, are represented on the Council. The Council meets at least twice a year.

A good practice related to encouraging child and youth participation on national level is the Megaphone platform of children and young people from organizations - members of the National Network for Children. The platform provides an environment for creating a community of children and young people, customers or volunteers of member organizations. With the help of this constantly working and open community of children, organizations find the best ways to work jointly with them. There are other good examples from the work of NGOs with children, which recognize the children's right to participate and to influence the decisions made and activities pursued by adults on their behalf.

2. Challenges

Although there are certain legal provisions regarding child participation, exercising this right in practice faces a number of obstacles. Firstly, the attitudes of adults and the lack of support on their part. In the UNICEF survey "My Voice Matters"²⁰⁵, 92 percent of the respondents (children aged 7 – 18) say they are aware of their right to express a view that should be taken into consideration, but only half of them share they feel assured of the opportunity to freely express their opinion. One third share that they speak freely only on some issues, and 15% of the children say they rarely or never share what they think. Although one fourth of the children know they have the right of an opinion at school, only few of them believe that their opinion will be respected there.

Many of the children have no information on their rights to be heard in judicial and administrative proceedings, to express their views and opinions, or this knowledge is incomplete, insufficient, and the information is not totally accessible, neither is it tailored to the children's age and their communication abilities and preferences.

²⁰⁴ Statutes of the Council of Children (CC) to the SACP Chairman, Article 1a.

²⁰⁵ http://www.unicef.bg/assets/PDFs/2016/My_voice_matters_BG_2016_pr.pdf

With regard to children's equitable access to mechanisms for child participation, children belonging to the most vulnerable communities, school dropouts, or those who attend school irregularly are not represented in the councils and/or parliaments on school and municipal levels. Unrepresented or underrepresented in formal child participation mechanisms are also Roma children, children with disabilities, children living in a difficult family environment or having behavioural problems.

To achieve a real change that would ensure the children's right to participate in making all decisions that affect their life, a legal, social and cultural change will be needed, as well as practical and constant support from the adults.

3. Key Recommendations

Raising the awareness of parents and professionals working with children of the objectives and methods of encouraging child participation and for maximizing the use of child potential for the development of children and their communities should improve.

Government institutions, the judiciary, schools, social services and NGOs must increase the mechanisms and forms of seeking and hearing children's opinions on all matters that affect them, also taking into account the right of children below 18 years of age to take part in the formal political process²⁰⁶.

In 2012, the Committee of Ministers of the Council of Europe adopted a Recommendation on the participation of children and young people, which is supported by an assessment instrument comprising 10 indicators to be used to measure the progress in observing the Recommendation.²⁰⁷ The instrument may be used for a broad-based analysis of the condition of child participation in Bulgaria, including children and young people, together with other stakeholders, to provide a clear picture of the current situation as regards ensuring the right of participation to Bulgaria's children, to underline the priority issues of change and to provide reference basis to compare progress with.

Legislative amendments should be made to establish clearly and explicitly the right of participation on school, municipal and national levels. With no obligation to create mechanisms for child participation, progress can be achieved only in isolated cases, with limited impact and depend on the good will of the relevant adults.

Exchange of good practices developed in Bulgaria and other countries must be encouraged and other countries' experience implementing child participation promotion policies must be presented.

The entry into force of the Pre-school and School Education Act should be accompanied by an analysis of opportunities, to be backed by training of teachers and school managers in mechanisms and methods encouraging students' participation in the overall development of the school community and the practical application of effective and democratic forms of students' self-governance.

Monitoring and support needs to be provided for the implementation of child participation policies at the various levels. The results achieved, the challenges identified and the lessons learned should be evaluated and taken into consideration in updating the strategic documents and action plans.

In addition, adults working with children need training to be able to fully assist child participation on various levels. Analyses indicate it is imperative to make special efforts to improve the capacity of the professionals working with children on the subject of child and youth participation, and the awareness and conviction of the high value and importance of enforcing the children's right to participation needs to be enhanced. Mapping of the most adequate models of child participation in different contexts should be carried out and shared with the Government, civil society and young people.

²⁰⁶ The Evolving Capacities of the Child, Gerison Lansdown, Save the Children, UNICEF, Florence, Italy, 2005, p. 62.

²⁰⁷ CM/Rec(2012)2



CONCLUSIONS AND MAIN RECOMMENDATIONS

CONCLUSIONS AND MAIN RECOMMENDATIONS

Situation Analysis of Children and Women in Bulgaria

Summary of Recommendations

The children in Bulgaria, including the most disadvantaged ones, can benefit of their rights and develop their full potential in an inclusive and protective environment, if the care of each child's welfare is a shared cause and a responsibility of institutions, businesses and communities. For this purpose, it is necessary to develop and implement with the active involvement of the children themselves integrated policies, a regulatory framework, standards and guidelines for optimal support of children, and prevention and diminishing the risks related to their development.

Healthcare. The right to life, health and development are children's fundamental rights and guaranteeing these rights in Bulgaria should start much earlier than birth – through measures for improving sexual and reproductive health of adolescents and the population in the reproductive age bracket and family planning programmes targeting the most vulnerable groups. Ensuring access of pregnant women with discontinued health insurance rights to the full package of medical, promotional and prophylactic healthcare is an important step for achieving the national priorities of reducing child mortality rate and protecting the health of every child and mother. A change is required in the practices in maternity and neonatal wards to meet the psychological needs of mothers and babies and support building secure attachment between them, and for ensuring support and protection for breastfeeding and respect for the rights and dignity of mothers and babies alike.

In the light of modern views of the importance of the earliest childhood for the development of the human mind and the impact on the health, learning and behavior of the child and the adult, calls for implementation of a broader concept of children's health in early childhood, which also includes the child's development – social, emotional and cognitive. This requires enhancing the training of pre-hospital care medical specialists to consult parents about child development and the early identification of children at risk of developmental problems and children exposed to toxic stress, and for strengthening the support for parents and developing parenting skills by introducing home nursing.

Access to treatment should be guaranteed to children of the most vulnerable groups, including children from poor families and children with disabilities, by expanding the list of medicinal products and consumables for children for home treatment, and the medical devices paid by NHIF, introducing mechanisms for payment of transport costs, as well as increasing the number and all-year-round operation of mobile paediatric, obstetric and gynaecologist and other mobile doctors' consulting rooms to provide services to the population in remote areas.

Particular attention should be paid to improving the nutrition of pregnant women, infants and children through targeted measures for promoting breastfeeding, acceptance and implementation of methodological guidance on infant nutrition, introduction and implementation of programmes for prevention and reduction of the risk of iron and folate deficiency in pregnant and breast-feeding women, encouraging healthy nutrition.

Providing the necessary funding for the implementation of the National Programme for Improving Maternal and Child Health (2014-2020) and strengthening and support for Roma health mediators. Efforts should be increased for promotion, prevention and care for mental health, including by screening and support in case of anxiety and depression of pregnant women and new mothers and launching services/programmes to ensure diagnostics and treatment of various mental disorders in

children with the participation of multidisciplinary teams, and for providing support to the families.

The specific needs of adolescents should be recognized and addressed through child healthcare, by implementation of targeted programmes, including at school, for health promotion, consultations and healthcare with a view to prevention of early pregnancy and birth, improving mental health, and reducing smoking, the use of alcohol and drugs, and risky sexual health.

To plan effective measures for overcoming health inequality collection of data and analyses of the health condition of children should improve, taking into consideration age groups, social and economic indicators, and other important features.

A single inter-institutional system for collection of information of children with disabilities should be developed, and multi-sectoral interventions to meet their complex needs should be ensured. The expansion of the network of early intervention services, based on uniform quality standards, is an important condition for providing effective support for the development of every child's potential. The implementation of a new approach to defining and assessment of disabilities, based on the functionality assessment, including through the application of the WHO International Classification of Functioning, Disability and Health will provide conditions for full-fledged participation of every child. Changing public attitudes and those of professional communities to children with disabilities is a priority step to guaranteeing the rights of the children with disabilities.

Education. In the area of education, it is necessary to significantly increase public expenditures for education as a share of GDP, and to improve the effectiveness of their spending on policies reducing the inequalities in education. Efforts should continue for ensuring equal access to high quality pre-school and school education for every child, including measure for provision of teaching aids, food, clothes and footwear and convenient transportation, which are of decisive importance for severing the link between poverty and limited access to education.

It is of key importance to continue the inter-sectoral efforts towards identification of children outside the system, and for coping with the problem of early dropping out of school. The mechanisms for identification of children outside the education system and at risk of dropping out should be tied to support for personal development with a view to sustainable inclusion of children from vulnerable groups in kindergartens and schools.

The priority tasks in education also cover the development of competences and enhancing practical skills of school children, the on-going processes of updating school curricula and content, and of training and learning methods. For the purpose, it is also necessary to increase the initial and on-going qualification of teachers and their capacity to apply innovative and interactive teaching methods, as well as to develop sustainable policies of increasing teachers' remuneration and encouraging young people to choose the teaching profession.

Effective and inclusive education requires the synchronized efforts of the whole school community and strategies for coping with the shortage of professionals to work with children with special educational needs – particularly counselling staff, psychologists and speech therapists, including in remote and less accessible regions.

Support is needed for educational institutions to develop capacities for implementing school policies of prevention and coping with aggression and violence.

Regarding the **protection and social support and services system**, it is necessary to increase as a share of GDP the funds from the state budget allocated for protection and social support and services with a view to meeting the commitments of public institutions after the end of project financing.

The national priority of reducing child poverty and social exclusion as a prerequisite for development of the full potential of every child necessitates increasing the scope and effects of family allowances and social benefits on the most vulnerable children, and the implementation of an integrated inter-sectoral approach to limiting multidimensional poverty.

The capacity, inter-institutional coordination, cooperation and data exchange between individual systems – the child protection offices, the police and the judicial system, local authorities and other providers of child protection services – should be improved.

To improve the quality of social work, it is necessary to provide social workers with basic resources (access to information, underlying infrastructure, consumables and materials), further training, supervision, and increasing remuneration and reducing the workload.

The measures in support of birth and extended family with a view to preventing institutionalization of children.

For prevention and working on cases of violence against children, the professionals working with them should develop skills to discern the indications of various types of violence.

It is also necessary to ensure improved communication and interaction among institutions and implementation of an integrated approach, as well as ensuring the necessary number of places for accommodation in crisis centres.

The legal framework in the field of placement in crisis centres should ensure the fastest possible issuance of court orders on the applications for placement.

Social services for prevention and coping with violence against children should cover the territory of the whole country.

Measures should be taken against bullying at school, and for prevention of and response to cyber bullying and other forms of violence against children, found in Internet and through harmful media content.

A mechanism should be provided ensuring that all children in institutions and deprived of their liberty are protected from all forms of torture, inhumane or degrading treatment, including mechanisms for filing complaints by children for violation of their rights.

At the same time, it is necessary to guarantee monitoring for observance of the prohibition of corporal punishment and to promote, through awareness campaigns, positive non-violent and open-participation forms of raising and educating children.

Regarding **access to justice**, it should be guaranteed that no penal measures are imposed on children under the minimum age of criminal responsibility and children who have committed status offenses, including in particular deprivation of liberty. The principle of children's deprivation of liberty, as a measure of last resort, and for the minimum period of time, should be explicitly regulated in the legislation and strictly implemented in practice.

Legislative amendments should be made, which would guarantee that the rights of children in conflict with the law and children victims and witnesses of violence and crimes are protected in the proceedings they participate in.

It is recommended to make changes in the legal framework introducing the restorative justice approach through the use of mediation, conciliation procedures, community service mechanisms, etc.

Providing special premises for children-sensitive hearing (blue rooms) in all 28 regional centres is required to ensure better access to justice for children and better guarantees that the proceedings are conducted in a manner recognizing the children's specific needs and their best interests.

There is a need of initial and ongoing professional training, based on the rights of the child and aimed at practical implementation of the procedural guarantees for police officers, prosecutors, judges and lawyers, working on cases with involving children.

It is recommended to regulate specialization of the lawyers providing free legal assistance to children pursuant to the Legal Aid Act.

The access of children participating in legal proceedings, and particularly of children in conflict with the law and children – victims or witnesses of violence and crime to specialized support should be ensured within the framework of the system of social services, including by providing cross-sectoral services and guaranteeing access to counseling, psycho-social and legal support and child-sensitive approach.

Regarding **children seeking international protection and migrant children**, the possibilities of enforcing alternatives to detention should be considered, and unaccompanied children and children separated from their families should be placed in special protected sheltered accommodation with access to ongoing specialized care and support.

An interinstitutional coordination mechanism should be implemented, that would ensure support and guidance of children to the services they need, including further language courses to learn Bulgarian, to facilitate their integration in the educational institutions.

Unaccompanied children and children separated from their families should be guaranteed a legal opportunity, if they do not apply for, or are not granted, international protection status in Bulgaria, to get a permanent residence permit with access to rights accompanying this status.

Applications by unaccompanied children and children separated from their families should be processed with priority.

The procedure of assessment and determining the best interests of migrant and protection-seeking children should be legislatively regulated, and legislative amendments should be passed to ensure effective implementation of an operating legal mechanism of representation/guardianship immediately after identification of the child.

Information about the rights, procedures for provision of protection, possibilities for finding and uniting with the family, and other services unaccompanied children are entitled to, should be provided to the children themselves by the supporting specialists, who should upgrade their professional capacity in the area of the rights, protection and care of migrant children and children seeking protection.

Participation of children. Funding, monitoring and support are needed for implementation of the child participation policies, including through preparing the parents and professionals working with children, as well as developing, promoting, implementing and assessment of the most adequate models of child participation in dialogue with the government and civil society.

Government institutions, the judicial system, schools, social services and civil organizations should increase and enhance the efficiency of the mechanisms and forms of seeking and hearing the children's opinion both on matters that directly affect them, and on key issues on the public agenda.

With a view to the optimal use of children's potential for their own development and for the development of their communities, it is recommended to follow the Recommendation of the Council of Europe on child and adolescent participation and the assessment instrument to it with ten indicators measuring progress in its implementation.

For the full-fledged participation of children in all areas of life and the implementation of their rights, it is necessary to generate public support for providing a favourable and inclusive environment, and to conduct public awareness campaigns to fight the prejudices and stereotypes creating a risk of discrimination of children on the basis of gender, nationality, ethnicity, religion and disabilities.

Last but not least in importance, is the improvement of data collection, in particular of the most vulnerable groups of children. Studies and analyses of the situation of women and children should be based on adequate and reliable indicators, including disaggregated data in relation to the major dimensions of the rights and welfare of children, in order to contribute to studying challenges and opportunities, and for optimal direction of efforts and resources towards improving the wellbeing of children.

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