

## Country brief

# Deinstitutionalization for children with disabilities



**Bulgaria**

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## 1. General Policy and Legal Framework on DI

The Child Care System Reform with focus on deinstitutionalisation (DI) is a process of deep social change. A process of change that begins with a system, offering placement in institutions as the only answer to the problems of children and families and aims at creating a different one – a child care system that offers support and ensures that risks of family separation are adequately addressed. The implementation of this new system requires many changes in various structures, legislation, services and processes. Moreover, it necessitates a change in the minds and hearts of people.

In Bulgaria, this process started with a National Strategy “Vision for Deinstitutionalization of Children in the Republic of Bulgaria” adopted by the Council of Ministers on the 24<sup>th</sup> February 2010 followed by an Action Plan for implementation of the Vision, and series of its updates.<sup>2</sup> The Vision itself involves replacement of institutional childcare with community-based family or close to family environment care, measures across social services and social assistance sectors to support families, extended families, strengthening adoption and foster care for young children and support reintegration back to families for children already in institutional care. Thus, the childcare philosophy is focused on (1) risk prevention; (2) early intervention; (3) family support, and (4) provision of alternative care in a family or family-like environment. Tools listed in the strategic documents covered foster care, adoptions and small group homes. Actually, most reports show that the real effort – when it comes to disabled children – went into the last point – alternative care in a family or family-like environment through setting up small group homes (SGM).

The legal framework for DI action goes under the Social Assistance Act with special regulations for community-based residential services. Most of them include small group homes (SGH) where disabled children from large institutional care facilities are placed. There is a special SGHs management methodology<sup>3</sup>, which determines the establishment, placement and running of the facilities meant to accommodate between 12 and 14 disabled children. Services are provided by local authorities though funded by the central budget as State delegated activities. Each year the Government passes an ordinance with “unit rates for services”, i.e. the cost per child covered by the budget with no consideration to the individual situation and needs of the residents, which contributes to the fact that children with multiple impairments and high support needs remain underserved.

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<sup>2</sup> Government of the republic of Bulgaria, Vision on Deinstitutionalisation of Children in Bulgaria, available at: [https://asp.government.bg/uploaded/files/external/%D0%94%D0%B5%D0%B8%D0%BD%D1%81%D1%82%D0%B8%D1%82%D1%83%D1%86%D0%B8%D0%BE%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7%D0%B0%D1%86%D0%B8%D1%8F/%D0%B7%D0%B0%20%D0%B4%D0%B5%D1%86%D0%B0/Vizia%20deinstitutionalizacia%20final%20draft\(1\).doc](https://asp.government.bg/uploaded/files/external/%D0%94%D0%B5%D0%B8%D0%BD%D1%81%D1%82%D0%B8%D1%82%D1%83%D1%86%D0%B8%D0%BE%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7%D0%B0%D1%86%D0%B8%D1%8F/%D0%B7%D0%B0%20%D0%B4%D0%B5%D1%86%D0%B0/Vizia%20deinstitutionalizacia%20final%20draft(1).doc) (accessed on July 22, 2021)

<sup>3</sup> Government of the republic of Bulgaria, Methodology for setting up and running Family-type Residential Centre for Placement of Disabled Children and Young Adults, <https://asp.government.bg/uploaded/files/external/%D0%A1%D0%BE%D1%86%D0%B8%D0%B0%D0%BB%D0%BD%D0%B8%20%D1%83%D1%81%D0%BB%D1%83%D0%B3%D0%B8/%D0%9C%D0%B5%D1%82%D0%BE%D0%B4%D0%B8%D0%BA%D0%B8%20%D0%B8%20%D0%BC%D0%B5%D1%82%D0%BE%D0%B4%D0%B8%D1%87%D0%B5%D1%81%D0%BA%D0%B8%20%D1%83%D0%BA%D0%B0%D0%B7%D0%B0%D0%BD%D0%B8%D1%8F/20140228124406.pdf> (accessed on July 22, 2021)

Even though the buildings are brand new, nice and physically accessible, they follow the pattern of institutional care: place of living coincides with the place of service provision. The quality of service is not outstanding, based on the rule “one size fits all”. There is no evidence of social work performed with the family, mainstream public services (education, transport, culture, sports, etc.) or local community. Most of the policy documents refer to ‘independent living’ as the ultimate goal for the disabled children as SGHs’ residents but there is no proof that any action goes into achieving it. Finally, yet importantly, these services are usually closed for the public.

Foster care and adoptions are also provided for as DI tools. However, official records show that very few disabled children end up in foster care, even less happen to be adopted. This is because mainstream services are not accessible and affordable for families raising a disabled child. Extra costs related to the child’s impairment are not covered by the system, either – parents who decide to keep their disabled child have to raise funds from charities or work hard to earn more money, which is not always possible, especially in small towns and villages around the country.

Bulgaria’s childcare policies have been supported by the generosity and technical assistance of the European Union and international charities dedicated to helping children and ending the era of orphanages. In the period 2010 – 2015 European Union “invested” EUR 100 mln. in setting up SMGs and community-based services for children. Another EUR 160 mln. were made available to the Bulgarian Government since 2016 under European Structural Investment Funds. In addition, there has been extensive private support for the reform through private foundations, non-governmental organizations (NGOs), and international charities.

## **2. General Policy and legal framework on managing the issues of children with disabilities in the given country**

There is no complete data on the actual number of children with disabilities in the country but it is estimated that their number is about 32,000. The country is a signatory to both Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) and has established several legal and institutional arrangements to protect the rights of children with disabilities. Over the past decade, the country has undertaken important steps toward ensuring inclusion of children with disabilities: all residential institutions for children with disabilities and half of the infant homes have been closed leading to a significant reduction of the number of children in residential care - from 7,587 in 2010 to 633 at the end of 2018.<sup>4</sup>

The Pre-school and School Education Act adopted at the end of 2015, established conditions for inclusion of children with disabilities in the mainstream educational system. During the 2018-2019 academic year, almost 22,035 children with disabilities and special needs attended mainstream schools and kindergartens.<sup>5</sup> In addition, the recently adopted Law on Social Services, Law on People with Disabilities, as well as the Law on Family Benefits for Children amendments further expanded the support and services provided to children with disabilities and their families.

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<sup>4</sup> UNICEF Bulgaria With Eyes Open for All, available at: [https://www.unicef.org/bulgaria/en/press-releases/eyes-open-all#\\_ftn4](https://www.unicef.org/bulgaria/en/press-releases/eyes-open-all#_ftn4) (accessed on July 11, 2021)

<sup>5</sup> National Network for Children Report, Grades-book of the Government for Child Policies, 2020: <https://nmd.bg/wp-content/uploads/2020/06/%D0%91%D0%B5%D0%BB%D0%B5%D0%B6%D0%BD%D0%B8%D0%BA-2020-1.pdf>

However, despite the national efforts, children with disabilities continue to be one of the most excluded and invisible groups in the society. They are at greater risk of separation from their biological families; they are more likely to live in institutional care or to remain outside the mainstream schools and kindergartens. For example, data shows that in 2018 approx. 90% of all children in infant homes (0-3 years for age) and 50% of the children in family type residential facilities were children with disabilities. Around 10,000 is the estimated number of children with disabilities who are out of school. Data also shows that many of the young people with disabilities aged 15-24 are not in employment, education or training.<sup>6</sup>

### **3. Coordination and monitoring of the DI processes for children with disabilities**

Initially, the DI process was meant to result in inclusion of disabled children in healthcare, education and all other areas of society through providing support to families and making public services more inclusive. State Agency for Child Protection (SACP) was given the role of coordinating body with no executive powers – operational decisions were left with the Ministry of Labour and Social Policies and its Agency for Social Assistance. This situation predetermined the outcome – prevalence of social services over other activities and reallocation of disabled children from large orphanages to SGHs.

Despite the requirement for every child to be subjected to individual needs assessment and development plan prior to their placement in formal care, there is no evidence that such approach has been widely applied. To the contrary, there is circumstantial evidence that disabled children were scattered around the country to fill-in the SGHs already put up with no consideration to their family situation, health needs or other specifics. Services are run by local authorities under the guidance of Agency for Social Assistance (as executive agency) and money is transferred to the local budgets on the grounds of actual placements. Most of the children do not attend school or any outdoor activities. While no indicator for independent living in the community is involved in the delivery of services, municipalities are interested in having more SGHs and disabled children in them.<sup>7</sup>

Monitoring of the DI process was assigned to SACP. Its last report on DI was published in 2020.<sup>8</sup> Most of its recommendations focus on improving the quality of services and better financing. At the same time, the Court of Auditors' issued a report on the compliance of the Action Plan to the Vision for DI National Strategy, which recommends the Government to put more emphasis on inclusion through mainstream healthcare, schooling and community activities, which are unfairly limited in the first stages of DI.<sup>9</sup> Such conclusions could be seen other reviews and reports performed by independent researchers or advocates for the rights of disabled children.

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<sup>6</sup> Ibid.

<sup>7</sup> UNICEF in Bulgaria, Situation Analysis of Children and Women in Bulgaria, 2017 (p. 85):

<https://www.unicef.org/bulgaria/media/2821/file/BGR-situation-analysis-children-women-bulgaria.pdf.pdf>

<sup>8</sup> Monitoring Report on the Implementation of the DI Strategy and its Action Plan in the period January – December 2019; SACP, <https://sacp.government.bg/sites/default/files/politics/monitoringov-doklad-2019.pdf>

<sup>9</sup> Court of Auditors' Report (2019): Audit for Compliance of the Action Plan to the Vision for DI National Strategy <https://www.bulnao.government.bg/bg/articles/download/12630/od-deinst-deca-070819.pdf>

#### 4. The specific cases of the given country, ‘best practices’ or ‘unique DI system treats’

“Instead of taking genuine efforts to ensure that the right to family life and development of disabled children is genuinely protected, the so-called “Bulgarian model” of deinstitutionalisation has in fact resulted in the mushrooming of a new form of institution, the so-called “small group home”, said Steven Allen, Co-Executive Director (Advocacy), Validity Foundation, during a webinar on DI in Bulgaria held in June 2021.<sup>10</sup>

Statistical data shown in the last SACP Monitoring Report on DI shows 107 family-type centres with capacity to accommodate 1 437 disabled children and young people, of which 1 277 are occupied. Another 7 family-type centres are designated for disabled children only with capacity to accommodate 93 children, of which 80 are occupied. And finally, there are 8 family-type centres for disabled children and young adults, which need constant medical care with capacity of 64 places, 58 of which are occupied.

“There is nothing “homely” about these places. Nor do they ensure that children’s right to family life are protected. I have seen these places with my own eyes. Their doors are locked. Their routines are regimented. They are full of staff who are supposed to care for children; but these are staff, not parent, and not siblings. And they are not temporary by any true meaning”, continued his exposé Steven Allen.<sup>11</sup>

The evidence is clear. Once a child is placed into one of these SGHs they are unlikely ever to leave. Despite the methodological requirement to put together a development plan for every child placed in residential care, there is no evidence that the staff bothers doing so. The sponsors of this model of care have never been honest about this; they always say these ghastly places are temporary. Indeed, they are always quick to say they are temporary, because they know that they actually violate the best interests of every child.

Building these places is both the start and the end of the Bulgarian model of DI. It is a model premised on isolating children, separating them from their families and peers, condemning them to a segregated, institutionalised, restricted life. There are no real plans to support these children to reintegrate with their families. There is no real commitment to investing in the preventive and individualised services needed for children to live in the community.

“Group homes can keep people into their 30s. The expectation is that when the last person turns thirty, it becomes an adult home. No one ever leaves. There are no new admissions until someone

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<sup>10</sup> “Шанс и подкрепа,” Dead End. Continuous Institutionalisation of Disabled Children in Bulgaria, webinar held on July 07, 2021

<sup>11</sup> Ibid.

dies”, says a child psychiatrist with the Sofia Children’s Hospital, quoted in the Disability Rights International Report.<sup>12</sup>

There are major gaps in the community support system for children with disabilities – leaving group homes or international adoption as the only options for them. Parents do not receive the support they need and mainstream schools do not have programs for children with disabilities. While Bulgaria has greatly expanded its system of foster care, children with disabilities are largely excluded from this option. A judge with one of the District Courts responsible for group home placements confessed that “...usually foster parents do not take disabled kids. Because there is no support for foster parents. It is very rare.”

## 5. What could have been worked better in the given formats?

The system failed to build the bridges between isolated care facilities to institutional-type and mainstream public services. It could be expected that with strong legal requirements for accessibility – in a broader sense than simple access to facilities – and inclusiveness of healthcare, education and all other community services for children, the DI process could have been much more effective and efficient.

Support for families of disabled children instead of institutions could have made a lot of difference for the children. Professionals from different areas related to child welfare repeatedly say that there should be more services in the community for children to support the families. It goes without saying that it is better to put money into services than buildings.

If families are given the support they need, the number of children placed outside the home can be virtually eliminated. Every effort should have been made to reunite children with their families or to place them with extended family (also known as kinship care). If such placement is impossible, supported foster care programs should have been created and expanded to ensure that children with disabilities can be rapidly moved from group homes into stable, new families. Authorities should have made a priority to protect infants, toddlers and young children with and without disabilities to remain with families – or to move from group homes into a supported family or foster family.

## 6. Conclusion

Bulgaria has replaced a system of large, old orphanages with newer, smaller buildings that are still operating as institutions. While the new facilities are officially referred to as “family-like” residences or “small group homes”, it is fair to say that they are neither small nor are they family homes. In fact, they are mostly 14 bed facilities. Many group homes are run by one local authority, leaving a few administrators responsible for dozens of children. There are cases, where several houses are grouped together to create what was effectively a congregate living arrangement for dozens of children. Some “group homes” are placed in the deserted corridors of the same old

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<sup>12</sup> A Dead End for Children – Bulgaria’s Group Homes, <https://www.driadvocacy.org/wp-content/uploads/Bulgaria-final-web.pdf>; video: <https://www.youtube.com/watch?v=YNXP9-RapsI>



orphanage buildings that were supposed to have been closed. These institutions separate children with disabilities from society and contribute to their continued social isolation – leading to a lifetime of segregation for a new generation of people with disabilities. As the DRI report shows, placement in Bulgaria’s group homes exposes children to emotional neglect, inappropriate and potentially damaging models of behavior, and, in some cases, violence, bullying, and other forms of abuse that are common in institutions.<sup>13</sup>

While extensive resources have been invested in moving from large to small buildings, little effort has been made to promote true inclusion in families or society at large. Bulgaria has failed to create a system of community supports, inclusive education, or transition to independent living, which will help children with disabilities remain with their families. As a result, many families have no choice but to give up their children with disabilities. Bulgaria’s foster care system is not equipped to take most children with disabilities. Because of this broad failure to create family and community support, there is now pressure to expand Bulgaria’s group home system.

Under the CRPD, group homes and residential care are legally considered a form of institutional care, which goes against the principles and values embedded in both CRC and CRPD. As a country that has ratified the CRPD, Bulgaria is under a legal obligation to protect the right of all people with disabilities to live in the community.<sup>14</sup> The UN CRPD Committee has said that “[f]or children, the core of the right to be included in the community entails a right to grow up in a family.”<sup>15</sup> To implement its legal obligations under the CRPD, Bulgaria must shift the direction of childcare and social welfare policies away from a system based on group homes to a system based on family support. This approach is consistent with recent findings from scientific research showing that the stable, emotional bonds necessary for healthy development of the child can only happen in the context of a family – and will always be limited in a congregate setting, whether large or small. Thus, the UN Committee on the Rights of Persons with Disabilities has stated that:

**Large or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. ‘Family-like’ institutions are still institutions and are no substitute for care by a family.** UN Committee on the Rights of Persons with Disabilities (General Comment No. 5, 2017)

International law recognises the evolving capacity of children and adolescents to make choices about their lives, including place of residence. With appropriate support and full information, some older adolescents should be able to choose their place of residence. But if there are no safe and appropriate family alternatives to the group home – as we found in much of Bulgaria – such

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<sup>13</sup> Ibid.

<sup>14</sup> CRPD, ratified by Bulgaria March 22, 2012. Article 19 protects the right of all people with disabilities to live and grow up with a family.

<sup>15</sup> U.N. Secretary-General, *General Comment No. 5 (2017) on living independently and being included in the community*, U.N. Doc. CRPD/C/GC/5 (Oct. 27, 2017), para. 37. A family may not necessarily be the immediate biological family, but could include extended family, kinship care, foster care, substitute family care, or any family environment in which the child can establish stable emotional bonds. Throughout the world, there are successful models that demonstrate that all children – regardless of disability – can live and grow up with a family.

placement cannot truly be considered a voluntary choice. The creation of a system based on placement in group homes as the only option for many children – with and without disabilities – is not consistent with the requirements of international law.

Closure of large institutions does not mean deinstitutionalisation

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