

## **EARLY CHILDHOOD DEVELOPMENT IN BULGARIA**

***This summary is published as part of the project “Care in the Early Age”, implemented by For Our Children Foundation with the financial support of the OAK Foundation. The main goal of the project is to improve the development and well-being of children in the early age (0-7 years) by introducing an integrated medico-social and family-oriented approach to care. Through research and advocacy activities, as well as by piloting social and health services for direct work with children and families, the project will help to improve policies and practices regarding early child development in the health, social and educational systems in our country.***

# ***A study of the systems supporting early childhood development, the interaction and cooperation between them and with parents***

## **SUMMARY**

*Yordan Yosifov, Research team leader*



*Dr. Vesela Banova*

*Dr. Lyubomir Zhupunov*

*Annet Marinova*



*Prof. Tatyana Kotzeva*

*Stanislava Moraliyska*

*Assoc. Prof. Elitsa Dimitrova*

*Kalina Ilieva*



*Elitsa Gerginova*

*Vania Kaneva, Editor*

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## I. INTRODUCTION

This summary presents an overview of the key components of a study conducted by For Our Children Foundation, the Child and Space Association, and the Institute for Population and Human Studies at the Bulgarian Academy of Sciences. The study is part of the project “Care in the Early Age”, which supports every child’s right to adequate early development from birth, which is implemented by For Our Children Foundation with the financial support of the OAK Foundation. The purpose of the project is to improve children’s development and wellbeing during the early age (0-7 years old) through introducing an integrated medico-social and family-oriented approach to childcare.

**The subject of the study** encompasses the healthcare, social, and education systems in Bulgaria and, in particular, the way they organise and encourage early childhood development. For the purposes of this study, the definition of the term *early childhood development* (ECD) refers to the period of human life from birth to compulsory primary school age. This period overlaps with the most important stages in personal development, in every possible aspect and regardless of the setting, and requires optimum support for the child and the child’s family by society and public institutions. The term *early childhood education and care* (ECEC) refers to “any regulated arrangement that provides education and care for children from birth to compulsory primary school age—regardless of the setting, funding, opening hours or programme content—and includes centre and family day-care; privately and publicly funded provision; pre-school and pre-primary provision.”<sup>1</sup>

### **The aims of the study include:**

- A. Make an overview of the legislative and political context in which sectors related to early childhood development are currently functioning.
- B. Study the extent to which the healthcare, social, and education systems interact with one another in terms of ECD, and how such interaction is reflected on the existing services and forms of support.
- C. Study the extent to which institutions and professionals involved in childcare at an early age apply a family-oriented approach, as well as parental attitudes towards the state of the early childhood development systems.
- D. Study the extent to which the healthcare, social, and education systems are driven in their work by the principles of social inclusion in the organisation of the provision of care for young children with special needs.

### **Study methodology**

The study was conducted during the period from December 2016 to April 2017 on the basis of multiple research methods. The combination of various methods and locations aims to ensure a comprehensive and multifaceted study, which takes into consideration different points of view on the

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<sup>1</sup> EUROPEAN COMMISSION (2014), Proposal for key principles of a Quality Framework for Early Childhood Education and Care (ECEC). Report of the Working Group on Early Childhood Education and Care under the auspices of the European Commission, EC: Brussels; and EUROPEAN COMMISSION (2014), Study on the effective use of early childhood education and care (ECEC) in preventing early school leaving (ESL). Final Report, No. EAC/17/2012. Publications Office of the European Union, 2014

policies and practices related to early childhood care in Bulgaria: those of politicians, decision-makers, experts at national and regional levels, professionals working with children at early ages, service providers, and parents. The locations for interviews and focus groups (Sofia, Plovdiv, Varna, Ruse, Kyustendil, Novi Pazar, and villages in the Tundzha Municipality) were selected so that the study covers large, medium and small settings.

The research methods include:

- ✓ Desk research: entailing an overview of the services for children at early ages (0–7 years) and their families financed with public funds in Bulgaria; an overview of strategic and legislative documents concerning ECD at national and EU levels; an overview of the legislation and policies in three European countries (France, Germany, and Norway) in order to provide a comparative benchmark for the review of Bulgaria's policies.
- ✓ Group discussions (focus groups): a total of 17 mono-sectoral and mixed focus groups were conducted, involving professionals from the three sectors under review (education, social services, and healthcare), as well as 3 focus groups involving parents of children with disabilities.
- ✓ Interviews: 27 semi-structured, in-depth interviews were conducted with decision-makers at the national level, politicians and experts responsible for sectoral policies in the field of education, healthcare, and social services, experts and professionals from leading international, academic and non-governmental organisations, and experts at the regional level.
- ✓ Case studies: the research incorporates case studies of individual services and facilities that are part of the ECD systems, as well as case studies of national projects and initiatives targeting this area. The study analysis encompasses the three largest projects that aimed to create integrated services for children at early ages and their families: UNICEF's "A Family for Every Child", the Ministry of Labour and Social Policy's (MLSP) "Social Inclusion" project and the Ministry of Health's (MH) "DIRECTION: Family" project.
- ✓ Quantitative study of parental attitudes: an online survey completed by 748 parents of children aged 0-7 years.

## II. CONTEXT: Legislative and policy framework and European practices in early childhood development policies

The study includes a focused overview of the context in which early childhood development systems function in Bulgaria. As part of the relevant context, the analysis encompasses the national legislative and political framework on a sector-by-sector basis (healthcare, education, and social services), the key policy positions and documents of the European Union, and examples of how this area is regulated in three European countries, which are included with the intention of providing a comparative benchmark for national policies.

The lack of an integrated statistical database of indicators in the field of child well-being in Bulgaria is a serious deficiency, which obstructs the solid evidence base that should underlie policies on children and families. From this point of view, it is imperative to introduce a mechanism for regular data collection, through periodic studies aiming to assess the effectiveness of existing and newly-formed measures and services, as well as to assess the career development and training of the workforce engaged with providing children's education and care services. The legislative framework is substantially underdeveloped in terms of the adequate collection of data to support evidence-based policies.

### **The European context: policies and practices**

While decision-making on national policies in the sectors of education, social services, and healthcare remains within the competence of Member States, the European Union provides guidance on the European vision for ECD through several policy documents, which focus mostly on ECEC as a

component of ECD. The review demonstrates that the EU's approach to ECEC is not holistic. The fragmentation stems from the **way the EU perceives ECEC — as an instrument related to the effectiveness of the labour market, rather than as a value in itself**. Although the overall importance of ECD has been objectivised in a series of documents (a very prominent one being the European Commission's Recommendation entitled *Investing in children: Breaking the cycle of disadvantage*), ECEC is perceived mostly as a necessary tool towards achieving socio-economic objectives, as well as a measure for achieving gender equality. Importantly, the Council of the European Union has agreed to set targets to ensure access to ECEC services to at least 90% of children from 3 years of age to compulsory primary school age (this target was later revised to 95%) and to at least 33% of children under 3 years of age. Regrettably, these so-called *Barcelona targets* have been attained by only a few Member States, and Bulgaria is not among them.

This study reviews the systems of three European countries (France, Germany, and Norway) which substantially differ from one another in terms of the format and degree of regulation of their ECEC sectors, due to belonging to different welfare state models. The overview presents a detailed comparative perspective on the mechanisms put in place in these countries to realise some of the leading ECEC concepts, including the strive for systemic universality and high coverage of children's services, equal access for all children to quality care and education, and accessibility and quality of ECEC services. **In the systems of the European countries included in the analysis, ECEC is also regarded as an instrument to compensate for social inequalities in early childhood, through the provision of high-quality services** for childcare outside the home, designed to also deliver an educational value for children. At this level, the task to educate goes beyond the childcare function related to the parents' employment. The goal is to stimulate cognitive, social, and cultural development so as to prepare children for the early stages of school education. The achievement of this goal is closely linked to the ECEC system management model and the degree of integration of care and education into a common system for children of all ages, as this approach implies placing equal importance on education, socialisation and care over the entire childhood period. Norway is an example of a fully integrated system, while the systems of Germany and France delineate between education and care, attributing more weight to the educational component during the period of 3 to 5 years old (or until starting school), while the care component prevails during the period from 0 to 3 years old.

In the three countries under review, access to services is guaranteed to all children in various ways, including through the adoption of a legitimate right to an individual place in a childcare facility, subsidies for service providers to hold prices within the regulated ranges, the allocation of quotas for free-of-charge places for children from vulnerable groups, and additional subsidies for caregivers or professionals in childcare facilities. Reducing the financial burden on families in relation to paying for childcare services is also part of the initiatives pursued by these countries so as to have a fuller coverage of children within the formally regulated network of services, with a special focus placed on children from vulnerable groups. The state participates in the market of childcare services by partially or fully subsidising regulated services. The countries also adopt statutory maximum thresholds of parental fees for ECEC (as an absolute value or as a percentage of the service price in the municipality concerned), subsidise parental fees for certain groups of parents, and pay social benefits or provide tax credits to cover payments of childcare services.

Providing ECEC services in the countries under review is influenced by the type of parental involvement (mostly that of mothers) in the labour market—full-time or part-time employment, flexible hours, or non-traditional schedules. To this end, the systems of these countries maintain a wide range of childcare forms. Attendance hours may vary and be flexibly negotiated in view of the hours of parental employment. In some countries, reduced hours of attendance in a childcare facility entitle parents to receive a partial compensation through social support for childcare (cash-for-care benefit). Regardless of whether they receive public subsidies or not, registered ECEC services are subject to public scrutiny as regards their compliance with quality standards.

## **Legislative and policy framework in the area of early childhood development in Bulgaria**

Following its ratification by Bulgaria in 1991, the UN Convention on the Rights of the Child became part of Bulgaria's legislation and, according to Article 5 of the Constitution, prevails over any domestic provisions that run counter to the Convention. The Convention is based on an approach that regards children as holders of rights, similarly to all other citizens. In its General Comment No. 7 from 2005, entitled *Implementing child rights in early childhood*, the Committee on the Rights of the Child states that young children are holders of all rights enshrined in the Convention.

Unlike some other countries, Bulgaria has no law or policy document entirely devoted to early childhood development. The legislative and political framework concerning ECD is contained within the sectoral laws and policies in the healthcare, education and social spheres. Safeguarding children's rights at an early age, as well as the policies focused on these rights, is addressed mostly by sectoral policies in these three areas. The sectoral analysis implies that there are resources and prerequisites to improve the situation concerning early childhood development, but there are *no* legislative and policy documents to bring the issue to the fore as a leading priority with the most tangible return on investment for our society. The lack of an integrated ECD policy has been clearly identified by the participants in this study.

### ***Legislative and policy framework in the healthcare sector***

The review of the legislative and political framework related to maternal and child healthcare in Bulgaria encompasses national legislative acts and strategic documents that are relevant to maternal and child health in the country and which outline the policies on providing care for pregnant women and children at an early age.

Bulgarian healthcare legislation has traditionally ensured the provision of health services for maternal and child health. *The Healthcare Act* (last amended in 2016) sets out the general provisions on the rights of children as patients and child healthcare. It regulates the most valuable aspect of the Bulgarian child healthcare system: the right of all children to receive full medical care, free of charge, until 18 years of age and the right to unlimited access to health services provided by both a general practitioner and a paediatrician. This is an indisputable achievement.

This, however, is not the case with pregnant women, whose healthcare is guaranteed only when they have health insurance. Pregnant women without health insurance are entitled to only one medical check-up during their pregnancy, access to which is problematic, as well as to a free-of-charge delivery.

The study places a special focus on innovative integrated services. Although the Ministry of Health has amended and supplemented the *Healthcare Act* and the *Medical Establishments Act* so as to prioritise the need for an integrated inter-sectoral approach, which is to be applied through the provision of integrated medico-social services for all children in the community and not only for children at risk, the three responsible ministries (MH, MES and MLSP) are still lacking a shared concept as to how these services — already defined in the legislation of the MH — should be regulated in more detail and co-developed. Pursuant to the Health Act, integrated medico-social services are “activities through which medical practitioners and specialists in the area of social services provide healthcare and medical supervision and conduct social work, including in the home environment, in support of children, pregnant women, [...]”. The law stipulates that the Council of Ministers, at the proposal of the Minister of Health and the Minister of Labour and Social Policy, shall adopt an ordinance laying down the types of services, conditions and procedures for their provision, criteria and standards for their quality, and the procedures for exercising control over the compliance with the criteria and standards. In interviews, responders reported about an “interdisciplinary” regulation being under way in order to enable the “long-delayed intersection” between the social, healthcare, and education sectors that are



instrumental to the development of children, including children of ages 0 to 7 years. In 2016-2017, several attempts were made to draw up said regulation. Yet, it is still not adopted and, in reality, there is no shared concept between the three key ministries as to how the integrated services should be regulated and developed.

Integrated medico-social services are also regulated in the *Medical Establishments Act* through a new service for medical care and follow-up of children with disabilities and chronic conditions, which is provided in a new type of facility (Centres for Complex Services for Children with Disabilities and Chronic Illnesses). The Rules of Procedure adopted for this service include diagnostics, treatment, medical and psychosocial rehabilitation of children with disabilities and serious chronic conditions, and support for their parents in order to support them with providing care in the home, e.g. through visits of medical professionals. Pilot Centres are planned to be opened as part of the process of restructuring the Homes for Medico-Social Care for Children (HMSCC), but at the time of publishing this study, the pilot centres have still not been set up.

The two medical standards that are part of the legislative framework and are relevant to providing healthcare for children at an early age are the medical standard “Paediatrics” and the standard for general medical practice. Ordinance No. 8 of 2016 on regular screening and dispensaries and Ordinance No. 15 of 2005 on vaccinations in Bulgaria are also an important part of healthcare legislation.

Care provided to children at an early age is addressed in national strategic documents in the area of healthcare, which should, through their comprehensiveness, ensure the most important rights of citizens, including the youngest ones, as guaranteed by the State. The documents outlining national policies reviewed as part of the study include the *2020 National Health Strategy* and the *National Programme for Improving Maternal and Child Health (2014-2020)*. While not being the only policies relevant to healthcare at an early age, they are of the most strategic and long-term nature.

*The National Health Strategy 2020* acknowledges that child mortality in Bulgaria is unjustifiably high compared to the EU average. Hence, this strategy aims to reduce the mortality rate for children aged 0 to 1 years to 6.8 per 1,000 live births, and that for children aged 1 to 9 years to 0.24 per 1,000 live births. According to the strategy, the values attributed to the child mortality indicator and its sub-types are strongly dependant on the impact and interaction of a range of unfavourable socio-economic and cultural factors and are not directly linked to the healthcare system parameters. For this reason, in order to resolve the problems associated with child and maternal health, the healthcare system should go beyond the standard activities related to the provision of medical services. Having an integrated approach to the care for pregnant women and young children has been identified as a missing link, and introducing this approach is considered a priority. According to the National Health Strategy, “*the integration of health and social services for pregnant women, mothers and babies calls for building capacity to carry out coordination processes, including the setting up of a working partnership network for effective support to children and families*”.<sup>2</sup>

In order to facilitate the attainment of goals set out in the National Health Strategy, a *National Programme for Improving Maternal and Child Health (2014-2020)* was developed and adopted. The national programme contains the conclusion that an adequate promotion of child health, timely disease prevention, and targeted health policy can be conducted through the active involvement of a number of sectors, including education, economy, finance, social care, sports, etc. It incorporates measures intended to introduce an integrated approach for institutions and society to the benefit of children’s health. Furthermore, the strategy upholds the principle that child healthcare is “an

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<sup>2</sup> National Health Strategy, p. 19

investment in future generations and in the prosperity of the country”<sup>3</sup>, given that the foundation of human health is laid down in childhood. A new service is planned in the programme: integrated maternal and child health consultation centres which are to be set up in medical treatment facilities and which shall provide information, consultation, medico-social and referral services for children aged under 18 years, pregnant women, and families, as well as diagnostic and treatment services for children and pregnant women with pathologies. The provisions also entail pro-active outreach to target groups, as well as mobile services provided in the form of patronage care. The plan is for the new centres to keep a register of children and women who have given birth and to provide early intervention to address risks and problems in children’s health and development.

### ***Legislative and policy framework in the education sector***

Achieving school readiness at pre-school age is a prerequisite for successful inclusion in school education, which was the reason pre-school education has been made mandatory from the age of 5 years. The role of kindergartens, however, is perceived as preparing children for school rather than as an environment for children’s development. The latter is instrumental to obtaining social and emotional skills and creates opportunities for ensuring a better quality of life for the child, for overcoming inequalities and for improving the child’s chances to develop as an independent person.

The review of legislative documents and policies on early childhood education and care has pointed to substantial changes in the legislative framework attributed to the new *Pre-school and School Education Act (PSEA)*, which came into force on 1 August 2016. These changes, however, are mostly concerned with children in critical situations that have occurred as a result of continued difficulties and multiple risk factors in their life. In the area of education, changes to educational integration predominantly concern children with disabilities.

Early childhood development is regulated in the PSEA as an obligation of the system to provide proper conditions for early childhood development, which are set out in detail in the State Education Standard on Pre-school Education. Importantly, the traditional perception of pre-school education starting from the age of 3 years has been overcome, as the law allows for children aged 2 years old to be enrolled in nursery groups in kindergartens. The legislation stipulates that work in kindergartens should be based on early childhood development standards that need to be adopted through secondary regulations. As of the beginning of 2018, this has not yet been done. At the same time, the legislation is silent on independent nurseries, which continue to belong to the system of the Ministry of Health. This approach results in two types of public institutions with a different philosophy regarding children. The provisions in the pre-school education standard place an emphasis on the child’s age, individual needs and interests and on providing a matching educational environment for every child for the purpose of developing the child’s personality. Yet, as regards the main method of work, the standard refers to “the pedagogical situation” and “the programming schedule”, which ascribes a leading role to the institutional mechanism and development of kindergartens. Thus, the individual approach and responses of kindergartens depend on the relevant programmes rather than on the relationships and interactions between teacher and child, which are attributable to the element of care.

The law also affirms the principle of inclusive education, which is an integral part of every child’s right to education. Support for personal development is a new component in educational policies, which links and unites the resources of the environment, at all horizontal and vertical levels of the system. This study includes a review of the State Education Standard for Inclusive Education, which stipulates the role that kindergartens are tasked with in relation to early childhood development, through early screening intended to identify difficulties, as well as the responsibilities of kindergartens to provide general and additional support to children.

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<sup>3</sup> Ibid., p. 16

The study also reviews national strategies and programmes relevant to early childhood education, mostly in terms of including children in the pre-school education system. They include *the Strategy on Educational Integration of Children and Students from Ethnic Minorities (2015-2020)*; *the National Strategy on Promoting and Improving Literacy (2014-2020)*; *the National Strategy for Lifelong Learning (2014-2020)*; *the Strategy on Reducing Early School Leaving (2013-2020)*; *the National Programme for Development of School Education and Pre-school Preparation (2006-2015)*; and *the National Programmes on Child Protection*. None of these documents is entirely focused on pre-school education, although they all acknowledge its key role in achieving their goals. *The National Strategy for Lifelong Learning (2014-2020)* restates the Barcelona targets, and one of its objectives is to increase the coverage rate of children in kindergartens to 90% by 2020. The inadequate coverage of children in kindergartens, as well as the need for inclusion of children from vulnerable groups in pre-school education is also addressed in the Strategy on Reducing Early School Leaving (2013-2020).

Certain issues, related to changing the education system from within, are being considered at the political level and need to be clarified. In the context of early childhood development, these issues are concerned with: (1) revisiting the education/schooling function of the system in the light of the new policies on the socialisation of children; (2) kindergartens, in their capacity as organs for child protection and their work with children at risk; (3) the cooperation and involvement of parents; (4) the connections between educational integration and inclusive education, through accepting differences and in view of culture as a driver of differences; (5) support for every child in the education system and introduction of a personalised approach; (6) child-centred approach in the education system, or analysing the obstacles in the legislation that prevent the functioning of the system in support of the child's best interest and to the benefit of their development, rather than serving institutional interests; (7) the educational environment and the conditions to ensure it in the system; (8) cooperation between the education system and the health and social systems, including the aspects of their cooperation in early childhood.

### ***Legislative and policy framework in the social sphere***

Policies on children and families in the social sphere are multi-faceted and entail the setting of interrelated goals and the development of integrated measures aimed to safeguard every child's right to have a family and the development of high-quality community-based services that support childcare, as well as to reduce child poverty and speed up the process of deinstitutionalisation. This study includes a review of legislative and political documents relevant to early childhood development, with an emphasis on the main contribution of each document to the overall national policy on young children and their families.

The study regards the *Child Protection Act (CPA)* as the main driver of changes in the organisation of early childhood care in the social sector and as the key legislation that places the child in the centre of state policy. The concept underlying the CPA is that the child is a legal subject and not a passive object of the care of the state and society. Ensuring the child's right to live with his or her parents is one of the priorities in the childcare reform implemented through the process of deinstitutionalisation. While implicitly upholding the concept that the family is the best environment for the child's development, the CPA and other legislative documents contain no guidelines as regards developing parental skills and implementing family-oriented approach through specific policies addressing the age in which this is most appropriate and needed, i.e. early childhood. The measures for social support and for child protection are not age-specific.

Undoubtedly, an important component of the legislation is the social assistance for children and families, specifically for children at risk or disadvantaged children, developed through a number of documents, including the Labour Code, the Social Assistance Act, the Rules on Applying the Social Assistance Act, and the Family Benefits for Children Act, among others. There is a developed family support system in place, including well-developed measures for maternity leave and support through

labour market measures. Yet, the study indicates that approaches which entail controlling and addressing the problems of children and families after their occurrence prevail, while the positive and preventive approaches come second. The concept of proactive parenting, the defining of roles, rights, and obligations of parents of young children, and guidance for parental support by social institutions are not explicitly laid down in the legislative and policy documents in the social sector.

The legislation also regulates the types of social services for young children, but without age-specific differentiation. Another finding is that cash assistance is not regarded as part of a comprehensive approach to support children and their families, which leads to low effectiveness of cash benefits in terms of overcoming poverty. The study also reviews the changed procedures for taking maternity leave, which reflect the principles of gender equality in family responsibilities, more particularly in sharing the care for children in the early age. Attention has also been given to expanding the scope of child protection by widening the definition of domestic violence to also include emotional and economic violence (and not only physical, sexual, and psychological violence).

The main driver in the development of social services for children and families is the process of deinstitutionalisation of children at risk. Although some social services are open to children in the early ages (mostly between 3 and 7 years), they are strongly differentiated, i.e. they are utilised after the occurrence of a manifested risk for the child. Access to these services is regulated by the child protection system, through a referral by child protection departments under the regional Social Assistance Directorates. There is a lack of universal social services accessible to all children, from their birth to 7 years of age, intended to encourage the child's overall development and to ensure risk prevention. New, flexible forms of social services need to be put in place so as to introduce preventive and supportive practices aimed at limiting the risk of child poverty and social exclusion.

A number of policies have been reviewed, including the *National Strategy for the Child (2008-2018)*; the *National Strategy "Vision for Deinstitutionalization of Children in the Republic of Bulgaria"*, along with the action plans for its implementation; the *National Strategy for Reducing Poverty and Promoting Social Inclusion 2020*; the *Updated Employment Strategy of the Republic of Bulgaria 2020*; and the *National Strategy of the Republic of Bulgaria for Roma Integration (2012-2020)*. None of these policies places a strong focus on early childhood development measures, but they all incorporate measures directly addressing the improvement of living conditions for young children and their families. The policies in the social sector are markedly concerned with the closing down of specialised institutions for children at an early age, the setting up of integrated services, flexibility in providing ECEC services, and early identification of risks.

### III. INTERACTION BETWEEN EARLY CHILDHOOD DEVELOPMENT SYSTEMS

The study entailed an analysis of the horizontal and vertical interactions between the health, social, and education systems on the basis of the following factors:

- existence of (effective) interaction between various units relevant to early childhood development within each of the three key sectors (healthcare, education, social sphere);
- existence of interaction between the different sectors;
- existence of integrated case management information systems;
- existence of interaction between the national administration and local administrations, including the extent to which a dialogue exists and its focus areas;
- existence of functioning integrated open-access (universal) services and early intervention for children with special needs.

The analysis of the information collected on the **interaction between the various units within each of the sectors** indicates that, within the healthcare system, the leading role as regards early childhood development is assigned to physicians. Physicians are those who can refer cases of children and their



families to healthcare services and are also acknowledged as authority figures by parents. Furthermore, physicians play a key role in building cooperation and interaction with other units, but this cooperation is not always smooth. A serious issue is the limited number of paediatricians, especially in smaller towns, and their insufficient preparedness in terms of internal connections within the healthcare system.

As regards healthcare services, the study participants pointed to healthcare for children with disabilities as a specific and vulnerable group. There is still a risk within the healthcare system that physicians may encourage the families of children with disabilities to abandon them. This is a practice from the past, which, however, is deeply rooted in the attitudes and mindset of specialists.

The analysis highlights a problem in the education system related to the lack of teachers' capacity to work towards encouraging early childhood development, as well as the lack of programmes adjusted to the needs of children in the early age. The difficulty is in building a rapport of trust with parents; engaging and involving parents is the biggest challenge for pre-school educators. Insufficient cooperation between teachers and other professionals working in kindergartens was also reported. The legislative framework regarding inclusive education causes confusion due to contradicting interpretations, chaos in the documentation, lack of clarity concerning the responsibilities of kindergartens and schools, lack of funding, and other problems that indicate the lack of capacity inside the system to ensure interactions with other systems. Such interactions are essential in order to meet the requirements of children with special needs.

In their comments on **inter-sectoral interactions**, the study respondents pointed out that the changes in the social sector in the recent years, which have resulted in a substantial increase in the number of social services, were marked by problems concerning the interaction between the social system and the healthcare and education systems. The difficulties stem from the traditional institutional attitude limiting the systems "from within" and "from the outside", i.e. there is a resistance to every change and it is perceived as trespassing on another's territory. Each of the three systems is encapsulated in itself. The role and essence of the various new social services is not understood.

Each of the systems demonstrates a lack of knowledge about the laws of the other systems, which is detrimental to inter-sectoral cooperation. It is not clear whether practitioners in healthcare and education know the provisions of the CPA and to what extent they apply the CPA in its entirety. At the same time, there are negative attitudes towards social workers from the child protection system because of an irrational feeling of threat that they can encroach on the family sphere and take children away from their parents.

What about the coordination between the systems? The coordination of early childhood development services, or of the joint work involving the different systems, was most revealingly described by one of the interviewees: *"It is expected that the parent acts as the natural coordinator of the care."* The study participants shared some insights pointing to the perceptions of a number of professionals that it is up to parents to manage the interactions between the systems and act as a coordinating unit, rather than rely on the systems to have direct contact with one another.

The need for a single (institutional) centre for coordination and inter-institutional horizontal and vertical interaction is pointed out by most of the interviewees and participants in the focus groups. The State Agency for Child Protection (SACP) is acknowledged as an actor that could possibly take on the role of such a centre in order to facilitate each of the systems towards combining activities. This role, however, is not presently vested in the SACP and is not recognised by the agency itself as its domain.

The issue of building trust between all stakeholders involved is a leading topic in discussions of horizontal interactions. As is, trust is based on informal relationships and personal contacts and not on confidence in the professional judgement and expertise of a practitioner or institution concerned. The lack of a single coordination centre and the existence of red tape are posing obstacles to horizontal cooperation. Moreover, when professional communications are not shared through transparent case

management techniques, conditions occur for wasting resources, human energy and time, as well as for contradictory actions in terms of considering the child's best interest.

One of the key issues that came to the fore in the analysis of interactions was the **coordination of the systems at the case level**. This relates to the need for maintaining a single information system, as a prerequisite to ensure a personalised approach, which integrates, follows up and channels all the care and services in a given case.

Despite the aforementioned problems, the study also identified examples of social services for universal support aimed at risk prevention, with good horizontal interactions in place. A good example is the practice of horizontal interactions utilised by the Community Support Centre (CSC) in the town of Novi Pazar, which has developed a model of education support provided within a social service, where there is also cooperation with the education system.

The main problems identified in the **vertical interaction between the state and municipal administrations** include focus on control and a formal approach; lack of support and positive feedback; inappropriate workload of practitioners and unrealistic expectations and requirements; and, finally, practitioners' sense of loneliness and of their job lacking prestige. Practitioners working in the field shared their feeling that policy makers do not take into account the feedback they provide. This feeling of alienation from important decision-making processes is also projected onto other aspects of vertical interaction. This — along with the low pay and the lack of positive communications with some of the parents — contributes to the perception that society disregards, to a certain degree, the work of professionals in whose hands — literally — are the children of the nation.

**The role of non-governmental organisations** is assessed as positive, in the majority of cases. Professionals and experts pointed out that NGOs act as drivers of new ideas, open up the sector, and draw public attention. Furthermore, a number of practitioners find their interaction with colleagues from NGOs easier and more effective than that with their colleagues from other education, social, or health institutions.

The study contains a detailed overview of **integrated services** available in Bulgaria, with a focus on the three larger projects of national importance ("A Family for Every Child" [UNICEF]; "Social Inclusion" [MLSP]; and "DIRECTION: family" [MH]), as well as on early intervention (EI) and early childhood intervention (ECI) services created by non-governmental organisations. The idea underpinning integrated services is to combine various types of support (social, psychological, health, education, etc.), providing it in an integrated and holistic way, which makes integrated services closely linked to the EI/ECI approach. EI is defined as *a joint approach for providing effective support*, a comprehensive system of measures and/or a system of coordinated services targeting the earliest possible stages in the progression of a particular problem, though it can target persons of any age. On the other hand, ECI is associated with the development of children with special needs and is aimed at the creation of a partnership between parents and professionals at an early stage of the child's life. ECI services can be provided to children both at home and in centres. Either way, it is a guiding principle for these services to be utilised in the child's natural environment and be aligned with his/her everyday experience and activities.

The study presents the experience of non-governmental organisations (Karin Dom Association, For Our Children Foundation, and Child and Space Association), which have developed ECI programmes and services providing interdisciplinary support for the families of children with disabilities and developmental delays.

The project "*A Family for Every Child*" resulted in the closure of the HMSCC in the town of Shumen and the creation of two types of integrated services with universal access designed for young children and their families: Family Consultation Centres (FCCs) and Maternal and Child Health Centres (MCHCs). The creation of these integrated services is an attempt to go beyond the limitations of social services whose target groups are children at risk and their families and which are typically accessed after the risk manifests itself. FCCs have been conceptualised to provide an open-access inter-

sectoral service, which is pro-active and programme-based. This functionality facilitates horizontal interactions and increases the effectiveness of inter-sectoral cooperation in the child's best interest. FCCs often facilitate young children with special needs and their families in accessing other specialised services. The target group of MCHCs include pregnant women, children aged 0 to 3 years and their families. While the services offered by MCHCs are with open access, their scope is aligned with the individual needs of children and families. The priority is placed on the most vulnerable families whose access to healthcare is impeded due to financial barriers, remoteness, or low levels of education and health culture of parents. An important feature of MCHCs is patronage care, which facilitates the provision of pro-active support to parents of young children. The activities of MCHCs supplement and expand the work of general practitioners and outpatient paediatricians in terms of consulting, informing and training parents, early identification of risks to the well-being of children at early ages, and early intervention towards overcoming the risks.

As the experience gained through "*A Family for Every Child*" indicates, facilitating the access to health services and improving health literacy in communities at risk often makes it possible to carry out all other services for children and parents from those communities. The services operate at the level of primary prevention of risks, which is of paramount importance to ensuring good conditions for early childhood development.

"*Social Inclusion*" is the first national project entirely focused on promoting the inter-sectoral approach and developing integrated early childhood services, which are not directly linked to or do not directly result from the closing down of specialised institutions. As part of this project, a network of integrated services for children and families was set up in 66 municipalities throughout Bulgaria, including services for early childhood development, early childhood risk prevention, better coverage and improved readiness of children for their inclusion in the education system, improved family environment, etc. Municipalities were given the opportunity to choose from and combine services so that they are suitable for the local context. The idea of the "*Social Inclusion*" project is for the services to be provided by a multi-disciplinary team comprising of various specialists from the healthcare, social, and education sectors. Participants in trainings held under the project spoke about the good results for children beneficiaries, but also pointed to some serious problems in the implementation of the project, including the difficulty in setting up teams, unclear eligibility criteria in the services, service sustainability, etc. After the project was completed at the end of 2015, the majority of integrated services that had been made available under the project ceased to operate. Later on, the MLSP utilised EU funds and enabled those municipalities that had set up services under the "*Social Inclusion*" project to resume their provision through the operation "Early Childhood Development Services" under the Operational Programme "Human Resources Development". Although a few municipalities created very interesting practices under the project, there is no shared platform for information exchange to facilitate the dissemination of those practices.

This study followed up on the operation of three of the service centres created under the "*Social Inclusion*" project, which continued to operate under the new grant scheme. The analysis of observations indicates that multi-disciplinary teams need to be set up in order to succeed with the services. These multi-disciplinary teams should bring together the expertise and efforts of various specialists in a single workplace, revolving around the child and the child's family, so that they can receive holistic support, which results in the full realisation of their potential. It is important that these teams understand how essential their work with the families is and encourage the social inclusion of children and families. It is equally important to develop and promote a mechanism for sharing good practices. In addition, services should meet the complex needs of local communities, be easily accessible and widely promoted. Service referral mechanisms and mechanisms for the use of the various services should be clear.

Pursuing the national policy on deinstitutionalisation, the Ministry of Health implemented the project "*DIRECTION: family*", which entailed the restructuring of eight pilot HMSCCs in the cities of Gabrovo, Montana, Pazardzhik, Pernik, Plovdiv, Ruse, Sofia, and Targovishte. In their place, new integrated inter-sectoral services were created so as to offer a substantially new, non-institutionalised model of

care. Regrettably, no sustainability was ensured for the majority of services created under the project, and much fewer integrated services presently operate in these eight municipalities. In order to sustain them, some of these integrated services were transformed into social services, which come with all the limitations of the legislation that regulates them, of their methodology and financial standards. This outcome is rooted in the lack of a shared vision on integrated services and legislative regulations at national level, as well as in the lack of flexible mechanisms to finance such innovative services.

All new integrated services and programmes are focused on supporting the parents of young children, but each service or programme is underpinned by a different understanding of the family-oriented approach and its application, which calls for continued discussions on this topic. The planning and realisation of integrated early childhood development services do not account for the levels of primary, secondary and tertiary prevention. In order to make integrated early childhood development services sustainable, there is a trend to transform them into social services. Under the current legislative framework, however, such a transformation destroys the most significant characteristics of integrated early childhood services—universal access, i.e. their essentially preventive nature.

#### IV. Family-oriented approach in early childhood development systems

This study addressed the family-oriented approach in early childhood development systems through the following criteria:

- positive/negative attitudes towards a family-oriented approach among stakeholders;
- prerequisites and resources available to introduce a family-oriented approach;
- obstacles and challenges in the interaction between parents and professionals;
- degree of parental inclusion in the provision of care for their child.

#### **Dimensions of the family-oriented approach: awareness of it (and lack thereof)**

This study sought to answer the question of what function the family-oriented approach has, while referring to the European experience and the observations of respondents. A conclusion was drawn that, regardless of the variety of models and approaches, the family-oriented approach is aimed at fostering the parents' potential towards preventing social exclusion and poverty and improving the physical, emotional, and social well-being of children. **The family-oriented approach is the way to personalise early childhood care** because young children's individual needs cannot be addressed without taking into account what is going on in their families. Hence, the success of an intervention at a personal level depends on the successful work with the family.

Although a large number of study respondents explicitly underscored the key role of the family, some of them did not consider their work with families as an approach aimed to solve an individual *problem* at hand. In other words, the need for a family-oriented approach is still intuitively understood rather than consciously acknowledged. Nonetheless, the function of the family-oriented approach as a tool to personalise early childhood care and protection is becoming increasingly discernible. This mindset is observed mostly among respondents in leadership roles, which shows that the process of realising the need for a family-oriented approach has a hierarchical dimension.

A major difficulty, as identified by professionals, is the communication with parents from different social strata. More specifically, the education systems finds it difficult to overcome the sanctioning approach vis-à-vis parents. Schooling, as a goal formulated in pedagogy, assigns a dominant role to moral judgements, which are not concerned with the reasons for the difficulties that a child may have when enrolled in kindergarten and, later on, in school. Therefore, all attempts of teachers to act as partners to parents clashes with a feeling of guilt, a sense of failure in parenting, or the rejection of the help that is offered. Some professionals state their preference to work with parents of a low social status because of their better compliance with guidance.



Upon analysing cultural specifics, it transpired that in certain communities, any care, therapy or other intervention by a professional who is an outsider to the community can be conducted in a reasonable way only after the permission of the mother-in-law. In such cases, the family-oriented approach needs to have a wider scope so as to encompass the extended family or, to put it more precisely, to be family oriented through the community in order to have access to young children. In this context, it is probably appropriate to use the term *community-based approach*, which very clearly outlines the leading role of mediators who are part of the community.

### **The attitudes of professionals**

In a number of discussions held in focus groups, professionals were critical of parents, their deficits, and missed opportunities in childcare. Professionals from all three sectors often demonstrated negative attitudes toward parents and blamed them for being irresponsible in their parenting. A widespread opinion among professionals is that parents are reserved towards institutions they are in contact with regarding their children. *Trust* was never mentioned in group discourses, and parents were described as “reserved” and “doubtful” and, in the best case, as “very demanding” and “with unreasonable expectations” vis-à-vis the work of professionals in the three sectors concerned.

Pre-school educators widely agree that kindergartens are not recognised as a partner by parents, who delegate the responsibility for teaching children entirely to the kindergarten. Owing to parental expectations and requirements, professionals complained about feeling overburdened and overloaded by communications with parents. The lack of highly specialised non-pedagogical staff (such as social workers, speech therapists, psychologists) in kindergartens puts an extra burden on teachers. According to experts, a major problem in the uneasy interactions between parents and professionals is the controversy of the situation: on the one hand, professionals blame parents for not being sufficiently interested in what goes on with their children while in kindergartens; on the other hand, it is professionals who raise barriers to parental access. Kindergarten staff members find it “normal” for parents to not be allowed inside the facilities, where their children spend their days. The lack of cooperation between kindergarten teachers and parents doom the latter to passivity and detachment, accumulating and growing into a parental model of communication that will dominate as their children grow older.

The separation of babies from their mothers in the first post-delivery days in hospitals and the formal communication between doctors and parents, focusing only on the child's physical development, are widespread practices according to the respondents. Some doctors feel too overworked and overloaded with paperwork to be able to pay more attention to communications with parents and address aspects going beyond information about the child's treatment. According to experts, the communication between doctors and parents is entirely controlled by the practitioners. This trend indicates a need for practitioners to receive training on parent communication skills. Experts also pointed out that doctors lack in sensitivity and consideration as regards children's mental development in the first three years of childhood which leads to omissions in detecting behavioural and language or speech impairments. A number of practices widely applied in inpatient care for infants and babies need to be humanised: procedures performed on new-borns with no anaesthesia; lack of adequate care and psychological support for mothers of premature babies and for mothers who have miscarried or had stillbirths. It is also a continued practice in hospitals for medical practitioners, including doctors, to advise mothers to abandon their children because other “much better specialists” will take care of the children better than their parents.

Deficits in communication and trust was also brought to the fore by experts in the social sector, where it is not uncommon for practices to include a formal approach to work, without delving into the specific circumstances of each particular case but rather sticking to the “letter of the law”. Practitioners in the social sector find communication with parents difficult because of the excessively high expectations vis-à-vis social workers.

According to the unanimous opinion of professionals from all three sectors, fathers have been increasingly pro-active in the upbringing of children in recent years. Some kindergarten staff members

stated that they found it easier to communicate with fathers, because they are more inclined to not contest teachers' opinions and to seek solutions in the event of problems, while mothers most often tend to throw the blame on others. Breaking the parenting model and more pro-active participation of fathers is also observed in Roma communities.

The analysis of information provided in focus groups resulted in the conclusion that the hierarchical style of communication with parents is recognised by professionals as „normal“, while contesting it by parents often causes difficulties in dialogue. The acknowledgment of cooperation and effective work between professionals and parents from Roma communities prompted the researchers in this study to seek an answer to the following question: is the authority of professionals recognised only in communities where families are of low social status and have extremely limited resources, and does the success of this hierarchical model of interaction stem from the deficits of the family environment? The experience of Tundzha Municipality demonstrates how the paternalistic empowering model of communication works in marginalised communities.

The experts interviewed in the study emphasised the need for continuous training of professionals. The lack of up-to-date knowledge and experience makes specialists vulnerable in their communication with parents and undermines their authority. Experts also agreed that there was a great need for general practitioners and paediatricians to be trained in competencies for assessing children's psychosocial development. They also pointed out that kindergarten educators have insufficient knowledge about early childhood development and child protection and widely fail to recognise symptoms of suffering in children. Teachers need training on how to communicate with parents in order to avoid stress owing to troubled communication with them.

Experts believe that work is also needed towards changing parental attitudes concerning the need to receive knowledge and skills. They think that the first step is for parents to allow a specialist to get close to themselves and their child, and to acknowledge that their child has a problem that can be resolved jointly by the parent, specialist, and child. Experts also think that the concept and practices of pro-active parenting face opposition also because of inertia from the past when previous generations (grandparents) or the state used to take on childcare and, thus, remove the responsibility for child rearing from the parents.

Owing to the commercialisation of professional labour and the public perceptions of decent work in Bulgarian society in the past decades, the public prestige of the professions that are related to working with children has been substantially diminished. As outlined by the experts, some of the aspects relating to the lack in public acknowledgement and professional motivation of childcare practitioners include insufficient pay and limited opportunities for advancing in qualifications, development, freedom, and innovation.

While the professionals' discourse is dominated by accusations and reproach towards parents, the experts have turned the topic of parental deficits into a topic of institutional deficits. A number of problems were acknowledged, including work overload, which triggers a formulaic and distant approach to children, the lack of a system for receiving additional and up-to-date trainings on working with children and communicating with parents, the absence of institutional mechanisms to exchange experience within the professional community, and the low prestige of the childcare professions. The experts recognise these problems as institutional barriers that should be addressed in order to bring about changes. For professionals, this is the context in which they are working, while building up defence mechanisms to cope with the situation. By criticising this shifting of responsibilities between parents and professionals, the experts, on the other hand, are looking to find constructive solutions in order to build effective models of interaction.

Given the aforementioned widespread practices in early childhood support systems (medicalisation of health services; neglecting the quality of childcare in ECD facilities and the social sector; applying the approach of sanctions rather than of support; prevailingly formal and non-empathetic relations between parents and professionals), the experts propose the following areas for development:

- Training programmes and innovative education formats to build the communication skills of professionals and parents and to build and develop parenting skills.
- Developing alternative forms of childcare based on a personalised approach towards the child and the child's family.
- Increasing the number of specialists - educators, special educators, psychologists, speech therapists, family counsellors, social workers, medical practitioners, including paediatricians, with a view to ensuring access and high-quality care for every child.
- Encouraging the pro-active role of fathers and promoting change in the family model towards shared childcare responsibilities, supported by policies fostering the role of fathers and cooperation with specialists. A positive development would be to have more male professionals (teachers, social workers, paediatricians, etc.) in kindergartens, schools and social institutions in order to introduce the absent *male* model of care in the context of the feminised supporting professions in Bulgaria.
- Developing attitudes and skills of tolerance, pro-social behaviour, and respect for differences associated with disabilities, ethnic origin, gender, age, economic or other status.

Shared responsibility for childcare is key to implementing the family-oriented approach, but sharing this responsibility can occur only between parties who perceive one another as equals. Empowering the knowledge and capacity of either party raises a wall of disagreement and mistrust. A conclusion drawn in the study is that the family-oriented approach can be applied effectively only when professionals place parents on an equal footing, in terms of authority, and work towards building on the parent's knowledge and skills. Developing the so-called reflexive practices can provide guidance on how to help professionals working with parents and children to revisit their reactions, behaviours, and approaches in the context of other perspectives in order to overcome negative attitudes and become more understanding and emotionally involved with the needs of their service users.

## **Parental attitudes towards the social, educational and healthcare services in early childhood**

The study included a quantitative survey, through an online opinion poll among 748 parents, which provided a snapshot of parental opinions concerning the services offered for children aged 0 to 7 years in the healthcare, education and social care sectors. The analysis of the demographic cohorts indicates that the study mostly represents the opinions of highly educated parents residing in the capital or large cities, whose income is around or above the country average and who, in most cases, either work or are on maternity leave. In addition to answering multiple-choice questions, the survey respondents were also given the opportunity to express opinions and recommendations on improving childcare in open-ended questions.

### ***Attitudes towards healthcare***

The analysis of the results in the health module of the online survey indicates ambivalent attitudes of parents concerning healthcare and health services in outpatient and inpatient facilities intended for young children and pregnant women. Those respondents who are working parents, as well as respondents with degree-level education, were more critical of the access to healthcare for young children and its quality, and of their contacts with children's treating physicians. Parents in smaller locations have difficulties in accessing and visiting medical practitioners, especially in the event of specific health problems experienced by children. According to parents, the main problems in contacting and communicating with doctors are associated with long waiting times in the general practitioner's office, lack of home visits by medical practitioners or limited opportunities for such visits, doctors' inaccessibility by phone, and treating physicians' failure to follow up on the child's condition after a check-up. Due to deficits in accessibility and communication with general practitioners, the majority of parents directly seek medical assistance from a specialist physician if their child has a health problem. Parents support the idea of having a medical practitioner pay regular home visits to young children, i.e. patronage care.

While there were also positive opinions about the quality of care received by children from general practitioners, many of the respondents used the open-end questions to state that they needed lengthier explanations as regards their child's healthcare, treatment, breast-feeding, feeding, vaccination, and different medical procedures. This was particularly true for the parents of premature babies and children with health issues. They need more detailed information and discussions with specially trained paediatricians who can provide adequate advice and assistance.

Substantial inequalities were observed among parents in terms of the additional costs they incur for their children's medical services and healthcare. Parents of a higher educational and economic status who reside in the capital city spend additional funds for their children's health.

Regardless of their social and economic status, parents vaccinate their children as required in the mandatory immunisation schedule. Yet, the analysis showed that people residing in villages, where access to healthcare and parents' finances are limited, find it difficult to comply with the mandatory immunisation schedule. Anti-vaccination attitudes were expressed by 7% of the surveyed parents.

### *Attitudes towards nurseries and kindergartens*

Child day-care services (nurseries) are not available for a number of parents because of insufficient places. For the majority of parents who used private nurseries, this was not an option of first choice but followed their child's dropping out of the waiting lists for a public one. This problem was much more pronounced in the capital city, where one in every three parents had difficulties in enrolling their child, and not widespread in other locations, where issues with the size of groups was also more rarely reported by parents. One in every four parents who did not use a nursery stated that there was no alternative to home-based upbringing for young children, while one in every five parents believed that nurseries are not an alternative to parental care only because of their low quality.

Parents are critical about the quality of care in nurseries because of the lack of individual attention to children, given the large group sizes, negligence of the relationships between children, failure to sanction child-to-child aggression, and insufficient or irregular feedback from staff about their child's experience in the nursery. On average, parents gave a moderate assessment of the quality of nurseries, and most often ranked them as "good".

One in every five surveyed parents experienced problems in enrolling their child in kindergarten, which was most often the case for those residing in the capital and in villages. Parental attitudes towards kindergartens are prevalently positive, with more than one third of respondents assessing them as "very good". Parents expressed satisfaction with the education and pre-school preparation, supplementary activities and feedback from teachers on their children's achievements. Parents also found the kindergarten to be a safe place. Half of the parents in the survey were pleased with the quality of food, and more than half of them did not think that the staff used forceful feeding methods. The parents consider the most serious problem to be the large group sizes, resulting in the impossibility to work with children individually, and called for more flexibility and a more engaged attitude to the child's personality. Among the other shortcomings identified by parents was the inability to fully grasp what goes on with their child in the kindergarten. More than half of the parents indicated problems associated with the staff's failure to address child-to-child violence, to adequately treat children, and to show understanding when parents are late to pick up their child.

More than half of the parents demonstrated a high level of tolerance towards children with special educational needs and acknowledged that educating those children together with the rest would benefit both groups of children. Almost all parents (over 85% of respondents) reported incurring extra costs for their children's education (foreign languages, sports, arts, etc.).

Almost half of parents gave recommendations to kindergartens, which indicates parents' marked involvement with the conditions and quality of care therein. The most common proposals included a smaller number of children in groups, personalised approach, flexibility, and more engaged attitude to the child's personality. It was also recommended to employ a larger number of staff, including



educators and supporting personnel, young teachers, speech therapists, psychologists, and resource teachers. Parents also strongly suggested the need for feedback and teacher-parent communications, access to the kindergarten for parents, awareness, and active parental participation; more time playing outdoors, sports and other activities outside of the kindergarten; varied and healthy food of a high quality.

### ***Parental attitudes to social policy and social services***

Almost all mothers in the survey used their paid maternity leave (in the first year of the child's life), and three-quarters of them used their parental leave (the second year). The use of parental leave by fathers or other family members is more of an exception than a common practice. Two-thirds of the respondents supported the introduction of a "paternal quota", but more than a few parents were sceptical as regards the capacity of the state to regulate the role of fathers through policy measures. More than half of parents expressed concerns about taking sick leave when their child is sick. In most cases, those who reported concerns were women with secondary education, women of low income, and residents of small towns. The majority of respondents expressed the position that child benefits should be received by all children.

Almost one in every ten parents used social services for their child. The majority of them were satisfied with the quality of social services, including access, conditions, staff qualifications, parental inclusion in the service, and psychological support. Certain reservations as regards different components of the service quality were reported by 30 to 50% of parents. Their proposals for improvements in social services addressed the practitioners' qualifications, motivation, and involved approach. They also referred to the need to increase the number and accessibility of services available, the need to more actively involve parents, and ensure parent-practitioner teamwork and coordination.

## **V. Providing care to children with special needs**

The authors of the report employ the term *children with special needs* to refer to children who need additional support in order to develop and have a chance for a decent and fulfilling life, on an equal basis with others. The review addressed specific measures and services financed with public funds, which are provided to young children with special needs. The main criteria for the analysis included:

- ✓ access to services for children with special needs;
- ✓ service quality;
- ✓ parental inclusion.

### **Health services**

The birth of a baby with a disability is a traumatic experience for parents. Hence, it is of utmost importance how they will be informed about the disability and what support they will receive to accept the news and be capable of taking good care of the child. When a disability is detected in the maternity ward, medical specialists will refer parents, depending on the specific needs, to the required emergency medical procedures and the place where they should be performed. Disabilities often manifest themselves at a later stage in the child's development, and their manifestations are frequently not so clear as to definitively indicate an impairment requiring an intervention. What's more, the perceptions and hopes of parents for their child, which are prone to idealisation, are also a complicating factor when addressing such manifestations. This study sought to answer the question of how should a child be examined (and by whom) in order to determine whether specialised support is needed; if support is needed, what kind and what are the mechanisms for providing that support in a timely manner?

The interviews conducted as part of the study showed that the role of the healthcare system is key to detecting, identifying, and addressing the problems of a child with special needs at an early age. The existing difficulties in the access to timely healthcare stem from a number of factors, including a

shortage of general practitioners, remoteness and size of some of the towns or villages, poverty and social isolation. The provision of adequate healthcare to young children becomes even more complicated where there is a language barrier for the parents. As small towns and villages lack in regular monitoring of children by health practitioners, children's special needs are often identified by the social services or education institutions at a much later stage. This means that all opportunities for early intervention, which can prevent a disability or reduce its negative effects, are missed.

The interviews conducted with leaders and experts pointed to a recognised need for an inter-disciplinary orientation in referring children with special needs and their parents to health services. The lack of patronage care and mobile services was also acknowledged. What is more, this lack was reportedly the reason underlying the amendments made by the Ministry of Health in the Medical Establishments Act in 2015, which resulted in the creation of the new type of treatment facility called Centres for Complex Services for Children with Disabilities and Chronic Illnesses. The vision is to create such services in all 28 district cities in order to guarantee universal and unlimited access to healthcare to every family of a child with special needs. This has not yet been done.

There is a plan to transform several of the HMSCCs in Bulgaria into such Centres, and this transition is already underway in the Varna HMSCC, where the service is planned to also include an inpatient unit (the same is planned for the HMSCCs in Stara Zagora and Burgas, while in the other district cities the HMSCCs will operate without an inpatient unit), as reported by the MH. Researchers who visited the home and its services established that there were practices in place to provide integrated care to young children with special needs, treatment and rehabilitation of children with severe disabilities, malformations and chronic conditions, as well as palliative care for such children. At the level of horizontal interactions, however, the services offered by the HMSCC to children with special needs and chronic conditions are not sufficiently known and utilised by the different institutions and agencies.

The study also presents findings from a visit to another HMSCC with substantial experience in upbringing and treating premature babies, as well as young children with disabilities and chronic conditions. That institution provides continued medical monitoring, diagnostics, treatment, prophylaxis, rehabilitation and specific care to children placed in it and also offers specialised care on an hourly basis to children with chronic conditions and medico-social problems. While there are good practices intended to support families, such as kangaroo care for premature babies, HMSCCs are a classical type of institution which does not provide a family-based environment for the children placed in it. Very few parents stay in touch with their children, which is likely due to the remoteness of the family's place of residence from the institution, as well as due to the insufficient effectiveness and interaction between the Social Assistance Directorate operating in the region where the parents reside and that operating in the region where the HMSCC is located. Another major problem is the encapsulation of children within the boundaries of the HMSCC and the lack of activities to facilitate their socialisation. Regrettably, some of the staff members in HMSCCs do not understand the consequences that long-term institutional care brings upon the child, and there is opposition against the ongoing process of deinstitutionalisation, which will result in the closure of all HMSCCs in Bulgaria over the next few years.

## **Social sector**

The study includes a review of the financial assistance paid to parents raising children with disabilities and the support offered to children with special needs and their families through social services. It was noted that the parents of children with disabilities who took part in the focus groups did not mention the need for additional financial assistance when asked about their needs and what additional support they required. They talked about the need for "enhanced social policy" and for services and specialists in nurseries and kindergartens; the limited capacity of rehabilitation centres for young children; the lack of a supportive environment; and the need for training teachers.

Although some social services are open to children with disabilities from early ages (mostly between 3 and 7 years), they are ostensibly differentiated, i.e. they can be used after the occurrence of a manifested risk for the child. Access to these services is regulated by the Social Assistance

Directorates. There is a lack of universal social services accessible to children, from their birth to 7 years of age, intended to encourage the child's overall development and to ensure risk prevention.

The social services in the community specialised in working with children with special needs and their families include Day Centres for Children with Disabilities (DCCDs) and Centres for Social Rehabilitation and Integration (CSRIs). The day centres offer care both on a full-time daily basis and on an hourly basis, while CSRIs provide services only on an hourly basis. Children with mental disorders are referred to both types of services, as well as to Community Support Centres (CSCs). Most of the existing social services specialised in working with children with special needs do not cater to the age group 0 to 3 years. Their capacity is quite often exceeded because of the high demand and the shortage of such services. In particularly short supply are services specialised in working with children with mental disorders and autism spectrum disorders.

Concerning residential social services, children aged 3 to 7 years with mild disabilities can be placed in Family-type Placement Centres, while the centres set up under the national deinstitutionalisation project "*Childhood for All*" allow for the placement of children with severe disabilities as well. The social risk in these cases remains a leading consideration, and this option is supposed to only be utilised as a last resort, given the fact that these centres do not provide a true family environment for children.

The main difficulties reported by personnel engaged in social services for children with special needs include the shortage of sufficient and qualified staff; low pay and the resulting turnover; the short periods for the provision of the service, which are in the referrals issued by CPDs for children with special needs (and their families) who need to be continuously accompanied; insufficient appreciation of therapeutic work with children at the expense of efforts to "normalise" them; difficulties in the other sectors concerned as regards the early detection of children with special needs. The professionals in CSCs pointed out the need for training of teachers, as well as of personnel in nurseries and kindergartens, towards ensuring early detection of special needs in children and referring them to social services in a timely manner.

## **Education sector**

The integration of children with disabilities started 12 years ago, through amendments to the *Public Education Act*, which enabled children to be transferred from special kindergartens to a special or regular group in mainstream kindergartens. Since then, the process of educational integration has progressed, especially as regards the number of children with special educational needs (SEN) who are educated in a mainstream education environment. Yet, there are specific difficulties and problems.

The advancement in integration processes expanded the opportunities for children with disabilities to be enrolled and educated in kindergartens and schools. To this end, in 2006, every district city set up a regional resource centre supported by professionals, including resource teachers, speech therapists, psychologists, physical therapists, and other practitioners with very specific fields of expertise. The personnel of these centres work, on the basis of allocation schedules, in kindergartens and schools. Their practice is focused mostly on one-to-one personalised activities in a resource room. At that stage of development in educational integration, kindergartens and schools enrol children selectively, depending on whether they think that a resource teacher will be able to work with the child. The enrolment can take place after a special commission under the Regional Inspectorate of Education meets with the parents and their child and issues a document attesting to "special educational needs". As the number of children with SEN increases, working with them becomes increasingly difficult. The practitioners from resource centres cannot provide a full coverage of all children, with their diverse needs, and this has become a serious challenge for kindergarten staff.

The new *Pre-school and School Education Act* introduced changes in the responsibilities of kindergartens and schools with regard to identifying the reasons underlying the difficulties of children and students. This is a turning point for the education system, because the previous regulations had stipulated that, once identified, learning difficulties would be "certified" and followed by a referral to a

remedial school. Now the law stipulates that a team of professionals in kindergartens shall engage with the child in order to find out the reasons for the difficulties and provide support aimed at his/her personal development. Support for personal development is a new component in the law and for the education system, which lacks well-established practices to provide such support. The experience from the past has brought about expectations and models, which limit the time a child with SEN can stay in class, most often by taking the child out of the class so as not to “disturb” the other children. The new regulations introduce new requirements in relation to the environment, which has to be adapted to children’s needs. The support is organised at two levels (general and additional support), depending on what kind of needs have been identified and whether the child will require additional support resources of a different nature. The general level of support is provided within kindergarten groups, whereby the teacher plays a key role in developing differentiated approaches so as to meet the needs of a number of different children.

Pursuant to PSEA and the Ordinance on Inclusive Education, kindergartens apply screening tests to children aged 3 to 3.5 years, which are intended to detect early signs of developmental problems. Early screening is utilised for the purpose of preventing risks of developmental delays. It was introduced in the education system through pilot projects (*“Inclusive Education”* and *“Support for Equal Access and Personal Development”*) implemented by the Ministry of Education and Science. This pilot activity, encompassing 33 kindergartens, utilises a tool created by the IPHS (BAS), with the support of UNICEF. The tool makes it possible, with the informed consent of parents, for children to be assessed in four developmental areas—cognitive, language, emotional, and social development. The teams in kindergartens work under the supervision of specialists from the IPHS team as regards the screening tests and of the State Speech Therapy Centre as regards the language programmes.

Two types of environment are developed for children – general and special. On account of the need for intensive therapeutic work, which cannot be provided for in regular kindergartens on a large-scale, PSEA maintained the traditionally special educational environment for children with sensory disabilities (visual and auditory impairments) at pre-school ages. Speech therapy kindergartens have closed down, but speech therapy groups have been kept in mainstream kindergartens. There are also special groups in mainstream kindergartens, which maintain traditional practices of education for children with disabilities and specific needs.

This study presents an overview of special groups observed in three kindergartens. The analysis of the observations showed that the developmental work with children in special groups aims to integrate them, whenever that becomes possible, with this integration being different from inclusion, i.e. the goal is to reach a certain level of development preceding the integration of such children. The practitioners working with children in the special groups in the three kindergartens were all of the opinion that the biggest obstacle to the development of children with SEN was the late diagnosis. Because of it, targeted work with these children towards overcoming deficits cannot start early enough. Whether a child will receive additional support from specialists is left entirely up to the child’s parents, who quite often refuse to acknowledge that their child needs such support.

The analysis of information collected during the study indicates that inclusive education guarantees every child’s right to access to a kindergarten or a school located near to the child’s place of residence, as well as support for the child’s personal development depending on his/her individual needs, but the education system still does not have sufficient resources available to fulfil this guarantee. This also explains the arrangement of having special groups in public kindergartens.

## VI. CONCLUSIONS AND RECOMMENDATIONS

The study team collected data and information, through direct dialogue, from a representative group of professionals working directly with children and analysed the legislative framework and feedback provided by stakeholders. Considering the data and results of the aforementioned analysis, the study



team can confidently affirm that there have been changes in the care of children in recent years as a result of targeted public policies in Bulgaria, which has also brought about positive effects in relation to early childhood care.

Reflecting upon the **national political and legislative framework**, we can conclude that the active process of deinstitutionalisation and the development of public-private partnerships in the sector of social services for children at risk and their families have, in recent years, resulted in dynamic amendments to the healthcare and education sectoral legislation, which aims towards the introduction of an integrated and inter-sectoral approach to strategic planning, with a view to resolving various problems of children in Bulgaria. In reality, however, there is still no shared concept between the three key ministries (MH, MES and MLSP) as to how integrated services should be developed and regulated and how to systematically implement an integrated approach in sectoral services.

There are resources and prerequisites for improving the policies on early childhood development, but there is no political document to unite these policies and focus them as a leading priority with the most tangible return on investment for our society. The lack of a comprehensive statistical database of indicators in the field of child well-being in Bulgaria is also a serious deficiency, which obstructs the solid evidence base that should underlie policies on children and families.

Social services lack flexibility, which can enable them to play a preventive and supportive role towards limiting the risk of child poverty and social inclusion. The legislative and political framework is overly focused on children at risk, rather than on a wider understanding of support for all groups of children and parents, including children at an early age, before the risks manifest themselves.

The position of Bulgaria as an EU Member State should not create too high expectations as regards the setting up of a legislative and political framework in the field of early childhood development, as these policies fall within the competence of Member States rather than the EU. At the same time, it should be noted that the EU, in its official documents, regards ECEC as part of the EU's social and economic agenda. Providing support to young children and their families is considered a tool to achieve social cohesion and economic growth.

The conclusions regarding **horizontal interactions** between professionals and institutions relevant to ECD can be summarised by the wishful statement, *“the network should be everywhere”*, as shared by one of the study respondents. The analysis of the feedback on inter-sectoral interactions brings out a clear message: there is a need for changes at all levels, including direct practice, governance, statutory documents, and influence of cultural values. These changes should revolve around the principle of placing children at the centre of the systems, which constitute the child's meaningful surroundings and influence the development and formation of the child's personality. The child-centred approach will shift the focus to the constituents of the child's environment — the function and role of the family; the function and goals of kindergartens and schools; the conditions in the region where the child lives and the access to healthcare, social and education services; parental employment; values in the prevailing cultural group as regards interpersonal relationships. This entails engaging with societal attitudes towards children and families, as well as towards the role of protection systems put in place by the state.

Given the great number of specific conclusions drawn in relation to sectoral interactions, only the more significant ones are presented below. They are divided in two categories: **intra-system interactions** and **inter-system interactions**.

#### *Intra-system dynamics: key conclusions*

- Doctors have a key role for the cooperation with other specialists in the healthcare system. Good practices have developed on the basis of trust, which translates into common goals in terms of placing equal importance on the psychosocial care and physical care for children.

- There is a need for improving healthcare services for children with special needs and their families, by overcoming certain attitudes and advancing the skills of healthcare practitioners to work with this group.
- There are clear indications that teamwork skills need to be improved, including a team-based approach to working with individual children in kindergartens, through the involvement of teachers and other specialists. To this end, it can be helpful to utilise advisory and external support for kindergartens.
- Boosting the effectiveness of the pre-school system also calls for improving the basic skills and the knowledge about early childhood development of pre-school personnel.
- It is high time that kindergartens should work with children in an inclusive, pro-active, and systematic way. Special attention should be given to enabling the appointment of specialists (resource teachers, psychologists, speech therapists, and other experts) to work with children with special needs in kindergartens.

*A brief overview of the conclusions concerning the inter-system dynamics:*

- The shortage of doctors and other healthcare practitioners in small towns and villages throughout Bulgaria poses a major obstacle to the access to services and the integration of activities between the healthcare system and the social system.
- Having a better insight into the options and limitations that professionals in other sectors are faced with may help overcome prejudice, stereotypes and concerns in pursuing joint work.
- The practitioners working directly with children identified an explicit need for synchronising regulations relevant to early childhood development in the three separate systems.
- Successful coordination at the local level is of utmost importance to good interactions between the systems.
- There is a marked need for setting up a unit responsible for the coordination of interactions between the systems.
- When work is conducted in relatively encapsulated communities, (health and education) mediators play a beneficial role. Work through the facilitation of mediators is family-sensitive and appropriate to their culture.

The conclusions regarding **vertical interactions** are rather pessimistic. Professionals working directly with children are overwhelmed by the feeling that legal provisions are created without regard to their opinion or to the needs stemming from direct work with children and families. This feeling of alienation from important decision-making processes is also projected onto the other aspects of vertical interaction. Along with the low pay and lack of positive communications with some parents, it also attributes to the perception of a neglectful attitude towards their work on the part of society and the state.

The conclusions regarding the experience obtained thus far in the field of **integrated services** and **early intervention** are:

- There presently is no policy or concept aimed at coordinating and planning the development of integrated services on the basis of an analysis of good practices existing in Bulgaria and their resulting outcomes. This leads to problems in both vertical and horizontal interactions in the early childhood development systems and to a lack of sustainability for some of the good practices and services put in place. (Such is the case with the services set up as a result of the project "DIRECTION: family")
- The terms *early intervention (EI)* and *early childhood intervention (ECI)* are defined in different ways, which calls for maintaining an ongoing discussion among professionals, experts, and academia as to how these terms should be construed. Furthermore, as EI/ECI services and programmes are driven by a different understanding of the family-oriented approach and its application, professional discussions are needed on this topic as well.
- The integrated early childhood development services existing in Bulgaria, which introduced the early intervention approach, cover most of the activities outlined by the WHO as constituting part of

this approach. An exception to this is the activities for psychological and/or psychiatric support and/or treatment for children and their families.

- In order to make integrated early childhood services sustainable, there is a trend to transform them into social services. Under the current legislative framework, however, such a transformation has the potential to destroy their most significant characteristic — universal access to them, i.e. their essentially preventive nature.
- Problems in inter-sectoral cooperation pose an obstacle to the development of new integrated services. The programmes developed by NGOs on the basis of the ECI approach aim to overcome the lack of interactions between the healthcare and social sectors as early as in the maternity ward.

The **family-oriented approach** has transpired to be one of the most challenging topics in this study. Yet, it has provided abundant food for thought. In this regard, it was concluded that early childhood care must take into account the needs, potential, and limitations of the family concerned in order to render it *personalised*, i.e. adequate, effective and stimulating. The family-oriented approach is the way to personalise childcare for ages 0 to 7, because children's individual needs in this age group cannot be addressed without taking into account what is going on in their families.

In some communities, the family-oriented approach has a wider scope so as to encompass the extended family or, to put it more precisely, to be family-oriented through the community the family belongs to. The study demonstrated that this approach has, thus far, functioned at least somewhat successfully in marginalised communities, in which the professionals have managed to affirm their authority and have the opportunity to influence and change both children and their parents. This model incorporates some paternalistic aspects — it is effective where the family environment has scarce resources for the child's development and faces opposition in environments where parents have more resources available to take care of their children.

The online survey on parental views regarding the status quo in the early childhood development systems provided a snapshot of **parental attitudes**. As regards healthcare, the main problems discerned by parents concern the access to health services and the contacts and communications with doctors. There is strong support towards developing certain system components, such as patronage care. Access to nurseries also appears to be problematic due to the lack of vacant places. Other problems include the quality of nurseries, their staff's failure to give individual attention to children because of the large number of children in the groups, and the lack of sufficient information about each child's experience in the nursery. Yet, parents gave a moderate assessment of the quality of nurseries, most often ranking them as "good".

As regards kindergartens, parental attitudes are prevailingly positive, with over one-third of the respondents assessing them as "very good". Parents were satisfied with pre-school education and considered kindergartens a safe place, but found that the large number of children in kindergarten groups presents a problem, which makes it impossible to work with children individually, similarly to the situation in nurseries. Furthermore, many parents stated that they experienced problems in enrolling their child in kindergarten.

Social benefits, including paid maternity and parental leave, are popular among parents: maternity leave was taken by a large number of female respondents, while the use of parental leave by fathers or other family members is rather an exception. Problems were reported in taking leave in the event of children's sickness, as well as regarding the use of income-based criteria on family allowances for children. The majority of parents who have used social services for their children were pleased with the quality, but almost half of them reported certain reservations as regards different service components. Parents' proposals for improvements addressed the practitioners' qualifications and attitudes, as well as the need for more active parental involvement.

The conclusions regarding the care and support for **children with special needs** are also grouped thematically and concern the support for these children and their families by the healthcare, social and education systems.

Importantly, it was concluded that the access to healthcare for children with special needs from small towns and villages that are remote from district cities remained difficult and that the reforms underway are progressing unsteadily. For some children with severe disabilities and chronic conditions, residential care continues to be the only option to receive specialised services and treatment. Universal patronage care can facilitate the early detection of health problems and developmental delays.

Difficulties in inter-sectoral cooperation and vertical interactions are markedly manifested in the support for children with special needs provided through social services. The current methodologies of social services appear to be rather restrictive. Therapeutic work with children is underappreciated at the expense of efforts to “normalise” them. Notably, professionals in the other sectors experience difficulties in the early detection of children with special needs. Social services available to young children with special needs are in short supply. Social services for children with special needs stemming from mental issues and disorders are particularly scarce and limited in number. The utilisation of services almost always requires a statement issued by a regional medical disability committee or a medical diagnosis, which rules out the opportunity for primary prevention. The experience of the family consultation centres demonstrates that the universal access to this service and its proactive and mobile nature contribute to resolving problems that exist in inter-sectoral interactions as regards working with children with special needs and their families.

Support provided to children with special needs in the education system has resulted from the right to equal access to education for children with disabilities. In this regard, interactions are also rendered difficult because of the absence of an integrated approach to providing care and support. Priority is often given to the child’s physical needs, deficits, and limitations, with a view to correcting or compensating for them. The overall development of a child is not regarded as part of the support provided by the education system or as part of its education goals. Despite the positive changes in legislation, there are major difficulties in the provision of specialists, training personnel, understanding of the new statutory regulations, lack of methodological support, administration and problems in the intra-system coordination and hierarchical relationships, insufficient resources, and generally teachers’ attitudes to children with disabilities. Good practices are not being promoted, and their analysis is not being sufficiently communicated as meaningful. Once again, the study team came to a distinct conclusion that one of the key issues in the system is related to cooperation with parents. It should be brought to the fore as the most reliable resource for the child, along with the understanding that the younger the age of the child, the more significant the role of parents for the child’s education.

## Recommendations

The **main recommendation** resulting from this study is addressed to public institutions responsible for the advancement of early childhood development systems in Bulgaria. It is to respond to the clearly identified **need for a long-term, cross-sectoral, coherent, comprehensive and inclusive policy for children in the early age** (0 to 7 years). To this end, the first step should be to develop a national strategy on early childhood development incorporating the aforementioned qualities. Such an inter-sectoral document will result in enhanced coordination and communication between the separate systems for early childhood development. In developing the strategy, work should be driven by the child-centred approach and the principle of ensuring the best interest of the child, as enshrined in the UN Convention on the Rights of the Child.

General recommendations that concern all policies and systems:

- ✓ Giving priority to the principle of the best interest of the child when introducing legislative changes and policies, at all levels and in any of the systems concerned with early childhood development. The introduction of structural and legislative changes should first be consulted with practitioners from the different sectors and aligned with the rights of the child and not with the approach that is the easiest for the system to handle.
- ✓ Establishing a leading role of inter-sectoral cooperation and enhancing coordination and communication between the different sectors engaged with early childhood development. Introducing regular integrated trainings, which always involve, by default, representatives of the different systems.
- ✓ Planning and developing integrated services for children aged 0 to 7 years and adopting legislation regulating the services. The planning and realisation of early childhood services should account for the levels of primary, secondary, and tertiary prevention.
- ✓ Overcoming the trend to seek sustainability of early childhood services by transforming them into social services, as such transformation destroys their most significant characteristic — universal access.
- ✓ Adopting an ordinance on early childhood development standards, as per the requirements set out in Article 24 of PSEA, which should be applied widely in childcare organisations and services.
- ✓ Systematic follow-up and assessment of evolving good practices, ensuring sustainable support for them, and implementing them nationwide.
- ✓ Overcoming discriminatory attitudes within the systems and enhancing social inclusion of children and families of Roma origin.
- ✓ **Acknowledging that poverty** is a major factor impeding the access of children and their families to services essential to their development, while also limiting the capacity of families to ensure appropriate conditions for their child's development at home.
- ✓ Engage with societal attitudes towards children and their families and towards the role of protection systems put in place by the state, including the involvement and partnership of non-governmental organisations.
- ✓ Provision of comprehensive support for the families of young children as the main approach towards personalising care.
- ✓ Creating a system of universal services aimed at developing parenting knowledge and skills which are accessible to all families with young children (if interested), and not only to disadvantaged families.
- ✓ Acknowledging, both at the level of policies and at the level of practices, that: (1) children's special needs at an early age can be related to health issues (disabilities, chronic illnesses), education issues (special educational needs), or social issues (poverty, social exclusion, cultural specificities); and (2) special needs often transverse the delineation lines between the health, social, and education areas.
- ✓ Overcoming difficulties in building trust and interaction with the parents of children with special needs, through cooperation between the systems based on sharing common values, language, and goals, which are reflected accordingly at the level of policies, practices, and community culture as regards the care of children.
- ✓ Assessing the child's overall functioning and not separate developmental difficulties, through cooperation between the healthcare, social, and education systems. Revisiting the concept of early identification of difficulties so as to include indicators in different developmental areas (physical, cognitive, psychomotor, language, emotional, and social development), while taking into account strengths and not only limitations, and forecasting the potential opportunities for progress.

Recommendations concerning sectoral policies in the healthcare, social, and education systems:

- ✓ Expanding the package of free regular screening check-ups and tests for pregnant women provided by the National Health Insurance Fund and raising awareness of their accessibility.



- ✓ Ensuring healthcare for pregnant women without health insurance and expanding their options for free examinations during pregnancy. The current option to receive one free examination is extremely insufficient, and in many locations, obstetric practitioners and gynaecologists do not apply the ordinance providing for this option.
- ✓ Undertaking measures to overcome existing limitations in the access to primary healthcare, particularly in small towns and villages.
- ✓ Introducing patronage care provided through regular home visits by a medical practitioners to children from the youngest age group (0 to 3 years).
- ✓ Holding professional discussions on the essence of the family-oriented approach in each of the systems (healthcare, social, and education systems) and incorporating this topic in the training of professionals.
- ✓ Regular participation of practitioners from each of the systems in training courses intended to develop reflexive practices, as a resource towards overcoming negative attitudes and strengthening the engagement of professionals with the emotional dynamics of interventions.
- ✓ Introducing specific standards on applying a family-oriented approach in each of the systems, which should be based on current good practices and international standards.
- ✓ Improving access to nurseries and kindergartens and taking measures to increase the coverage of children in ECEC services, with a view to achieving the Barcelona objectives. This may entail an expansion of childcare forms available for ages 0 to 3 years through the provision of childcare services that are alternative to the municipal nurseries.
- ✓ Activating parental involvement in monitoring of the quality and management of ECEC services through participation in public councils and annual surveys.
- ✓ Upgrading the knowledge and skills of teaching staff in kindergartens to facilitate communication with parents and their pro-active involvement in the care of children.
- ✓ Establishing a multi-disciplinary team-based approach to work in kindergartens and nurseries and ensuring personalised support, whereby the availability of different specialists will provide an opportunity to open the support to both children and their parents.
- ✓ Providing qualified specialists in the field of early childhood development, as well as comprehensive training on the philosophy of inclusive education, which will give the education system another perspective to its main task vis-à-vis children in the early age.
- ✓ Strengthening controls in nurseries as regards the healthy environment and hygiene in facilities where children are raised.
- ✓ Providing legislative and tax incentives to employers hiring parents of young children to allow for flexible work hours, for taking leave in the event of a child sickness, and for taking breaks.
- ✓ Promoting a pro-active role of fathers in the raising of young children, through their inclusion in the work of ECEC services, through public campaigns promoting shared parenting, and through having more male practitioners in supporting and teaching professions.
- ✓ Introducing methods and mechanisms for early identification of developmental difficulties in each of the systems. For children with developmental difficulties, the system should be adjusted to the child and not the other way around.
- ✓ Modifying the requirements on the use of social services by children with special needs at an early age in order to effectively utilise the services towards preventing and limiting the risks that may occur if these children and their families are not able to receive timely support.

We are aware that not all of the above recommendation can be implemented quickly and easily, but we sincerely hope that they will bring together experts and institutions in a like-minded community.