

**REFORM STEPS TOWARDS CHILD PROTECTION
BULGARIA – ROMANIA
A COMPARATIVE APPROACH**



Author:

ANDY GUTH

BACKGROUND INFORMATION

Bulgaria and Romania inherited similar child protection systems from their communist past and had to address similar challenges in reforming their systems on their road to the EU accession. Romania ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1990, and Bulgaria did also ratified it in 1991. However the situation in both countries was far from responding to the UNCRC requirements as there was no legal framework related to protection of children's rights, nor adequate capacity among state structures to work with children at risk. Both countries were confronted with very high rates of children separated from their biological families and placed in large residential care institutions, as institutionalised care was the only type of child protection service available in both countries. According to a census carried out in Romania in 1997 (at the beginning of the reform process), 98,872 children were living in 653 residential facilities nationwide. This represented approximately 1.7 percent of the total population of children between the ages of 0-18. In Bulgaria, at the beginning of the reform process (in 2000) the percentage of institutionalized children was among the highest in Europe, at 1.78 percent, with over 35,000 children being placed in public institutions.

In both countries most of these children were abandoned because of economic or social reasons - some were physically or mentally disabled and less than 2 percent were orphans. The conditions in the institutions for infants and for older children were varying, ranging from reasonably good, to totally unacceptable (especially in the institutions for children with severe disabilities). The institutional childcare system suffered from an acute shortage of experienced and well-trained professionals with the necessary knowledge and skills relevant to the specific needs of the child and the modern childcare requirements. The professional structure, training and skills of staff working in public care institutions, were not responsive to the specific needs of children in care.

The children brought up in poor conditions in these institutions, without any preparation for independent living, were highly vulnerable to becoming involved in crime, prostitution,

drugs and exploitation, mental disability, unemployment, homelessness and even suicide, and found it difficult to integrate effectively in society when they had to leave at age 18. Short and long term economic costs of institutionalization were very high, as the direct cost of maintaining a child in an institution could be as high as double the cost of raising the child in a family, and valuable human resources were wasted as children emerged from the public care system with inadequate education and insufficient skills to find productive employment, emotionally scared, and unable to fully participate in society.

Meanwhile, the child protection systems were very similar in Bulgaria and Romania, with children aged 0-3 being placed in Infant Homes (institutions with medical structure, under the responsibility of the Ministry of Health), and children 3-18 being placed either in Children Homes (educational institutions

under the responsibility of the Ministry of Education, including special education for children with learning disabilities) or in institutions for children with severe disabilities (under the Ministry of Health in Romania and under the Ministry of Labour and Social Policies in Bulgaria). In addition, children aged 3-14 who were running from home or from the institutions or those who were committing legal offences were placed in shelters or correctional facilities under the responsibility of the Ministry of Internal Affairs. Young offenders over the age of 14 were placed in custody to correctional facilities under the responsibility of the Ministry of Justice.

These systems were overly and inefficiently centralized, with responsibilities for child welfare/ protection issues diffused/ fragmented between five ministries, making interventions and coordination very difficult and creating institutional structures, which (due to their structure) were almost exclusively oriented either on health care or on education and did not address holistically the overall, complex needs of the children. During their lifetime children in public care were moved from one institution to another governed by different ministries, none of which put the child's interest first. To a large extent, poor child care practices in institutions were also due to public perceptions inherited from the past and a lack of alternative options to institutionalization. There was a lack of information and understanding in society of the problems of children brought up in social care institutions. Thus, these children were often marginalized because of negative public attitudes.

Due to the complex nature of the issues, **the challenges** both countries were confronted

with were complex and closely linked to each other:

- Downsizing and closing institutions to reduce the number of institutionalized children;
- Developing community-based services¹ and family-based or family like alternative care²;
- Developing preventive and support services to maintain children in the care of their biological parents;
- Human resource development to meet the demand of the new services and holistically address the needs of the children;
- Changing public perceptions and attitudes;
- Dealing with the centralized, dysfunctional, fragmented, uncoordinated responsibility of various ministries - The centralised, yet fragmented child welfare/ protection systems were bringing important

¹ Here the term 'community-based services', or 'community-based care', refers to the spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institution. It encompasses mainstream services, such as housing, healthcare, education, employment, culture and leisure, which should be accessible to everyone regardless of the nature of their impairment or the required level of support. It also refers to specialised services, such as personal assistance for persons with disabilities, respite care and others.

² Here "alternative care" is used with the meaning of "alternative to institutional care, where "family-based care" means a short- or long-term care arrangement agreed with, but not ordered by, a competent authority, whereby a child is placed in the domestic environment of a family whose head(s) have been selected and prepared to provide such care, and who are financially and non-financially supported in doing so, and "family like alternative care" means arrangements whereby children are cared for in small groups in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figures as caregivers, but not in those persons' usual domestic environment.

resistance to change of the line-ministries involved, due to their interest to maintain the status quo: infrastructure and staff bringing important budgets and political influence. Being closely connected to the fragmented/uncoordinated responsibility of various ministries (especially health and education) there was also the particular challenge brought by the power of the strong, influential education and health labour unions.

Development of preventive and support services and of community-based, family-based child care alternative services was essential for reducing the number of children placed in institutionalised care and allow for the full closure or downsizing/ restructuring of these institutions into new type of services. New services required the development of adequately qualified human resources (social workers, psychologists, physical therapists, play therapists, speech therapists, specialised educators, managers, etc), infrastructure, funding mechanisms and regulatory framework that had to be developed almost from scratch. Changing public perceptions and attitudes - regarding abuse, neglect and exploitation of children, regarding children born out of wedlock, discrimination against

children with disabilities or belonging to ethnic minorities, and increasing acceptance and support to domestic adoptions and foster care or the social reintegration of care-leavers (children leaving the care system) – were also very important in support of developing community-based services and family-based alternative care services. Decentralisation of service provision together with putting responsibility of child welfare/ protection issues under the coordination of one single authority at national level were essential to dealing with issues brought by the overly centralised yet fragmented child welfare/ protection systems.

This document aims to give a brief outline of the main steps taken by Bulgaria and by Romania in their struggle to reform the national child protection systems. The experience accumulated between the two countries, both in terms of similarities and differences (in terms of approach and level of success) may constitute an important basis of debate and inspiration/ learning for other countries in the region that are sharing similar post-communist heritage and are currently considering ways of approaching their own child protection reforms.

REFORM STEPS

ROMANIA

1996. The Child Protection Department is set up with the General Secretariat of the Government (Prime Minister's office) as sole government body responsible for coordination on child protection issues.

1997. New legal framework (Emergency Ordinance 26) is setting up decentralized CP Services (Specialised Public Services for Child Protection - SPSCP) under County Councils administration.

Responsibility for Infant Homes and Children Homes is transferred from the Ministry of Health and respectively Ministry of Education to the newly established SPSCP.

1. Main similarities

Proving that similar backgrounds require same or similar solutions, in both countries:

- (i) **NEW LEGAL FRAMEWORKS WERE ADOPTED** – changes were required to allow the shift from much centralised child protection systems solely based on warehousing children in large institutions to introducing new coordinating structures at central level, preventive and alternative services, decentralisation of service provision, case management, quality control and alignment with UNCRC requirements.
- (ii) **CENTRAL BODIES RESPONSIBLE FOR CHILD PROTECTION ISSUES WERE SET UP** – Having in mind the fact that both countries inherited CP systems that were strongly fragmented, responsibilities being divided between several powerful central stakeholders (Ministry of Health, Ministry of Education, Ministry of Labour and Social Protection/Policies, Ministry of Internal Affairs), bringing coordination of child welfare and protection policies under the responsibility of one single structure at national level was an extremely important step for ensuring a coherent strategy and implementation of reforms, particularly in response to the resistance to change of the line-ministries involved to that moment, and associated opposition to change of the labour unions. In Romania, the Child Protection Department was initially set under the structure of the General Secretariat of the Government; later on it was turned into the National Agency/Authority for Child (Rights) Protection. In Bulgaria, the State Agency for Child Protection (SACP) was set up. While in Romania this decision was seconded immediately by moving the entire responsibility for all CP services (including all types of institutions) under the County Councils (first layer of decentralised administration – regional level), facilitating this way a coherent/ coordinated approach at local level, in Bulgaria, decentralisation was slower and incomplete (MLSP and MOH are still important stakeholders, with important influence at central and local

BULGARIA

1998. First joint WB/UNICEF, UNDP assessment mission on child protection issues serves as starting point for the preparation of the Child Welfare Reform Project (Bulgaria Government/WB funded)

2000. The Government adopts the Strategy and Action Plan for Protection of Child Rights 2000-2003. The Child Protection Act (CPA) is adopted, setting the basis for the establishment of the State Agency for Child Protection (SACP) under the Council of Ministers, (as the main Government body responsible for management, coordination, and control in the area of child protection;

REFORM STEPS

ROMANIA

Institutions for severely disabled children remain with the Authority for Disabled People, while responsibility for special education boarding schools remains with the Ministry of Education. Preventive and alternative services are introduced to the legal framework and start to develop (based on scaling up the services previously piloted by NGOs). Among these services, professional foster care starts to develop at a very fast pace (foster parents are employed by the SPSCP with full employment benefits).

1998. The Child Welfare Reform Strategy is adopted by the Government and the first CWR Project starts. The DI process is starting targeting infant homes and homes for children. The reform process is substantially supported by NGOs and bilateral donors (WB, CoE Bank, USAID).

level), with negative consequences on reform policies coordination and implementation (to date, municipal³ Child Protection Departments are under central administrative coordination of the Social Assistance Agency/ MLSP while Municipal authorities are responsible for administrating service delivery on their territory, situation which makes coordination difficult; also, the Infant Homes are still under the direct administrative responsibility of the MOH, situation that makes interventions extremely difficult at this level).

The case of **Romania** proves quite clearly the fact that putting responsibility in one hand is extremely important. With coordination of policies placed under the central National Authority for Child Protection, placing administrative responsibility for all child protection services in the hands of the County authorities was also essential for a better coordinated/ speedier reform process. In Bulgaria, maintaining other important central stakeholders in charge (MLPS, MOE, MOH), besides the State Agency for Child Protection contributed to the slower pace of reforms and the longer survival of the institutional system of care (ministries in charge were reluctant to closing down institutions falling under their administrative responsibility).

(iii) **CAPACITY DEVELOPMENT FOR LOCAL CHILD PROTECTION SERVICES**, for case management and gate keeping (single entry points) was considered – starting from almost no capacity at local level, investments had to be made to build such capacity in order to bring qualified social workers and mainstream case management for gate-keeping purposes (developing single entry points to the child protection system of care). In Romania, County Specialised Child Protection Services were developed early in the reform process at County level (first layer of decentralised administration), based on scaling up pilot models previously implemented by NGOs. Later on these structures turned into County Directorates for Child Protection, as part of the General

³ The administrative structure in Bulgaria is different from Romania. While in Romania there are elected towns, communes) administrations, in Bulgaria the regional (Oblast) administration is directly subordinated structures, and only local administrations are elected (therefore really decentralized)

BULGARIA

Management of national and regional child protection programs), the NCCP (advisory body to the chairperson of the SACP, with representatives from all Governmental and non-governmental institutions engaged in the care of children), and the Child Protection Departments (CPDs) under the Social Assistance Directorates (DSAs – as child protection responsible bodies at municipal level).

2001. The CPA enters to force; SACP, NCCP and CPDs are set up and start functioning. The CWR Project starts. There is no real decentralization process. While CPDs (with poor capacity) are based at municipal level, they are actually not managed by the Municipal authorities, but by the MLSP-Social Assistance Agency (central executive structure of the Government) and the Local (Municipal) Directorates for Social Assistance (DSAs).

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ROMANIA

NGOs are regarded as donors and implementers (of their own funding and services). Contracting out of services is not considered as an option as focus is set on quickly developing the capacity of the public services (and the NGO sector was considered to be strong enough). First attempts of developing quality standards for services are made. The basis of developing a Child Protection Information System are set.

1999. Economic crisis hits the region. Without enough support from the central government, the decentralized child protection system is hit hard, revealing important dysfunctional ties between the decentralized CP system and a still very centralized administration.

County Directorates for Social Assistance and Child Protection, currently the main and most powerful CP services providers in the country. In Bulgaria, Child Protection Departments were developed at municipal level, as part of the Municipal Social Assistance Departments, the extended arm of the central ASA/ MLSP. Both in Romania and Bulgaria these services are still understaffed, case managers being confronted with very high case loads. Still, they essentially contributed (and contribute) to providing children in need with the most appropriate Child Protection services, considering the best interest of the child, putting prevention and support measures first, and child-family separation ones last.

(iv) COURT DECISIONS HAVE BEEN INTRODUCED WHEN PLACING CHILDREN OUTSIDE THEIR FAMILY ENVIRONMENT

– introducing this measure was important in order to make sure that child-family separation decisions are taken only as a measure of last resort and in the best interest of the child, that due consideration is given to the opinion of the parents and of the child (according to age and maturity) and that any potential conflict of interest is removed from the decision making process (like, for instance, placements being decided solely by the arbitrary authority of the management of the respective institutions). In Romania, court decisions are required only when parents disagree with the decision taken by the Child Protection Commission (a specialised administrative decision-making body, functioning in close connection to the General Directorates for Social Assistance and Child Protection, at County Council level), while in Bulgaria all separation decisions have to be confirmed by the court. Courts decisions are usually taking more time, which means that in Romania, with the Child Protection Commissions in place, separation decisions can be taken probably faster, without delay (when the best interest of the child requires it), while keeping the Courts⁴ as a higher instance of review and decision (when/if the case). There are no necessary pros and cons for one model or another, as long as the most important thing is that there is a

⁴ Ideally all separation decisions should be reviewed by the Court to make sure that decisions are always in the best interest of the child, with the condition that judges are trained and specialised for this purpose.

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Responsibility of CP institutions remains centralized and unchanged (Infant Homes under the MOH, Homes for Children under the MOE, Homes for severely disabled children – MLSP, Juvenile Temporary Placement Homes – MOI). The only really decentralized services are the newly established alternative services as managing responsibility was given to the Municipal authorities.

The definition of CP Institutions doesn't include Special Schools and Social Vocational Education institutions which are still under the MOE.

2002-2006.

Alternative services (based on NGO-provided models and also following the Romanian example) are developed in 10 pilot municipalities. Service provision is contracted by municipalities with few NGOs.

REFORM STEPS

ROMANIA

A new legal framework is adopted, establishing the Authority for Child Rights Protection and Adoptions as the single government body responsible for children issues in Romania.

Responsibility for the homes for severely disabled children and for the boarding facilities of the special education system is transferred to the County SPSCPs. The legal framework is introducing compulsory subsidizing of the decentralized CP system by the Central Government and the possibility of the newly established authority to directly finance National Interest Programmes (targeting government established CP reform priorities).

Important EU financial and technical support steps in and the reform process is boosted.

mechanism in place to ensure the independent decision of the Courts, either as a must (Bulgaria) or as an option (Romania).

(v) **DEVELOPMENT OF PREVENTION, SUPPORT AND ALTERNATIVE CARE SERVICES** was considered – services are at the core of a functional child protection system; developing prevention and support services was essential to prevent children from being separated from their families and further placed in institutions; on the other hand, introducing alternative care services contributed also to the improvement of the quality of the services provided to children for whom separation from their parents was unavoidable, and further reducing reliance on the “classic” residential care institutions.

(vi) **QUALITY STANDARDS** (including for case management) were developed and adopted – an essential measure for quality assurance of services provided to children and their parents country-wide and throughout the child protection system. While there was and still is room for improvement of the contents and structure of these standards, they have contributed to shaping the services and improving the quality of service provision.

(vii) **LICENSING OF SERVICE PROVISION** was introduced – a measure closely linked to the previous one; also key to quality assurance because service providers should be given a license to function only if services are responding to the minimum quality standard requirements; also, licenses are provided for a limited period of time (2-3 years) so that this requires regular quality control, and this ensures a close connection between quality standards, quality control and licensing.

(viii) **KINSHIP CARE IS USED AS A MAIN ALTERNATIVE CARE SOLUTION** – because it was and is the most accessible family-based alternative, both in terms of costs and human resources, for policy makers and service providers, kinship care (and guardianship) was and remains the most attractive and efficient alternative care solution. Because of its accessibility, however, both countries overlooked so far the need to further

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Case management and Quality standards for services are developed and adopted with the implementation regulations of the CP Act. Licensing of service provision is introduced (with the implementation regulations of the CPA) as a responsibility of the SACP; licensing is, however, required only to NGOs and private service providers.

Responsibility for children with disabilities is transferred from MLSP to the Municipal authorities (2003).

With less pressure from the EU, the pace of reforms is slow and development of alternatives is mostly limited to the 10 CWR pilot municipalities. Among alternative options, foster care (not fully professionalized) is developing very slowly and numbers are almost irrelevant as a change.

REFORM STEPS

ROMANIA

2000 – 2004.

Intensive DI process under the pressure of the EU (with CWR as a political conditionality for accession). The DI process leads to the closure of an important number of institutions and the intensive development of a range of alternative care services (foster care, kinship care, small group homes, protected apartments).

NGOs step in to fill the gaps by developing much needed support and monitoring services, to support re/integration of care leavers (with own resources or resources provided by bilateral donors).

Case management and minimum quality standards are developed (starting 2001) during this period for most of the CP services (a process that will be finalized in 2007) and a licensing system is introduced (for services provided by both private and public entities).

regulate kinship care (in a similar way to foster care) as a well-defined service, with quality of care standards including specific requirements to selection, training, support, etc.

(ix) **PUBLIC AWARENESS CAMPAIGNS WERE LAUNCHED IN SUPPORT TO THE REFORM PROCESS** – changing public perceptions and attitudes, determining a better understanding of child rights and child protection issues, putting emphasis on prevention and the need for change, was considered essential for the successful implementation of reforms in both countries. Probably the most important and best known campaign in Romania was “Casa de Copii nu e Acasa” (the Home for Children is not ‘at Home’), which ran for 2 years (November 2001 – November 2003), with a total budget of 3,6 million Euro (involving complex campaigns on TV, radio, printed media, billboards, etc – with a total value of 9,3 million Euro equivalent of free advertising space provided by the various media channels). The scope of the campaign was preventing child-family separation while putting emphasis on the importance of bringing up children in a family environment, and the promotion of the alternative and support services available for families in need. While the impact of such campaigns is usually difficult to quantify, in Romania this campaign was followed by a survey that revealed that it reached to 68% of the population, the number of those interested to accept a child to be placed with them increased from 3,8% to 6,3%, almost half of those interviewed declared that domestic adoptions would be the best solution for institutionalised children, the hotline associated to the campaign was known to 68,4% of those who observed the campaign, and the toll-free line was accessed by 10,100 people during the campaign.

In Bulgaria, targeted public awareness campaigns aimed to raise awareness and support the process of deinstitutionalisation, were launched in 2012 following the start of the pilot projects implementation as part of the Government Strategy Vision for Deinstitutionalisation Project approved in 2010. The only campaigns carried out before that were sporadic, carried out mostly at local/regional level or based on a certain issue (e.g.

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International adoptions continue without any disruption, in accordance with the provisions of the Hague Convention. The reform process is supported by public awareness campaigns. A management information system is developed to track child protection data.

2006. Guidelines for reform, restructuring and closure of the residential care homes are developed by the SACP, focused on infrastructure and conditions of the home rather than pushing changes in the lives of vulnerable children.

2007. Bulgaria joins EU. Responsibility of Children Homes is transferred from the MES to the Municipal Authorities.

MAIN DIFFERENCES

foster care, early child hood development, etc. and developed/ implemented by UNICEF and other international organisations).

ROMANIA

Intensive work is carried on for drafting the new CP Law, adopted at the end of 2004. A ban is introduced on all international adoptions. The DI process is strongly supported by public awareness campaigns.

2005. The new CP Law (Law 272/2004) enters to force. It places the NACP under the structure of the MLSP; County CP Directorates are also united with the general Social Assistance system into the General Directorates for Social Assistance and Child Protection (GDSACP). Responsibility for preventative services is passed to the local authorities (municipalities, communes) without an adequate transfer of financial support (this is translated into very low capacity of the local authorities to develop preventive services

- (x) **CHILD PROTECTION INFORMATION SYSTEMS HAVE BEEN DEVELOPED** – to effectively track and provide up to date, live information on services provided to children and families at risk, and on children in care. Even if in both countries they are not yet fully functional, the information systems are already effectively contributing to providing reliable child protection data that is regularly updated.

Differences were mainly influenced by the country political or administrative contexts which were influencing the pace/ scale of reforms, and also the performance of the child protection systems or of specific services.

For instance, in **Romania** as a consequence of intense media coverage/debate and pressure from civil society structures, child welfare/protection reforms were already high on the internal political agenda in 1997, when the Government decided to start the reform process. When the economic crisis struck (in 1998 – 1999), the EU intervention (both political and financial) was essential for saving the early gains of the reform process and for pushing forward for further reforms. Child welfare reforms were put high on the EU-Romania political agenda and were turned into conditionality for EU accession, putting this way additional pressure on Romania. EU accession proved to be a major incentive. Political will and political pressure (EU connecting accession to child protection reforms) seconded by adequate funding targeted to support development of support and alternative care services while closing down institutions were at the heart of the reforms. This was not the case for **Bulgaria**, where child welfare reforms were not given similar importance connected to the EU accession process.

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2007-2009. UNICEF in partnership with NGO Alliance is closing (2007-2009) the first Home for Children (Mogilino) with severe disabilities (after a media scandal showing the appalling conditions in which children were cared for).

2009/2010. Renewal of deinstitutionalisation reform in following the Mogilino public outcry and EC pressure. 2009 – inter-ministerial working group is set-up and a seminar in Bansko with all stakeholders took place, where key issues and recommendations for the way forward were discussed and agreed with EC representatives.

2010. First closure of an infant home in Teteven.

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ROMANIA

(Identification, basic counselling and support, assessment, referral, monitoring). The new legal framework forbids the placement in residential care institutions of children aged 0-2. As a consequence all remaining infant homes were closed within the next couple of years (2005-2007). The process of closing down homes for children with disabilities continues (a process that is not yet finalized in 2012).

The government adopts OUG 34/2006, introducing the possibility of the government (MLSP) to partially subsidize some NGO-provided services.

Attempts by NGOs to push for contracting arrangements for service provision (with local or central authorities) are not successful (despite pilots demonstrating the sustainability of this approach). The Child Monitoring and Tracking Systems is developed (CMTIS).

From an administrative point of view, with County (regional) administrations at hand, in Romania responsibility for all case management and services was placed in the hands of the County Directorates for Child Protection, making it easier to develop services for which regional coverage makes more sense from a human and financial resources point of view (services requiring well trained/ specialised human resources). The lack of such regional (elected) administrative structures in Bulgaria made the development of such services more difficult, as municipal authorities had limited resources available.

(I) DECENTRALISATION AND SERVICE PROVISION

In **Romania**, the responsibility for all CP services (including all types of institutions, support and prevention services) was given to the County authorities. Since 2005, responsibility for preventive and basic support services was shifted (further decentralised) to the local authorities (Mayor Office level). With a well developed network of NGOs at the start of the reform process, the government decided to put emphasis on developing the capacity of the public sector. Therefore, service delivery capacity with the County Child Protection Directorates has developed quite quickly. Currently the County Directorates for Social Assistance and Child Protection are the main CP services providers. It is one of the reasons for which outsourcing of service provision with NGOs and private providers, despite long and numerous debates, is not yet regulated. Currently only some NGO-provided services are state-subsidized; NGOs are not contracted as service providers.

In **Bulgaria**, the CPDs are still under central management. Only responsibility for alternative services and Children Homes was passed to the Municipalities. However, there is a dysfunctional relationship between the CPDs and Municipal authorities. In the early days of the reform process, in order to compensate for the lack of capacity of the local authorities, the decision of outsourcing service provision with NGOs was taken (the Child

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Regional Planning for CP services (initiated by UNICEF) is carried out across the country with the scope of ensuring coherence, improved coordination and sustainability of approaches.

2010. Development of a strategic document called **Vision for Deinstitutionalisation in Bulgaria** supplemented by a detailed action plan which commits to closure of all homes by 2025 and a moratorium of placement of children under three in residential care.

In 2010 – 2011, 5 pilot projects supported with EU funding from ESF, ERDF and Rural Development Fund start as part of the action plan implementation.

These are as follows:

MAIN DIFFERENCES

ROMANIA

2007. Romania joins EU.

2008 – Present time.

Economic crisis hits again. Financial standards are developed for most of the CP services with UNICEF support. Romania takes considerable steps back: the process of closing down institutions is almost stopped (with the exception of closure of institutions for severely disabled children).

The capacity of the GDSACPs is decreasing (specialists leave due to salary cuts and replacements cannot be employed); the NACP is reduced to the level of General Directorate of the MLSP and later on to simple CP Directorate, with no power of political influence or decision.

Reform processes are stagnating on all aspects.

Welfare Reform, WB-funded pilot project). This contributed to the development of the child protection NGO sector. Currently there is a mix of service provision, with some places where municipalities are fully outsourcing it with NGOs/ private providers and places where municipalities decided to implement the services by developing their own structures. Not all institutions were placed under the responsibility of the local authorities in the same time. Responsibility of the Institutions for disabled children was transferred to the local authorities in 2003, while the responsibility for Children Homes was given to the Municipalities only in 2007. Responsibility for Infant Homes rests with the Ministry of Health until now. There are no regional services, as there is no regional administration to connect such services to.

(II) REFORM APPROACH

Reflecting the strong political will and support for this matter, the Romanian reform process (involving development of specialised child protection services and preventive services) was country-wide, covering all Counties at the same time, contributing this way to a relatively uniform implementation of reforms across the country.

In Bulgaria the reform process was country-wide for the CPDs only (meaning that CPDs were developed in all municipalities). Development of support and alternative care services was however mostly limited to 10 pilot municipalities in the early 4-5 years of reforms, and, as a consequence, the scale and pace of reforms was lower than in Romania. Based on the pilots, development of similar models by other municipalities followed slowly starting with 2007, using own and EU funds for this purpose. The fact that introduction of new services was not really followed by the downsizing of the “classic” residential care one contributed to creating two parallel systems: the institutional one and the alternative care services one. Also, the Guidelines for Reform, restructuring and closure of children homes adopted in 2006 by the SACP, contributed in some cases only to improving

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Project 1:
deinstitutionalisation of children in Homes for children with disabilities (24 homes for children with disabilities)

Project 2:
deinstitutionalisation of children in Homes for medico - social care (infant homes) - (restructuring of 8 pilot infant homes)

Project 3:
deinstitutionalisation of children in Homes for children deprived of parental care (74 Homes for children deprived of parental care) and deinstitutionalization of people with disabilities

Project 4:
development of foster care

Project 5: career development of social workers

Infant Homes are still under the responsibility of the MOH. Institutions for severely disabled children are still functional.

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the physical conditions of the institutions, rather than to closing them down. In 2010 a comprehensive closure project (actually comprising several projects) was launched under the Government Strategy “Vision for Deinstitutionalisation” Project.

(III) FOSTER CARE

In Romania foster care was at the core of reforms, considered as a main alternative care service. Therefore, emphasis was put on developing professional foster care from the very beginning of the reform process (starting 1997). Professional foster parents were (and are) employed by the County Child Protection Directorates with full employment benefits and the pace of development was very high. By the end of 2002 the system was employing 9170 foster parents who were caring for 11935 children. The peak was reached in 2008 with 20780 children placed in the care of 15023 professional foster parents.

In Bulgaria importance started to be given to foster care from 2006-2007 (6 years after the debut of the reform processes) when changes to the legal framework allowed foster parents to be professionals employed with full benefits. The pace of development was very slow. At the end of 2006 there were 65 children placed in foster care. At the end of 2009 there were 250 foster families with 220(!) children placed. With UNICEF stepping in, better progress has been recorded starting with 2009. In only one year the number of placement almost doubled, and in 2012, the number of children reached to 1024 (still very low as compared to Romania). Latest data (2013) show that the number of foster parents reached to 1796 and the number of children placed in foster care to 1847.

(iv) ADOPTIONS

Under pressure from the European Union (EU), Romania in 2001 imposed a moratorium on foreign adoptions after allegations of corruption of officials involved in the adoption process. In 2004, Romania passed a law banning adoptions by all foreigners except relatives of the children. That law went into effect January 1, 2005. Recently, the law was reviewed to allow international adoption of Romanian children by Romanian citizens who live abroad. In the same time domestic adoption procedures are still lengthy and difficult, with direct influence on the adoption rates which are quite low (see data presented below).

In Bulgaria there was/is no interdiction on international adoptions⁵. While in 2002-2003 the number of international adoptions was higher than the number of domestic ones, starting with 2004, the situation

⁵ In Bulgaria, there was also an attempt to regulate international adoptions and, in 2007 and 2008, there was unofficial demand by the Ministry of Justice for the number not to be higher than 100 cases per year. Following advocacy by NGOs and international adoption agencies, this practice was stopped and the Hague Convention is implemented i.e. international adoption is regulated as a last resort.

MAIN DIFFERENCES

reversed. Infant Homes continue to be a main source for both domestic and international adoptions. Adoption rates are much higher than in Romania (see data below).

(v) CLOSURE OF INSTITUTIONS

In Romania emphasis was put from the very beginning on de-institutionalisation and on closing down residential care institutions. Starting 2001 this process was augmented with the political pressure and notable financial support of the EU. All Infant Homes have been closed by 2007, and (classic) Homes for disabled children have been closed by 2010.

In Bulgaria, with a slower pace of development of the alternative care services, so far 2 infant homes have been closed (as of Dec 2013). Also, only two Institutions for Disabled children (Mogilino and Gorna Koznitsa) were closed to date. A good practice example for closing an institution was set up in 2008 with the closure of the Home for children deprived of parental care in Stara Zagora. In 2011 a dedicated project started to close down 8 more Infant Homes, 24 Institutions for Disabled Children, and 74 Homes for Children Deprived of Parental Care (the project is ongoing).

(vi) LICENSING

In Romania, licensing is compulsory for all service providers, no matter if they are private or public. This means that the same quality of service provision is required with no exception. However, there is a low capacity of the quality control bodies, which turns licensing, in most of the cases, into a formality.

In Bulgaria licensing is compulsory only for NGOs and private service providers, situation that gives public providers an unfair advantage. This may be interpreted as recognition of the fact that the public sector is not able to cope with quality standard requirements. Quality control bodies also have a low capacity, however this can be focused on the private service providers.

(vii) OUTSOURCING OF SERVICE PROVISION TO NGOS AND PRIVATE SERVICE PROVIDERS

As described earlier (see “Decentralisation and service provision”) in Romania outsourcing of child protection services is not yet regulated, which means that NGOs are not contracted as service providers. In the last years (following EU accession), the child welfare/protection NGO sector in Romania recorded a considerable decrease, with many sector NGOs closing their doors due to lack of funds. In Bulgaria outsourcing was regulated and used since the pilot stage of the reform, contributing to the development of the social services market sector and sustainability of the NGO service providers sector.

Table 2 - Outcomes (2011)

Source: UNICEF TransMonEE Database

	ROMANIA	BULGARIA
Rate of children in residential care (per 100,000 population aged 0-17) Note 1: both countries started from around 1400 Note 2: in Romania about 50% of the residential care services are family-type/ community integrated alternatives (small group homes and apartments)	600	582 Note: in Bulgaria Special education boarding schools and vocational training homes are not included
Rate of children aged 0-2 in infant homes (per 100,000 population aged 0-2)	0	465
Rate of children in care of foster parents or guardians (per 100,000 population aged 0-17)	1042	635
Gross adoption rate (per 100,000 population aged 0-3)	135,7 Note: International adoptions are banned	323,3
Total rate of children separated from their families (per 100,000 population aged 0-17)	1642	1217 Note: Special education boarding schools and vocational training homes are not included in Bulgaria, meaning that these children are not accounted for.

CONCLUSIONS

Romania started earlier its reform process and this way provided good learning material for Bulgaria. Actually, the Bulgarian reform process was in many ways inspired by the Romanian experience and there is no surprise to see the similarities between the two countries when it comes to compare the main reform steps (same core WB team was involved in developing both CWR projects). The major differences were probably influenced by the political pressure. With high EU political pressure (a clear connection made between child welfare reforms and the EU accession) and direct financial support, the scale and intensity of reforms were much higher in Romania. With no political pressure, Bulgaria opted for a small scale/ slower pace of reforms during the pre-accession period.

Romania performed well on developing alternative care and specialized support services (developed at County level), and on closure of institutions, while its performance on prevention and gate-keeping seems to be poor, due to lack of capacity developed at grass-roots level (with local authorities). In the same time Bulgaria seemed to perform better on prevention and gate-keeping (probably due to the fact that CPDs were developed closer to the beneficiaries, at Municipal levels, even if there is still relatively poor capacity developed in most of the cases), while its performance on developing alternative care and specialized support services and on closure of institutions is less remarkable.

Further steps are needed in both countries to complete reforms, however both countries already made important efforts to reform their CP systems, and there is a wealth of experience accumulated between these two countries which could be extremely valuable for other countries in the region (especially new EU candidates, but also European Neighbourhood Policy ones), which share similar backgrounds. Valuable lessons to be learned for countries in the region are coming both from Romania and Bulgaria, from their similarities and differences, from their successes and failures.

What works better? Having a single responsible authority on Child Welfare & Protection issues with all institutions and one responsibility, or a system where responsibility for various institutions and services is fragmented under the responsibility of various ministries?

The case of Romania proves quite clearly that putting responsibility in one hand is extremely important. With coordination of policies placed under the central National Authority for Child Protection, placing administrative responsibility for all child protection services in the hands of the County authorities was also essential for a better coordinated/ speedier reform process. In Bulgaria, maintaining other important central stakeholders in charge (MLPS, MOE, MOH), besides the State Agency for Child Protection contributed to the slower pace of reforms and the longer survival of the institutional system of care (ministries in charge were reluctant to closing down institutions falling under their administrative responsibility).

What contributes to the speedy and successful development of alternative care services? (e.g. foster care)

In the particular case of foster care, the decision of the Romanian authorities to scale up this service as a professional one (with professional foster parents trained and employed with full employment benefits by the County Child Protection Directorates) was regarded, and functioned as a win-win situation. With pretty high unemployment rates, this gave the possibility to provide jobs for many people and, on the other hand to provide children separated from their families with a family setting of care, with better quality of care and lower costs (as compared to institutions) in the same time. Recent developments in Bulgaria show that besides professional foster care, public awareness is also extremely important for success. Of course, building the professional capacity of the foster care services, with clearly defined quality standards, was also essential in both cases.

How does outsourcing of service provision contribute to developing the NGO environment?

As already mentioned earlier in this document, in Bulgaria, in the early days of the reform process, in order to compensate for the lack of capacity of the local authorities, the decision of outsourcing service provision with NGOs was taken (the WB-funded pilot project). This measure contributed to the development of the child protection NGO sector. On the other hand, with no such measure at hand, in the years following EU accession, the child welfare/ protection NGO sector in Romania recorded a considerable decrease.

Is decentralisation important? How does it influence reforms?

Decentralisation, if done well, may essentially contribute to the successful implementation of reforms. With County (regional) administrations at hand, in Romania responsibility for all case management and services was placed in the hands of the County Directorates for Child Protection, and things went pretty well. In 2005, a further decentralisation step was taken, by moving responsibility for preventive services to the local authorities (Mayor Office level); with no financial support of this decision and no human capacity developed at this level, this measure proved to be one of the major setbacks of the current child protection system, proving that it is essential that decentralisation measures need to be adequately supported by all means (financial and human resources) in order to be successful.

Incentives and barriers for closing down residential care institutions

Decisions on how far decentralisation should go should be carefully considered. If, for instance, an institution is the main local employer, it wouldn't be wise to put the administrative responsibility for that institution in the hands of the local authorities, because they would fight to keep that institution (for obvious reasons) – as it happened in the case of the Homes for Children with Disabilities in Bulgaria (usually placed in small, remote villages). For this reason, responsibility for large institutions and for specialised services (that are requiring more resources) it will always be better to be placed under the responsibility of higher levels of administration, if possible (e.g. regional).

In Romania's case, EU accession proved to be a major incentive. Political will and political pressure (EU connecting accession to child protection reforms) seconded by adequate funding targeted to support development of support and alternative care services while closing down institutions were at the heart of the reforms. After joining EU, the reform process has basically stopped and controversial decisions, which may be interpreted as important steps back, have been taken (e.g. the National Authority for Child Protection was placed under the Ministry of Labour and Social Protection and transformed into a small directorate for child protection, with no political power at all).

Fragmentation of administrative responsibility is clearly functioning as a barrier. Probably the best example is that of the Infant Homes in Bulgaria, which after so many years from the debut of the reform process are still operational under the responsibility of the Ministry of Health. Obliging local authorities to financially contribute to the maintenance costs of children from the respective community who are placed in institutions was used for a certain period of time in Romania as an incentive to the local authorities to focus on preventive services.

Central governments may create further financial incentives by providing subsidies to the local authorities only for preventive, support and alternative services, while leaving funding for the classic residential care institutions to be entirely covered by the local authorities from their own revenues.

RECOMMENDATIONS

Due to the similar background, for countries in the region which are now considering reforming their child welfare/ protection systems, exposure to the valuable experience of Romania and Bulgaria would be extremely useful, as this might contribute to avoiding re-inventing the wheel and also avoiding repeating similar mistakes.

Because we may conclude that in the case of Romania and Bulgaria there were two different scenarios in terms of EU involvement (high pressure/ high support/ speedy reforms in Romania vs. no pressure/ low support/ slow reforms in Bulgaria), for EU it would be also worth considering the way political and financial incentives may be further used in its enlargement and neighbourhood policies to encourage child welfare/ protection reforms in enlargement and neighbourhood countries.