

REVIEW  
OF THE LEGISLATIVE FRAMEWORK,  
POLICIES AND GOOD PRACTICES  
IN THE AREA  
OF  
EARLY CHILDHOOD  
EDUCATION AND CARE

HANDBOOK



NATIONAL NETWORK FOR CHILDREN

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# Preface

This Handbook is an output produced in the course of implementing the *Exchange and cooperation for better welfare of children Project*, No. BG051PO001-7.0.07-0086-C0001, financed under the Human Resources Development Operational Programme, grant scheme “Without Borders – Component 1”, Phase 2. The activities involved are also directly related to the mission of the National Network for Children to work for strengthening and facilitating cooperation between similar non-governmental organisations and all stakeholders to guarantee the rights of the child and child welfare. This project aims at building up capacity for improvement and broadening the services in the sphere of early childhood development and education (ECDE) through transnational exchange of experiences and know-how of innovative and alternative practices for prevention of school dropping out. This Handbook includes justification for the importance of early childhood development policies and practices, a review of the legislative framework in Bulgaria in this field, an analysis of the national and international early childhood education and care (ECEC) practices presented within the project framework, and key conclusions.

## **Who is this Handbook meant for?**

This publication is meant primarily for a wide range of stakeholders, early childhood education and care professionals and practitioners being the main target group. We hope the Handbook will be of particular interest to the directors, teachers and pedagogical teams of nurseries and kindergartens, as well as to professionals and non-government organisations (NGOs) providing services to children aged 0 to 7 years. We believe that this Handbook will offer useful ideas and viewpoints also to those in charge at national level for the development and implementation of integrated social, education and health services for children and families.

This publication does not intend to answer all possible questions or provide exhaustive information; rather, it aims to put the ECEC issue on the agenda of politicians, experts and professionals and offer possible points of view and approaches.

# Introduction

Numerous international studies and research findings on early childhood provide irrefutable arguments as to why early childhood is so critical a period for a child's health, education, social inclusion and the overall success and happiness in their entire life. Developing life skills is a dynamic process. The earlier the child gets used to developing skills and acquiring knowledge in their life, the more likely they are to become a successful adult. The later society chooses to invest in children in order to give them equal development opportunities, the more difficult and expensive it will find it to make up for the opportunity costs and remedy the damages sustained by the economy at a later stage. Early childhood development (ECD) programmes are a very important tool for early intervention in the life and development of children in order to compensate for inequalities within the family. These programmes help improve attitudes towards school attendance, when the child reaches school age; they help reduce criminal behaviour, increase job performance and reduce the unfavourable consequences to the health of children when they grow up. According to various studies ECD programmes have a high return on investment and a high cost-benefit ratio. These programmes have much higher economic rate of return compared to programmes implemented later in life, such as vocational training courses, probation and rehabilitation programmes, adult literacy training, etc.

In its General Comment No. 7 (of 2005) entitled "Implementing Child Rights in Early Childhood", the UN Committee on the Rights of the Child points out that young children are holders of all rights enshrined in the UN Convention on the Rights of the Child<sup>1</sup>. They should be respected as independent persons with rights of their own and considered active members of families, communities and societies. They should be respected as persons in their own right and should be recognized as active members of families, communities and societies. In its consideration of rights in early childhood, the Committee wishes to include all young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school. Accordingly, the Committee proposes as an appropriate working definition of early childhood the period below the age of 8 years.

ECD includes all required support to the child starting from their prenatal development up until they are 8 years old in order for their right to survival, protection and care to be implemented, which will guarantee their best development. ECD includes adequate health services for pregnant women, mothers and babies, nutritious food for pregnant and breast-feeding women, babies and children, provision of opportunities and proper environment for early learning, support by the family, community development, etc.

Education and care are intrinsically linked from as early as the child's birth. The international UNESCO classification defined early child education as 'Level 0' i.e. the basic level for the education levels. Adopting this holistic approach to early development of the cognitive, physical, social and emotional aspects requires that ECD programmes have a clear educational component.

Even though the education component is an important determinant in ECD programmes its presence is not sufficient. The child's brain is developing extremely fast in this period and the linkages between the nerve cells in the brain are built through interaction with the most significant adults, and these linkages remain unchanged till the end of one's life. The emotional stability and the feeling of trust develop during the first several years of the child's life too, later to form the basis for all important relationships – with peers, colleagues, partners/spouses, elder people and, even one's own children.

We can say that this critical period for the development of the child provides huge opportunities to the individual, but it is also a period in which these opportunities may be lost. Inappropriate upbringing and care in the early years of child development can later grow into a feeling of dissatisfaction with life; it can disrupt relations with others, bring about learning difficulties, eating disorders and high crime and violence rates, dependencies and other personal or social problems. Apparently, these disorders are very expensive and difficult to treat later in life, the treatment often failing to cope.

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1. Ratified by virtue of decision of the Grand National Assembly, dated 11th April 1991, promulgated in the State Gazette (SG), Issue 32 of 23rd April 1991, in effect from 3rd July 1991

Despite the fact that each child has their own rate of development, numerous studies indicate that development is fastest in the period prior to the age of three. During this period, especially during the first year of their life, young children usually live in a sheltered space in their home and are totally dependent on adults. Parenting skills are a crucial factor in the child's upbringing, in providing emotional support, encouraging their development and establishing successful communication. Yet, it is clear that a large proportion of young parents have never had the chance to acquire the skills for adequate parental care.

Arguments in favour of increased investment in the earliest stages of life:

- The biological argument – greater vulnerability of developing body organs and systems to the environment – from conception to the first years in life. At an early stage in their life the child acquires biological models and behaviours that can be difficult to reverse later on. Neuron mobility and synaptogenesis (the formation synapses between neurons) can be speeded up or destroyed at various stages as early as the prenatal period of the life of a baby. The favourable health, family and social status is the first starting point for positive child development. According to a study<sup>2</sup>, the effects of cognitive stimulation in the period between the age of 9 and 24 months are still traceable at the age of 17-18 years. This involves significant differences in the IQ, size of vocabulary, reading and comprehension skills.
- The social argument – inequality starts early and tends to grow with time. Early intervention to curb differences is among the most efficient tools for reducing inequalities in health and early education and development. Differences in vocabulary in the early years grow stronger with time and affect the level of academic achievement and performance at school, and later – job performance<sup>3</sup>.
- The economic argument – higher rate of return of early investments. Good care in childhood leads not only to enhance cognitive skills but also to better social and emotional intelligence. This in turn leads to better motivation for school attendance and academic achievements, better social status of the child when they grow into an adult and lower costs for society for health services and justice.

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2. Walker S. et al., Lancet, 2005, 366:1804-7

3. Engle et al., Lancet 2007

# Early childhood education and care

The term 'early childhood education and care' (ECEC) or 'early childhood training and care' refers to the publicly funded and provided services for children who have not reached compulsory school age. Education and care come together in this phrase to emphasise that services for children under 7 years can include provision of physical care but also learning and development opportunities.<sup>4</sup>

## What do we learn from research on early childhood education and care?<sup>5</sup>

The EC Communication of 2006 entitled "Efficiency and Equality in European Education and Training Systems"<sup>6</sup> concluded that: "Pre-primary education has the highest returns in terms of the achievement and social adaptation of children. Member States should invest more in pre-primary education as an effective means to establish the basis for further learning, preventing school drop-out, increasing equity of outcomes and overall skill levels".

Pre-school education can have a significant contribution for combating the disadvantaged status in education, provided certain conditions are in place. The most efficient intervention programmes include intensive education and training starting early; they are child-focused and provided by centres combined with strong parent participation, programmed educational activities at home and measures to assist families in the process. In addition, the majority of researchers believe that the staff in charge of education as part of ECEC should have a bachelor's degree, a specialised one at that.

Due to their cultural and religious convictions parents from low-income communities and from social and language minorities may value highly the care and upbringing of children at home by the mother. It is possible to believe that children are far too young to participate in an education and preparation programme. Irrespective of the fact these parents do want their children to be successful at school, it is possible that they fail to see the link between this and visiting a service or a pre-school establishment. On the other hand, research shows that home-based programmes are less efficient compared programmes in centre settings.

Parents, in their capacity as primary agents as regards measures, rarely possess the required skills to deliver on the activities included in such programmes. It is possible, for example, that they might be illiterate or the language spoken at home could be different from the one used in training.

Current scientific debates put an emphasis on the importance of striking a balance between different educational approaches. Education and training programmes for the youngest children (up to 5 years of age) should work primarily in a way that is focused on the child and their development, while programmes for older children, between the age of 5 and 6 years, may introduce academic subjects in a more planned, teacher-driven curriculum, without causing any negative social and emotional repercussions. The focus on academic skills at a later stage, following a primarily development-focused approach interested in social and emotional skills, is likely to facilitate in a better way the transition to primary school. It is for this reason that the two approaches, in view of achieving best results for children, need to be combined rather than juxtaposed.

The long-term efficiency of ECEC is obviously best guaranteed in an approach involving the child, the family and the school – on-going 'care and education' by means of which the scope of the measure is broadened to include the family context too, whilst the approach covers also primary school.

The development of integrated health, social and education services as part of the overall opportunities for provision of ECEC is expected to bring about dramatic improvement in the living and development conditions for children, especially in marginalised communities. In these communities the factors of life in the face of unfavourable social conditions are comprehensive and they affect the entire life and development of the child. The high child mortality, the high morbidity rate, the lack of health services, the poor nutrition of babies and children, child

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4. „Tackling Social and Cultural Inequalities through Early Childhood Education and Care in Europe:“, European Commission, 2009

5. Ibid, p. 13

6. COM (2006) 481 final, 8th September 2006

abandonment and the subsequent institutionalisation entail insufficient level of preparedness for school, poor cognitive, social and language skills. This inevitably results in poor academic achievements, low motivation of the child and family for school attendance and, consequently, early school dropout. This is how the vicious circle is closed, this in turn leading to early marriages, crime, prostitution, deteriorated health status, unemployment and social exclusion.

The comprehensive health services such as access to medical check-ups of the mother during pregnancy, regular home visits to families by the home-visitors and the GPs for all new-born children, family planning, etc. have a key role for developing knowledge and skills for health protection, for efficient use of the healthcare and social systems, for establishing new social norms and models for good child-care, and better early care and access to education services. The integrated community-based health, social and education services improve significantly parenting skills, social skills for help-seeking and problem-solving, as well as the ambitions for successful future development of one's children. They have a direct effect also on the good child-care skills, as well as on the capacity of families and their motivation for ECEC.



# Review of the legislative framework and policies in the area of early childhood education and care in Bulgaria

The development and delivery of services in the field of ECEC is provided for in several strategic documents and laws in the Republic of Bulgaria concerning public education, child protection and social policies. The understanding about the importance of ECEC as a factor in fighting poverty, in social inclusion and provision of equal opportunities to all children to participate meaningfully in the life of society is in place. Bulgaria has well developed policies and measures focused on the needs of children under 7 years and their families. The provided access to free-of-charge health care for children, the policies protecting maternity and the paid leave for child-rearing, the developed pre-school education and child protection systems are among the most important achievements which facilitate the full development of children in early childhood. These policies are a prerequisite for guaranteed highest standard of care for every child. At the same time, however, there are a number of negative tendencies as regards key child-welfare indicators, which goes to show that national policies and the institutional framework are not in a position to respond to the growing inequalities in society and the needs of children and families, especially ones from the most vulnerable strata of the population.

Policies are largely fragmented, without sufficient coordination and alignment between various sectors, both at the planning level and at the level of service delivery. The provision of integrated, cross-sectoral services to meet the needs of the most vulnerable children and families is difficult. The split of responsibilities for children during the various stages of early childhood among the healthcare, education, social and child protection systems makes it difficult to apply an integrated approach to child development starting from birth. In this sense, in a report from 2014, the World Bank<sup>7</sup> focuses on the need **to ensure better coordination** and consider establishing an explicitly stated comprehensive multi-sectoral framework for **a synchronized ECD policy**, placing on equal footing education-related and health-related development, nutrition and the full socialisation of children since birth. The services and care for children and families are focused mainly on solving already existing problems, rather than relying on early risk prevention, which does not allow them to meet newly emerging needs in a timely manner.

In addition, there is no national body/institution to coordinate, assist, monitor and evaluate the effect of the young children- and family-focused public policies and measures.

The laws and strategic political documents referring to ECEC are as follows:

## 1. The National Education Act

There is no mention of ECD or ECEC in the National Education Act. The State Educational Requirements (SER) cover pre-school education. Kindergartens, where this education and training is taking place, cover children from 3 to 7 years of age. This means that for children aged from 0 to 3 years no targeted action is envisaged by the law to focus on their development. At the moment there are no approved or widely used ECEC models for children aged from 0 to 3 years. In nurseries in Bulgaria, which offer care to children aged from three months to three years, the services are provided mainly by medical specialists who are not sufficiently trained or motivated to take care in a targeted and consistent way of the pedagogical, motor, cognitive and psycho-emotional development of the children they look after.

## 2. The Child Protection Act

The Child Protection Act states that parents are entitled to psychological, pedagogical and social assistance in rearing their children, so that the latter can be guaranteed proper and age-appropriate mental and physical development, in correspondence with the best interest of the child, as provided for in the Act. Equally, it is somewhat alarming that parents in many cases do not know who to turn to; there is insufficient information on the provision of support services to families for child-rearing; the

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7. World Bank. (2014). SABER – Early Childhood Development.

access to them is not well provided for. In this context, what comes to the fore is the need for an overall family policy in the Republic of Bulgaria with clear objectives, measures and activities and for adoption of a family-focused approach in all areas that impact child welfare (socio-economic measures, ECD, education, healthcare, housing, child protection, etc.)<sup>8</sup> The efforts of the state to support parents in rearing their children can be translated into developing a system of diverse services, so that each family can identify the services that meet their complex needs best. It is somewhat alarming that consideration of family and child allowance payments happens separately from the process of child protection. We believe it is necessary to seek approaches to synchronise the processes for services and support to families, on the one hand, and the social payments to families related to child care, on the other hand. Practice shows that the current system of welfare benefits, effected mostly via social assistance allowances and social payments, often enough invests late in rearing children within the family and if it responds in time, the amounts are far too small. Currently, welfare benefits do not form part of an overall approach for child and family support and this leads to low efficiency. The numerous cases of child abandonment and families falling apart come to prove this.

An overhaul of the social assistance system is called for to be underpinned by the principle of binding social payments with social work. We believe that the social assistance benefits need to be granted based on an individual assessment of the specific family situation, taking into account not only parents' income, compulsory pre-school attendance, etc. but also all remaining factors affecting the ability of the family to take care of their children.<sup>9</sup>

Another recommendation, concerning not only increasing the variety of services to support parents in child-rearing and ECD, but also the enhanced accessibility of services for all, is to consider and develop the voucher model for use of services funded by the state /municipalities, the principle of funding being "the money follows the child". This will allow each family to have a resource at their disposal to use for an early development and education service for their child, and they will be given the chance to chose the form in which this service will be delivered.

### **3. The Social Assistance Act**

The family environment of children is the main determinant for their cognitive and socio-emotional skills, as well as for the development of their lives in the future. The differences in the skills of children could be traced from their earliest childhood. The family environment in Bulgaria, like in many other countries around the world, has changed significantly over the last decades and this has inevitably left its imprint on the health, development and welfare of children. The positive effect of early interventions and ECD programmes in smoothing the differences in the development of children in families of different socio-economic status has been proved experimentally; in addition, rich evidence is derived from practice. It can be concluded that in families where there is no supportive environment and children get little attention or are totally neglected, the long-term outcomes for children in terms of establishing themselves in the social and economic space are negative.

The family environment determines a number of factors in the later life of the child, such as their health status as an adult, their inclination to engage in crime, their ability to be successful in life. Epigenetics – the science which studies the impact of environmental factors on gene formation. It assumes that the family environment, the mode of upbringing, the food, etc. affect significantly the psycho-emotional development and health of a person. The development of accessible, sufficient in number and type services and forms of child-care (kindergartens, parent cooperatives and other forms of child-care) will lead to smoothing away the differences in child development caused by the family environment and will provide equal access to services for all.

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8. Reference to a position paper produced by the National Network for Children on the need to introduce actual family income tax and develop an independent family policy.

9. Reference to the Position Paper of the National Network for Children on the draft Council of Ministers' Decree on Amending and Supplementing the Rules on the Implementation of the Family Allowances for Children Act.

#### **4. 2006 – 2015 National Programme for Development of School and Pre-School Education**

The National Programme for Development of School and Pre-School Education recognises the need to give equal opportunities for education to every child but it fails to specify the mechanisms to use and an action plan to follow in order to make this happen. The Programme draws on models established in other countries for attracting and keeping children in school, including by means of provision of free-of-charge learning content and improving the Bulgarian language training for children for whom Bulgarian is not the mother tongue; however, it fails to recognise the difficulties and obstacles in applying these models in Bulgaria, neither does it propose mechanisms to achieve this and institutions in charge. The Programme places an emphasis solely on the preparation-for-school and acquisition-of-academic-knowledge aspects of pre-school education and is devoid of focus on children's personal development, and social and emotional skills.

#### **5. National Strategy for the Child (2008 – 2018)**

The 2008-2018 National Strategy for Children clearly points out the link between ECD and pre-schooling, on the one hand, and the subsequent inclusion of children in the next stages of school education and the overcoming of negative tendencies related to child poverty and social exclusion, on the other hand. Yet, the issue of the lack of sufficient ECD programmes and established ECD models for children aged 0 to 3 years hasn't been considered.

#### **6. National Strategy for Reducing Poverty and Promoting Social Inclusion by 2020**

The Strategy points out that provision of access to services, primarily access to basic health, education and social services, is another key instrument for combating the consequences of poverty and social exclusion. Besides, it is precisely the access to education, healthcare and social services that has a decisive role for the prevention of social exclusion and poverty. There are comments also about the cross-sectoral services (which include health, education and social activities) to the effect that they are poorly developed (most often emerging in the form of single pilot projects which are not replicated due to the lack of financial sustainability) and this makes it difficult to provide all-encompassing support to vulnerable groups. It is precisely the cross-sectoral services that will allow for better individualisation of the provided support, more precise needs assessment and implementation of a multidisciplinary approach. This requires joint efforts and consistent measures agreed between all systems – the social, healthcare and education system, including culture. The measures under the National Strategy for Reducing Poverty and Promoting Social Inclusion related to support for ECEC and prevention of school dropout include the introduction of mandatory pre-school education from the age of 4 years; monitoring of the physical environment for the provision of mandatory pre-schooling of children and provision of additional support; support for school attendance of students from vulnerable groups living in remote areas, from poor families, among others; development of social services in support for continuing the school education; priority participation of children from risk groups in full-day organisation of schooling; development of the National Strategy for Reducing Early School-Leaving by 2020, adopted in November 2013.

#### **7. 2013-2020 Strategy for Reducing the Proportion of Early School Leavers**

The Strategy dwells on the reasons for early school leaving, the main reasons leading to it being related to poverty and social exclusion, non-enrolment of children in nurseries and kindergartens, health problems such as disabilities and the non-existence of an inclusive environment, etc. The Strategy reports that the introduction in 2011/12 of the mandatory pre-school requirement for children aged 5 years has led to an increase of the net enrolment coefficient by 6.6 percentage points, its level being now at 81.5 %. The Strategy stresses on the need for an integrated policy and an approach coordinated among institutions; despite this, however, there is no mention of basic components, such as the need for support to children in the transition periods (from nursery to kindergarten, from kindergarten to Grade 1, from Grade 1 to Grade 4, etc.) and measures related to ensuring the quality of the service in kindergartens

and schools. The importance of ECEC and the services for children aged up to 7 years is not explicitly acknowledged as a factor in the prevention of early school leaving.

## **8. 2014 – 2020 National Strategy for Life-Long Learning**

It contains two relevant chapters entitled “Creating conditions for broadening the scope and increasing the quality of pre-school education” and “Applying a comprehensive approach to increase education achievements and reduce share of early school leavers”. The Strategy focuses on the scope of pre-school education and reports that with the introduction of mandatory pre-schooling for five-year-olds the enrolment in preparatory groups in kindergartens has risen. The Strategy explicitly aims to enhance the quality of pre-schooling, as well as to provide a smooth transition between pre-schooling and school-based education. The Strategy includes activities such as: developing mechanisms for encouraging children’s enrolment in pre-school and for support for early childhood care, especially for disadvantaged children, children from migrant or Roma origin or children with special educational needs, including ones with disabilities. The document sets out the following target for Bulgaria by 2020: By 2020 the share of children covered by pre-school (from four- year-olds to children who have not yet become of mandatory primary school age) should be 90 %.

## **9. National Roma Integration Strategy of the Republic of Bulgaria 2012-2020**

The Strategy acknowledges the challenges faced by Roma children, related to low parenting capacity and the low functional literacy of Roma women (functional illiteracy is three times more common with Roma females than with Roma males), poor health status and low level of academic achievements and inclusion in education. The Strategy gives priority to activities concerning mechanisms for widening the coverage of Roma children by education and enhancing the quality of education for them; it envisages a coordinated approach for the achievement of these objectives involving participation of municipalities, administrative and financial resource provision for integration processes.

According to the Council conclusions of 12<sup>th</sup> May 2009 on a Strategic Framework for European Cooperation in Education and Training (‘ET 2020’) the expected minimum for member states by 2020 is at least 95% of children aged between four years and the mandatory primary school age to be covered by ECEC. The indicator ‘net coefficient for enrolment in kindergartens’ has been going up and at the end of school year 2012/2013 it reached 82.1 %. In order to achieve the target of at least 95% of children by 2020, Bulgaria needs to improve significantly the coverage of children by high-quality and supporting their development forms of publicly accessible education services launched in early childhood. Behind the aggregate national figures there are substantial social inequalities. Studies indicate that as few as 40% of Roma children aged 3 to 6 years are enrolled in kindergartens (UNDP/ World Bank/ European Commission, 2011 Regional Roma Survey). The World Bank SABER – Early Childhood Development report<sup>10</sup> recommends that additional opportunities should be provided for inclusion in ECEC services of children up to 3 years of age, that the mission and functions of nurseries are updated, and prioritising initiatives and measures for parents and their children aged 0 to 2 years.

The National Network for Children has always maintained the view that parents should have the right to choose where and in what form to include their children. Service providers of ECDC in European countries usually cover a wide spectrum – public institutions, NGOs, private, community- or home-based forms. These usually form a network of services covering a large spectrum – nurseries, care in a home setting for groups of children, day care centres, kindergartens, etc. It is necessary to create conditions, including through amendments to the legislation, for provision of more diverse and flexible services (by-the-hour or half-day ones, vouchers for by-the-hour use of public services, alternative centres and play-groups, etc.) The existence of regulatory provisions for diverse services makes it possible for different needs of different children to be met and it will work towards a widened coverage of children included in ECEC services.

10. <http://www.worldbank.org/content/dam/Worldbank/document/eca/Bulgaria/unicf/SABER%20ECD%20-%20WORLD%20BANK%20%2005%20June%20%20final.pdf>

# Main principles and challenges based on the reviewed good practices in the field of early childhood education and care

As part of the *Exchange and cooperation for better welfare of children* Project No. BG051PO001-7.0.07-0086-C0001 of the National Network for Children, implemented with the financial support of the Human Resources Development Operational Programme (HRD OP), co-funded by the EU European Social Fund, a specially designed questionnaire was drafted, agreed and circulated to over 100 NGOs, seeking to describe the existing Bulgarian practices in the field of early childhood development and education. Ten practices (please find a short description of the practices in the Annex) have been identified as efficient and this analysis is based on their detailed study, complete with findings and recommendations at the end. The ten practices identified and analysed were developed by eight legal non-profit entities and one informal parent group and these are as follows:

1. Early Childhood Development Association;
2. Child and Space Association;
3. Equilibrium Association, Ruse;
4. "Social Activities and Practices Institute" Association;
5. "Non-Government Organisations Club" Association, Targoviste;
6. National Alliance for Volunteer Action Foundation;
7. Informal Parent Association for Harmonious Child Development;
8. Helping Hand Foundation, Dobrich;
9. Worldwide Foundation for Vulnerable Children

The detailed descriptions of the ten practices are attached in **Annex 1: Good Practices in the Field of Early Childhood Education and Care**

All models are tested within pilot projects. The results achieved have in most cases led to partnerships and solutions which ensure the sustainability of the services provided, some of which are delivered as State delegated activities. Even though these practices differ in purpose, place of delivery and target groups, all of them prove the huge need for the implementation of an integrated approach and for serious cross-sectoral and inter-institutional cooperation.

The practices included in the review have their own specific social and/or educational characteristics. Besides, they describe social- or education-specific principles. Yet, there are several common principles, which stand out as leading principles in each of these work models and they are key to the implementation and effectiveness of each practice.

The key principles on which all practices are based are as follows:

1. **Training of children starts at birth** and the whole array of care and relationships taking place around them, affect and develop their cognitive, emotional, social and motor skills. This principle is valid for all children, not only for children with special needs. This is why all services described take into account this link and identify learning of both the child and the parents, as an extremely important element in the process of the so-called 'primary prevention' for reducing or eliminating the factors that affect unfavourably the inclusion of children in the education process.



2. All services are based on the application of the **family-focused approach**. All practices are equally focused on work with the child and the family. All practices share a strong aspiration for informing and empowering parents with a view to enhancing their parenting capacity. Parents are involved as partners in the work with the child and this results in much greater effectiveness of the specialists' work. The planning of services is done together, the interventions being in line with the family's need for support. Parents receive exhaustive information about everything concerning their child and each activity is discussed and agreed with them in advance. All the time they are convinced they take the lead in the process and contribute to the achievement of results. This expands their parenting skills and beliefs as regards what the care for their child's development should look like. Another very important aspect of the family-oriented approach is building parent self-help networks. Most often these are groups for parents where they can meet in a protected and secure space and share their concerns, difficulties, fears and dreams. These groups help parents reduce their stress and pessimism, make families feel accepted, understood and supported. A very interesting aspect of the services including parents in some of the analysed practices are the play groups for children and parents or the group play therapy.
3. **Social instead of medical model of disability.** This approach is invariably behind all practices where the target group is children with disabilities and/or their families. The social model draws on the idea that society is the main reason for the exclusion of people with disabilities and it is society that can do a lot to reduce the consequences from the disability of particular person and help their full integration. This concept is the opposite of the medical model where the disability is regarded as a problem and obstacle solely for the person with disability, not for the remaining members of society. The methods and approaches used allow empowerment of the child with disability and their family to integrate more fully in the community and receive support and understanding.
4. **Individual approach to the child and their family.** It is very important to note that all practices involve an approach to the individual, not to their behaviour. This is the principle that works for building trust and developing self-confidence in the child and the family. The individual approach is of particular importance to children and families at risk, since it allows focusing on the specific needs of every child and family. On the other hand, due to the specific nature of the practices, individual work with every child and their family could be an obstacle as regards the possibility for this work model to be replicated quickly and as efficiently as possible and to cover large groups of children and their families, due to lack of human and financial resource.
5. **Application of the early intervention approach.** Early intervention is an approach applied with children who are at risk of suffering unfavourable consequences for their mental and physical health, be it because of a disability or because they have been diagnosed early as children with special educational needs, etc. Early intervention consists in the provision of a range of services to the child and their family so as to prevent child abandonment and reduce the unfavourable effects arising from their situation. Even though the immediate needs of children with disabilities or at risk and their families are greater now and resources are needed to address them, it is somewhat alarming that there are no ECD models and practices in wide distribution and implementation, neither is there a sufficient number of centres developing such practices being accessible for the parents of all children with standard rates of development.
6. **Work in multidisciplinary teams** is the next important principle which seeks both to ensure high-quality assessment of the needs and resources of the child and their family and to apply the relevant range of support activities. Building teams and developing networks of specialists from different areas ensures efficiency and sustainability of the results achieved, as well as a possibility for self-correction as regards the work of the team. The interaction within multidisciplinary teams provides cooperation for coming up with a diagnosis or updating the assessment/ diagnosis, an opportunity for a resource-focused overall assessment of the child and the family, implementation of diverse activities and therapeutic methods for children and parents, flexibility and individuation/specificity.
7. **Inter-institutional relations and cooperation** are of key importance for mutually enhancing the effect of the efforts of various individuals working in each specific area. The interaction with nurseries and

kindergartens, schools, medical services, hospitals, other social services is the condition which builds the entire institutional supporting environment. Joint work provides an opportunity for training each other and for complementarity of competencies among the various sectoral specialists, as well as for opening up the boundaries within which individual units function.

8. **Ensuring wide access at the entry** to the work models, programmes or services. This means giving all parents who have some concerns about their child's proper development the chance to use the services of specialists. Children and their parents can be included as self-referred clients, without the need for an assessment and referral to a social service due to a risk identified by the Child Protection Departments.

## Key conclusions and recommendations

**A clear problem with almost all practices is that services are offered “by the piece”, failing to be recognised as activities which need to cover all children.** Data from the National Statistical Institute (NSI) indicates that Roma children form the highest proportion of school dropouts and also they have the largest share of children who never went to school. This calls for a clearer vision and mechanisms for integrating children from this ethnic minority in education and for developing sustainable ECD and inclusion services for them.

Among the presented practices there are some which are **funded as projects and have no clear vision or mechanisms for ensuring sustainability and opportunity to rollout and replicate the practice elsewhere upon completion of the project.** It is necessary that the state funds these services as State delegated services in order to ensure sustainability and provide an opportunity for transfer and replication of the practices.

Another challenge is that, as a whole, there are no **ECD services targeted at all children and not solely at children at risk; such services in Bulgaria exist almost solely in the form of municipal nurseries and kindergartens.** Children can visit a nursery from three months to three years of age and there they are taken care of mainly by medical specialists who are not sufficiently trained to see to children's pedagogical, motor, cognitive and psycho-emotional development in a targeted and consistent way. According to the existing legislation<sup>11</sup>, a nursery with up to 60 children has to employ at least one teacher, every additional group of 20 children requiring one additional teacher. It is difficult for one teacher to meet the early childhood development and education needs of all 60 children; on the other hand, medical staff and the carer, who look after children all day long, are not sufficiently qualified, motivated or educated to act as professional teachers.

The existing legislation provides for in the law the distinction in terms of organisation and structure between nursery for children aged three months to three years, the priority there being medical and prophylactic activities and the staff employed mostly medical staff, on the one hand, and kindergartens for children aged three to seven years, the priority there being educational and the staff employed mostly pedagogical staff (teachers), on the other hand. This distinction is made for its own sake and is not sufficiently well justified; it is one of the main reasons for the not fully used potential for development of children in their yearly years (0 to 7).

Organisations whose practices are reviewed in this analysis define as another challenge in their work the **lack of cooperation between doctors, other specialists, teacher and parents**, as well as the **lack of a mechanism for cooperation between the various institutions.** In addition to improving the coordination and developing specific mechanisms for inter-institutional cooperation, it is recommended to introduce specialised tests for children aged 0 to 4 for early detection of developmental issues.

The lessons learned, as well as the conclusions and recommendations from the transnational exchange with identified good European practices, discussed at a Peer Review Seminar for exchange of experience and know-how conducted in March 2014 in Sofia, are attached in **Annex 2: Lessons learned from the good practices in early childhood education and care with potential to counteract the negative tendencies concerning early school-leaving.**

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11. Ordinance No. 26, dated 18th November 2008, on the Structure and Operation of Nurseries and Food-for-Children Facilities and the Health Requirements for Them

## Appendix 1:

### Good practices in the field of early childhood education and care

Practice and name of implementing organisation

**Children's Literacy Programme, Bozhur kindergarten No 187, Sofia**  
**Early Childhood Development Association**

#### Brief description

The Practice involves use of various early literacy and reading methods for children aged 3 – 6 years. The Practice involves teachers and parents and forms reading clubs with the purpose of building love for books and reading. The Reading Clubs involved also 4th-grade students from a neighbouring school, each of them “mentoring” a young pal from the kindergarten where they pay weekly visits. The student and the child from the kindergarten prepare jointly a dramatic performance based on what was read during the week. A Parents Club was established also with kindergarten No 187 where parents engage in the children's activities: they read to them, take part in joint competitions. Parents attend special trainings in the benefits of child integration (some children come from ethnic minorities since the kindergarten is located in a mixed neighbourhood).

#### Target group

The target group consists of 20 children from kindergarten No 187, three parents and 10 students.

#### Accessibility

The Practice is implemented in kindergarten No 187 and is intended for the children of this kindergarten.

#### Objectives

1. Enhancing the capacity of the kindergarten teachers to use and apply teaching methods for young children. Educating the children by applying unconventional and fun methods.
2. The Reading Clubs help develop reading habits, emotional attachment to reading through a friendly and individual attitude. Children from both groups (readers and listeners) expand their vocabulary.
3. The Parents Club engages the family in the child's learning and integration process.

#### Activities

- Making boards depicting objects and featuring the respective object's name in printed letters. The boards are displayed in the children's activity play room where they spend their time during the day.
- Specialised activities and games are played, with the children's attention being drawn to the boards. The boards are changed at particular periods. From the old ones remain only the written words which the children already associate with their meaning. Through play and music, singing and dancing, children remember the graphic representation of the whole words which develops their reading skill. We skip the reading by syllables.
- Each student member of the Reading Club “mentors” one or two children from the kindergarten and every week reads to them texts selected in advance. They discuss what was read and act it out.
- Engaging the family in the child's learning and integration process.



Our work with the children incorporates elements of various methods that have been applied for decades in the USA (by Glenn Doman) and in Japan (by Dr. Makoto Shichida), by numerous Russian experts – Zaitsev, Nikitin, Manichenko, etc. We have the excellent Bulgarian example of Prof. Dr. Georgi Lozanov and his suggestopaedia which he applied in the 1970-ies in more than 30 schools in Bulgaria. The leading principle is to apply play-based approach in teaching and engage children in various games, which are entertaining, very interesting, varied and easy to remember.

The teacher needs special preparation before each lesson. A special selection of musical pieces is required (there are opera pieces available for the music classes by Prof. Gateva). All kinds of objects are used, which contain letters or words relevant to the plan (scenario) of the lesson-play.

## Funding

The project is based on volunteer work.

## **Early Intervention Programme for Children with Special Needs Equilibrium Association – Ruse**

### Brief description

The programme is implemented in the Community Support Centre (CSC) with the Child and Family Social Services Complex in Ruse (SSCCF, Ruse) run by Equilibrium Association. The development of the *Early Intervention Programme for Children with Special Needs* expanded and contributed to the already existing programmes at CFSSC, Ruse. Our experience reveals that in order to ensure children's proper development it is of paramount importance to start with the risk prevention activities as early as possible – immediately after birth. We support the understanding that child education starts at an infant age and not at school. This kind of education is at the core of the services that we offer in the field of primary prevention to engage children in the process of education and early intervention for handling of developmental deficits.

Parents are involved as partners in the process and this yields much better results in the work of experts with their children. Services are planned jointly while the activities are designed with the family's needs of support in mind. Parents are provided with detailed information about everything concerning their child and each new activity is discussed and agreed with them in advance. The service provides also access to an informal support group for parents of children with special needs.

### Target group

A total of 20 children aged 0 – 6 years are engaged in the Early Intervention Programme for Children with Special Needs at CFSSC, Ruse. Some of them have mobility impairments (CP), learning disabilities or display autism spectrum disorder symptoms. A multidisciplinary team made comprehensive assessment of the children. Each child has an individual programme planned and developed for them. The family is offered consultation and support. Part of the activities take place in the family's home. Parents have an opportunity to engage in a parents group. All school-aged children who attended the Programme enrolled in a school or kindergarten.

The implementation of a practice fully oriented to families enjoys a very positive response on the part of the parents of children with various developmental problems.

### Accessibility

The Programme is wide open and available to all parents who have concerns about the proper development of their child and believe that it differs from their peers' development without necessarily the child being diagnosed with a permanent disability or illness. The children and their parents can join on the basis of self-referral (there is no need for an assessment and referral to a social service due to risk identified by the Child Protection Department).

### Objectives

1. Prevention of further deterioration of the child's condition and overcoming of their developmental deficits.
2. Socialisation and early integration of children with developmental and learning disabilities.
3. Support and training for the parents.
4. Building a self-help support network for parents.
5. Raising public awareness of the importance of early intervention for improvement of the welfare of children in the community.

Early intervention for children with disabilities and developmental deficits aimed at coping with the problems related to cognitive disabilities, behaviour, communication, etc. needs to go hand in hand with the work with parents or adult caregivers. Our experience reveals that it is necessary to work intensively with both groups of parents: those who do not understand and neglect their child's educational needs and those with high parenting capacity who however tend to offer excessive care to their children preventing them from developing independence and skills to take care of themselves, which has an indirect impact on their successful socialisation, integration and adaptation in school environment.

## Activities

- Providing assistance for diagnosing or updating the diagnosis through good coordination between institutions – diagnostic teams at regional level;
- Comprehensive assessment of the child and the family – multidisciplinary approach and work focused on resources;
- Joint planning of required assistance together with the parents based on the problem they stated;
- Varied activities and therapeutic methods for children and parents;
- As a matter of priority, activities should take place in the natural family environment (the family's home);
- The service offered should be flexible and with an open timeframe – support is rendered for as long as required by the child/parents in order to achieve the desired outcome;
- Building a self-help support network for parents.

## Funding

The *Early Intervention Programme for Children with Special Needs* is integrated in the activities of the Community Support Centre (CSC) with CFSSC, Ruse under the domain of Provision of Support to Children with *Special Needs and to Their Families*. The Community Support Centre is financed by a state delegated budget which ensures the Programme's sustainable development. The work will continue within CFSSC, Ruse with a capacity of 10 cases. It will be possible to expand the capacity in case the service becomes a State delegated activity and has a separate financial standard.

**Early Intervention Centre, Ruse (EIC)**  
**Child and Space Association**

### Brief description

The Centre for Children with Disabilities has been operational since 1 March 2010. Early intervention provides an opportunity to children with disabilities to access various social and rehabilitation services from a very early age on, which enables them to develop their abilities to the full and to engage in social life at a later stage and have equal access to education. The psychological and emotional support rendered to the parents immediately after the child's birth enabled them to accept more quickly the fact that their child is different and contributed to the decision to raise the child in a family environment. The preventive services which were developed following the adoption of the Ordinance on prevention of child abandonment and their placement in institutions, do not take into account the time period when the decision to abandon a child is taken, hence the services' target groups are not specified. Generally in the country, there are no services available to support and accompany parents of extremely premature babies or children born with disabilities. A UNICEF research on the reasons for child abandonment in Bulgaria reveals that the mothers who decide in the maternity hospital to leave their baby for placement in a specialised institution are those that have been separated from their newborn babies for a lengthy period of time due to some disability of the baby or much earlier preterm birth. It is not without a reason that the European Union's early intervention policy focuses on these particular target groups (Keily, 2003). The service involves a multidisciplinary team of: a psychologist, kinesiotherapist, occupational therapist, social worker, nurse. The team comprises also consultants (various experts depending on the individual needs of the child).

### Target group

The service is meant for newborn underweight babies and for their parents; for newborn babies with disabilities and their parents and for children with disabilities aged 0 – 3 years and their parents.

### Accessibility

The service is accessible for all children with disabilities up to 3 years of age and their parents as well as to newborn underweight babies and their parents on the territory of Ruse Municipality.

### Objectives

Prevention of child abandonment and support to parents of underweight children and children with disabilities. Support for the social inclusion of children with disabilities and their successful adaptation in the school environment.

### Activities

The activities provided by the Centre are aimed at early intervention in support of parents of newborn underweight babies and children with disabilities; those include: early intervention; accompanying the parents in the hospital when doctors inform them of their child's disability; visit of the mother and baby in the hospital by the early intervention team; admission and development of a comprehensive early intervention programme in the Centre; supporting the establishment of an emotional mother-baby relationship; psychological counselling; psycho-motor stimulation and recovery; rehabilitation and social services. There is an opportunity available to place the mother and baby at the EIC; occupational therapy for premature babies and children with disabilities.

The parent-oriented activities for underweight babies include:

- Information about the services offered by EIC and for psychological and social support;

- Drawing up and providing to the parents a recuperation-rehabilitation programme by a kinesiotherapist and occupational therapist depending on the newborn's general condition;
- Providing support to the mother and development of basic child care skills;
- Psychological counselling;
- Social consultation and support in interaction with various institutions;
- Development of skills for psycho-motor stimulation and identification of the child's early motor abilities;
- Consultation to the mother/parents by a paediatrician;
- Training on proper positioning of the child during sleep, awake time and feeding;
- Involving the mother/parents in a Parent Self-help Group;
- Consultation and development of other follow up complex skills;
- Admission for 5 days monthly in the EIC (in accordance with an individual service plan).

The child-related activities involve:

- Assessment of the child's individual needs;
- Observation and evaluation of the psycho-motor development;
- Breathing exercises to improve lung capacity;
- Psycho-motor stimulation and rehabilitation of premature babies;
- Psychological support for development of body scheme
- Visual stimulation and therapeutic positioning;
- Specialised medical consultation depending on child's individual needs.

## Funding

Under project "The Challenge of Being a Parent – Developing the Capacity of Medical and Social Care Home for Children – Ruse (MSCHC) for Provision of Services and Activities Aimed at Early Intervention in Support of Parents of Newborn Underweight Babies and Children with Disabilities aged 0 to 3 years", Grant Contract BG051PO001- 5.2.03-0051-C0001 financed by the *Human Resources Development Operational Programme 2007 – 2013* under Grant Scheme "For Better Future of the Children". The project is implemented by Child and Space Association in partnership with MSCHC Ruse.

**Child's Development Playground – Centre for Social Rehabilitation and Integration of Children with Psychological Development Problems and their Families on the territory of Ruse Municipality**

**Child and Space Association**

### Brief description

Since 2009 a total of 293 children received support; 274 parents were consulted, including 85 parents who received therapeutic aid (individual therapy or inclusion in a parent self-help group). Two teams of experts working on the territory of Ruse and Varna were trained. A methodology was developed and distributed for the provision of a health-social service – Psychological Support to Children and Parents, which was presented at a number of events and published as a Manual for staff working in the field of child mental health and child services.

The methodology for working with children and adolescents with mental development disorders and their families is based on the principles of international medical practice in the field of child mental health: early diagnosis, comprehensive assessment and multiple-direction interventions; prevention work; regional basis; community based – evaluation and therapy of the child in a least restrictive environment without removing them from their natural environment; child and parent oriented, engaging parents in the diagnostic and therapeutic process; collaboration with non-medical institutions working with children; multi-disciplinary approach to the mental health care services and implementation of the principles of modern social work: placing the best interest of the child in the centre of experts' attention; individual approach to interventions in each particular case; development of parenting capacity; active engagement of the general public with a view to changing the perceptions about the place of children/adolescents with mental health problems in the modern life; reliance on the family and community strengths and resources; developing a culture of interdisciplinary and multi-institutional work and cooperation in the interest of children/adolescents with mental health problems.

### Target group

- Children and adolescents from the community with mental development problems and symptoms of mental illness;
- Children and adolescents from specialised institutions with mental development problems and symptoms of mental illness;
- Parents of children and adolescents with mental development problems and symptoms of mental illness.

### Accessibility

The service is meant for children from the community attending both specialised and mainstream kindergartens and schools as well as children from specialised institutions on the territory of Ruse and Varna municipalities (for the period 5 January 2011 – 4 January 2012). The service is open.

### Objectives

1. Ensuring professional and qualified assistance to children and youth with mental development problems and symptoms of mental illness, using social services provided by Child's Development Playground;
2. Reducing the negative impact of mental health problems on children's and adolescents' social adaptation;
3. Providing professional and qualified assistance to the parents of children and adolescents with mental health development problems;

4. Establishing link between the health care system and the system of social services in the field of child mental health.

## Дейности

Child Development Playground – Centre for Social Rehabilitation and Integration is an integrated health-social service for children and adolescents with mental development problems and/or symptoms of mental illness at risk of social exclusion and for their families. The Programme provides individually tailored care for children and adolescents with mental health problems in support of the optimal development of their abilities and their social inclusion (learning/play, social contacts). The support provided to parents helps them feel less isolated from society, strengthens their self-confidence and capability to look after a child with mental health disorder. The service provides free specialised therapeutic aid and psychological support to children raised in institutions and to socially disadvantaged children and families, which would not be otherwise accessible to them.

### **Child and adolescents-oriented services:**

- Individual therapeutic work with children and adolescents with mental development problems and symptoms of mental illness.
- Group therapeutic work with children and adolescents with mental development problems and symptoms of mental illness.
- Therapeutic workshop

### **Parent-oriented services:**

- Counselling of parent
- Parent workshop
- Family counselling /therapy

## Funding

The service was available in the period 2009 – 2010 in Ruse under a UNICEF-funded project.

In 2010 Child and Space Association in partnership with Ruse Municipality, Family Zone Foundation and Mental Health Centre Ruse developed a project to expand the operation of Child Development Playground – Centre for Child and Family Psychological Support, implemented both on the territory of Ruse and Varna regions. Provision of service within the framework of project BG051PO001-5.2.06-0038-C0001 financed under Human Resources Development Operational Programme, grant scheme BG051PO001-5.2.06 Social Services for Social Inclusion.

Since 26 October 2012 the service is available in Ruse at the Centre for Social Rehabilitation and Integration – Child Development Playground, as a state delegated activity.

**Street Children Centre (SCC) at the Child and Family Social Services Complex (CFSSC) in Vidin**

**Social Activities and Practice Institute Association (SAPI)**

Brief description

SCC was established in May 2011 as a Day Centre under the UNICEF project “Support to Reach the Unreachable Children”. Operates with its current structure since October 2012 as a state delegated activity at the Child and Family Social Services Complex (CFSSC) Vidin. The Centre is focused on social inclusion of children from the most vulnerable groups (including children of Roma origin). It works for school dropout prevention by providing services in support of social inclusion of children at risk. The so called resilience approach is used as a concept of the psychosocial accompanying of children and their families. The concept of resilience represents the ability of people to recover from traumatic experience in a way that makes them even stronger. This approach treats the person as being unique – personality traits, talent and capabilities are the strengths that we can rely on when providing support. Support and accompanying are centred on the capabilities and not on the problem. Numerous studies on resilience reveal that a trauma suffered in childhood is not indicative. It can weaken or make a person stronger. The main idea is to focus the intervention on the child’s perception of self and on overcoming the risk of seeing self as a victim, an object, a person of no worth, with all those possibly being the consequences of negligent treatment or violent experience as is often the case with the children attending the Centre. Resilience factors could be good relationship with at least one adult; good capability to face problems; ability to establish good interpersonal relations; acknowledged competency in some specific area by the child themselves and by their circle. Child support is offered jointly (literally and in symbolic terms) with the birth family while taking over those functions that the family is currently unable to perform well, such as some tasks related to good care and upbringing taken over by the Centre, e.g. hygiene, stimulation, development of fine motor skills of young children, life and social skills, etc. Often the team has to take over also the family’s socialising functions such as motivation and preparedness to learn, exposure to art and culture, etc. what matters is that all that is done together with and not on behalf of the parents.

Target group

Children under 18 – free roaming children, begging, living in poverty, school dropouts, etc. Capacity – 15 children. The Centre is visited by children living with their families who, however, experience serious difficulties in taking care of and educating their children. Parents and the extended family also fall within the target group.

Accessibility

The service is accessible for children under 18 and to their families.

Objectives

**The main objective of the service is improving the quality of life of children at risk.** To achieve this objective, efforts are focused on:

1. Supporting the children for successful social inclusion which depending on their age can involve: attaining social skills, inclusive education, vocational development;
2. Supporting the parents, shared parental responsibility for successful upbringing and education.



The Street Child Centre provides secure and safe environment to the children by offering services aimed at:

1. **skills development** – communication skills for interaction with teachers and classmates; preparation of lessons; socialising; relationships with friends; hygiene habits; self-assessment skills; coping with difficulties; good time management; responsibility for their own health
2. **provision of educational support** – building a motivation to learn; the importance of being educated; independent and regular preparation of lessons; regular attendance at school; enrolling children in clubs of interest.
3. **social work with the family** – evaluation of the family environment: opportunities, resources, conditions and family relationships; working with the parents and child to improve the parent-child bond; working with the extended family to develop a child support network; family counselling; advocacy in resolving particular family problems.

An important element of the work is improvement and stimulation of school support, family bonds and prevention of anti-social behaviour. Children are trained in social skills groups and workshops of interests.

## Activities

The work methodology involves social case work, group work and community work. The practice can be applied in the field of early child development and pre-school education.

The first step upon receiving a new case is to prepare an individual assessment of the child's or parent's needs on the basis of which they are included in a group work programme. Upon completion of group work, an assessment is made of the need for further individual support. In case such need is identified, a referral is requested from the Child Protection Department and the Centre continue their work with the child or the parent.

### Group work

Group work programmes have a set structure, contents and duration. The steps and duration of the three main programmes are as follows:

- Social inclusion
- Workshops of interest
- No slapping
- Positive parenting

### Individual work

- Daily part time service available to children depending on the child's individual needs

## Funding

The operation of SCC is funded by the budget of CFSSC Vidin and is a state delegated activity. The work methodology, group work programmes and some of the used videos are produced by SAPI under various projects. Materials of partner organisations are also used. Some of the team trainings are also funded with SAPI funds in addition to the budget allocated by the Municipality.

Practice and name of implementing organisation

## **Summer School for Roma Children of school age (1st grade) who have not attended kindergarten**

**NGOs Club – Targovishte**

### Brief description

A major part of the children in the town of Targovishte do not attend kindergarten. When they start school, their way of living changes as well as their social environment and their major activity (learning), they get new duties and responsibilities.

The purpose of the activity was to ensure opportunities for equal start to every child, to facilitate the access and the motivation of these children and their parents to engage actively in school life and the process of education.

The support which we provided for the achievement of this goal was a one-month summer school for 6-7 year old children who had not attended kindergarten with a view to improving their Bulgarian language proficiency and developing skills and habits for work in a school environment; throughout the school year we organised also follow-up individual and group activities with the young pupils and their parents to encourage and motivate them to engage in the learning process.

### Target group

15 children under 7 years who have not been to kindergarten yet, do not speak good Bulgarian and lack social skills and habits. The target group includes also their parents so the Practice involved them as well.

### Accessibility

Roma children under 7 who have not attended kindergarten and their parents.

### Objectives

**Aim** – increasing the preparedness and motivation of Roma children from Targovishte to start school on an equal footing with their peers. e.

#### **Projects objectives:**

1. Overcoming the lagging behind in the development of social skills and Bulgarian language proficiency prior to the children starting school;
2. Providing information to the parents and motivating them to enrol their children in 1st grade;
3. Supporting children in adapting to school environment and expanding their knowledge of the world around and their communication skills;
4. Enhancing the parenting capacity for better care and positive parent-child interaction.

### Activities

- **Information campaign among Roma families with children of school age** – With the assistance of the mediator, we visited families in the neighbourhood and met the parents in a relaxed home environment, spoke about the problems and difficulties they experience, the support received from relatives, the forthcoming entering into school of their children. We had a meeting also at the school so that the parents of the first graders could look around the facilities, meet the teachers, find out about the rules, rights and duties of their children as future pupils.

- **Summer school** – the summer school activities were run by a primary school teacher from a partner school – N. Vaptsarov Primary School No 2 and a pedagogue from the NGO Club qualified in working with bilingual children and in a multicultural environment; also trained on school dropout prevention. A group of 15 children was set up, which conducted activities in the Primary School building. The teaching material was organised in a flexible curriculum, allowing changes and additions to be made, reflecting the individual abilities and needs of the children. Various didactic and play-based activities were used, such as “Chain”, “Living Piano”, “Trip of Sounds”, puzzles, occupations, etc. There was a reward system in place. The training involved also taking the children around the classrooms where they will be studying and acquainting them with the school rules.

Having in mind that they had never attended a kindergarten and had no developed learning skills, part of the summer school activities involved outdoor play, drawing and crafts (making things of paper and play dough).

We organised an outing to “Borovo oko” locality, involving some parents. This enhanced the parent-child relationship and broadened the children’s horizons since some of them had never been out of the Roma quarter.

We organised a visit to the puppet theatre in Targovishte to watch a performance as part of the process of social interaction skills development and first exposure to the art of theatre.

However, the most attractive activity for the children was the familiarisation trip to Varna. Words fail to describe the excitement of those children and parents who were able to come. It was an exceptional experience for them to be on a bus, spend time by the sea and experience the big city attractions – the Dolphinarium, the Zoo, the playground.

At the end of the one-month learning and play period we organised a celebration in the format of a competition where the children could demonstrate to their parents and relatives what they had learnt and made in the course of the month.

- **Monthly meetings with the parents** – the work with the parents was conducted by the pedagogue of the organisation assisted by the mediator. Five group thematic meetings were held and more than 20 individual meetings with the families. The parents were acquainted with the specifics of child development and the transition from kindergarten to school; they were provided with information on the adequate child care and on their rights and responsibilities as parents; they were also referred to other types of services (social and healthcare) available to them; they were encouraged to enrol their children in kindergarten and school. A meeting was held with the headmaster of Radost kindergarten, located in proximity to the Roma quarter. In the beginning of the school year, the parents and children from the target group were provided with schoolbags, notebooks, etc. as an encouragement for a successful start at school; those who were in greatest need received clothes from donations.
- **Group and individual work with the children in the course of the school year** – the summer school teacher and the mediator held meetings and consultations with the children twice a week to find out how they were coping in an organised school environment, how they felt about it, whether they had any problems; assistance was provided in the learning process and also in peer interaction.

## Funding

The project was funded by the Open Society Institute, Sofia.

**Specialised support to families with children at risk of disabilities to reduce the risk of disability and placement in an institution**

**National Alliance for Volunteer Action (NAVA) Foundation**

### Brief description

The main approach used in working with the families and parents was the systemic one.

The assessment of child needs was conducted on the basis of checklists developed by Karin Dom experts; elements of the Tomova-Manova child development method (0 – 3 years of age) were also applied as well as a specialised assessment of the children with disabilities by a pedagogue.

The work was carried out in an environment familiar to the child, most often – the child's home. Thus the parent or main caregiver learned in practice how to work with the child, how to read the child's signs properly; gained confidence in their own parenting skills. The early identification of deviations in child development provides an opportunity to compensate the deviation on the hand and for the parents to come to terms with the child's problems more quickly resulting in a better family environment. At the same this reduces the risk of the child being placed in an institution, increases the opportunities for their socialisation and successful inclusion in a kindergarten and school.

Currently this model of work can be implemented as a new service to be provided by a Community Support Centre, Centre for Social Rehabilitation and Integration or Day Centre for Children with Disabilities since this is, unfortunately, a costly service and it is not funded as a delegated activity which would have made it possible to develop it into a separate centre.

It is also imperative to work jointly with kindergarten teachers to help identify child development problems at an early stage.

### Target group

- Children aged 0 – 5 years at risk of disability or abandonment
- Parents of children at risk of disability or abandonment
- Social workers from Community Support Centres

### Accessibility

The Practice is accessible for children at risk of disability under the age of 5 and to their parents.

### Objectives

1. Increasing the parenting capacity to overcome the problems related to the child's disability
2. Supporting the development of the child with disability
3. Encouraging the raising of children with disabilities in home environment
4. Promoting the work of mobile teams in smaller population areas

### Activities

- Setting up an early intervention mobile team to work with disabled children.
- Presenting the early intervention service at the CSC working in cooperation with NAVA and how it can be used.
- Presenting the early intervention service in family home environment to families.

- Setting up a support group for parents of children with special educational needs.
- Round table to present the early intervention service and its outcomes to the local community and stakeholders.

The main resource used for the implementation of these activities were the knowledge and skills of the team experts in the field of early childhood development; elements of Montessori method were also used with relation to the education of children aged 0 – 3 years. Good partnership was established with experts from the Clinic of Paediatric and Genetic Disorders of St George Hospital, Plovdiv.

Currently the Practice continues as consultations for families of children aged 0 – 4 years at the Community Support Centres, where we work on the basis of annual agreements for consultations, trainings and supervisions.

The Practice could be implemented in case there was funding available and good relations between GPs and a Paediatric Clinic.

## Funding

The Practice was funded under a Karin Dom project with OAK Foundation and additional funding was provided by NAVA.

It was conducted over a period of 10 months.

Practice and name of implementing organisation

## **Methods for Early Childhood Development for children Informal group of parents active on Facebook**

### Brief description

Glenn Doman's method could be applied even from birth, children find it interesting, substantial amount of information is provided in a summarised form. Thus from early age on the child is taught learning, numeracy and foreign language skills, which serve as a perfect basis for further knowledge acquisition.

Combining Glenn Doman's and Nikolai Zaitsev's methods to improve children's attention span and results. Doman's method is more comprehensive, focused on various fields though it requires quite hard work on the part of the parents. The Practice is aimed at parents of children who are capable and willing to work individually with their children and to spare time for activities based on the methods of Doman, Zaitsev and Montessori.

### Target group

Children and parents from an informal parent group who share ideas and activities in Facebook.

### Accessibility

The Practice is open and can be applied voluntarily by the parents themselves in a home setting.

### Objectives

1. Laying the foundations for a child to reach their full potential.
2. Developing in them desire and zest for new knowledge.
3. Fostering love of music and arts.
4. Ensuring that they have learnt at least one foreign language by the time they reach school age (6-7).
5. Ensuring that they are able to read smoothly, do simple maths (add and subtract numbers up to 100), speak and read in a foreign language (English) and possess general knowledge above the average level by the time they reach school age (6-7).

### Activities

Showing flash cards with words written on them and dots to work out. Starting from one set of 5 words and reaching to 5 sets which include words, mathematical problems, English language, animals.

Glenn Doman's method is applied 5 times a day, 5 sets of flash cards are shown featuring 5 words each. Each activity lasts for no more than a few minutes.

Creating Glenn Doman's flash cards with words and dots. Making building blocks with syllables written on them (Nikolai Zaitsev's method).

### Funding

The Practice is implemented in a home environment. Funds are needed to purchase special materials.

## Practice and name of implementing organisation

### **Prevention through early education**

### **Helping Hand Foundation, town of Dobrich**

## Brief description

The project involves summer school for ethnic minority children aged 4 – 6 years who have not attended kindergarten and whose mother tongue is not Bulgarian. Then two pre-school groups are set up for these children, which follow a curriculum approved by the Ministry of Education and Science (MES) but applying also Maria Montessori methods.

The work with the children is organised in three main areas:

- pre-school preparation,
- development of social
- and personality skills and parent consultations.

## Target group

34 children from Dobrich ethnic minority groups aged 4 – 6 years who did not attend kindergarten and whose mother tongue is not Bulgarian.

60 parents of the target group children

3 schools in Dobrich.

## Accessibility

The Practice is available to ethnic minority children in Dobrich under 6 years of age, whose mother tongue is not Bulgarian.

## Objectives

**Aim:** Increasing the level of social integration and improving the learning outcomes of ethnic minority children from Dobrich by engaging them in pre-school preparation groups and involving their parents in the learning process and their children's development.

### **Projects objectives:**

1. Developing basic social and learning competencies of 34 Roma children aged 4 – 6 years which would ensure a smooth entry into the educational system.
2. Increasing the motivation and developing skills and habits of the parents to enable them to support their children for successful adaptation in the pre-school groups.
3. Facilitating the access of the children involved in the project to mixed schools.

## Activities

- Summer school for the children from the pre-school groups involving Bulgarian language classes;
- Pre-school preparation in accordance with a curriculum approved by MES, Montessori therapy sessions for socialisation and development of self-care skills.
- Presenting the project and the outcomes of the social and educational work done with the children to the staff of the mixed schools from the two neighbourhoods where the children will enrol.
- Organising initiatives to engage parents in the children's learning process and group consultations on topics concerning the children's upbringing and future education.

- Promoting the approach applied by the project for the education and socialisation of ethnic minority children, involving Montessori teaching method and active engagement of parents.

## Funding

The project was funded by the Trust for Social Achievement, Sofia for a period of 12 months, with a total budget of 60,941.00 and the Trust's contribution being 56,261.20.



## Practice and name of implementing organisation

### **Toy Library**

### **Worldwide Foundation Vulnerable Children**

## Brief description

The Practice is based on the concept of play as an early learning tool and path to further education. The model was developed in 2008 to encourage retired women to spend at least 2 hours daily engaging with children at risk or with developmental problems. The Practice provides access to educational games and toys, child development materials and training materials for the staff and the elderly women. During the project's pilot stage the model was introduced in 11 institutions for children at the age of 0 – 3 years, and 3 – 7 years. After 2011 the Toy Library was also available as a mobile service. Currently there are 16 toy libraries in Bulgaria. In 2013 the number of the project's beneficiaries was 789 and the number of the registered visits to the Toy Library was 51,811.

## Target group

The project's target group includes children aged 3 months to 7 years and their caregivers: birth parents, extended family, foster family or volunteer retired women. The secondary target group includes professionals and practitioners – psychologists and therapists.

## Accessibility

The Toy Library is a free service and is available to children from the Medical and Social Care Homes for Children (MSCHC) and the Homes for Children Lacking Parental Care (HCLPC) as well as to local community children. Toy libraries available in family counselling centres offer outreach service to Roma children and families.

## Objectives

1. Offering the children a resource enabling them to become actively involved in their own environment and engage them in a safe and secure manner in the natural process of getting to know the world by play;
2. Offering resources to the adult caregivers, acquainting them with child development and engaging them actively in the child's development and life;
3. Offering resource to the professional teams working with children, enabling them to achieve their professional goals.

## Activities

- Selecting the toys depending on their educational purpose: cognitive, physical, social and emotional support for the child;
- Selecting the toys in compliance with all EU standards and in partnership with the International Toy Fair;
- Preparing information cards for the toys advising what age of child development they are appropriate for, what skills they develop: cognitive, fine motor, general motor skills, social and emotional skills and interaction, what activities a particular toy is suitable for.
- Selecting a library supervisor responsible of the use, arrangement and lending of toys to children and families and of registering borrowed and returned toys.

- Holding team meetings and trainings – continuous cooperation and mutual assistance, resources and support of child development and conducting an experimental workshop with the child play team.

## Funding

The Toy Library project is funded by a mixture of private donations and raising funds under project activities.

## Lessons Learnt from Good ECD practices with preventive potential to counter negative trends related to early school leaving

### Peer Review Assessment Paper

Iordan Iossifov

#### Introduction

The importance of Early Childhood Development (ECD) provisions has increasingly been recognized in Europe. This happens both on EU level as well as on the level of individual Member States. Some of the most prominent EU efforts lately include the drive to develop a European Quality Framework for ECEC, the EU Council's Conclusions (2011) on early childhood education and care<sup>12</sup> and the Barcelona Targets<sup>13</sup>. ECD interventions are perceived as beneficial to the development of the children and society on a multiple level; one specific conclusion is that 'providing a **quality service and universal access to quality pre-school education** has been identified as one of the preventive policies **to combat early school leaving** as also confirmed by the Council of the European Union'.<sup>14</sup>

The project<sup>15</sup>, which brought this paper to existence, is also one of the ongoing efforts to maximize the positive outcomes of ECD provisions. Its objective is to build up capacity to improve and broaden ECD services through transnational exchange of experiences and know-how of innovative and alternative practices for prevention of school dropout.

A core part of the project is a peer review of good practices with an objective to encourage the development, transfer and adaptation of innovative quality ECD services especially such **with potential to overcome the negative trends related to dropping out of school**.

This paper is part of the peer review process. It reflects the efforts of the participants in the peer review to spell out and critically think about the factors that made their ECD practices effective, sustainable and replicable; in line with the objective of the project and the review, special attention is paid on the preventive potential of the reviewed interventions to counter negative trends related to early school leaving. The content of the paper and foremost the *Findings* section mirrors the mentioned above aspects of effectiveness, sustainability, transferability and preventive potential.<sup>16</sup>

Before presenting the Findings: a few words on the **methodological framework of selecting, presenting and learning** from the reviewed practices. Collaboration among the main stakeholders in the peer review led to setting up seven selection criteria (the criteria are presented in the Appendix to this paper, and so are the Criteria's Conceptual Framework: see below). A call to ECD service providers to present their best practices followed; the call was disseminated through main European networks (such as Eurochild and ISSA). After reviewing the presented practices an invitation to present to the peer review was sent to five ECD practices, namely: A Good Start

12. Council conclusions on early childhood education and care: providing all our children with the best start for the world of tomorrow 3090th EDUCATION, YOUTH, CULTURE and SPORT Council meeting Brussels, 19 and 20 May 2011

13. In 2002, at the Barcelona Summit, the European Council set the targets of providing childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age and at least 33% of children under 3 years of age.

14. Barcelona Objectives. The development of childcare facilities for young children in Europe with a view to sustainable inclusive growth. Report to the European parliament, the Council, The European Economic and Social Committee and the Committee of the Regions

15. Project "Exchange and cooperation for better welfare of children", Project No.: BG051PO001-7.0.07-0086-C0001, financed from the Human Resources Development Operational Programme, Grant scheme "Without Borders – Component 1" – Phase 2.

16. Originally the intention was to present one more subsection: on policy; but given the diverse policy environment in which the reviewed practices operated such a subsection would have been too eclectic; instead, the section with finding considers not only the 'success factors' but also some 'environment elements', including some policy elements.

in Life, Romania; LicketyLeap, UK/Scotland; Mobile Kindergartens of SOS Children's Villages, Bosnia and Herzegovina; Prevention through early childhood education, Bulgaria and Toybox, UK/Northern Ireland. All of them attended the peer review; brief descriptions of the practices are presented in the Appendix.

## Findings

This section outlines the main success factors and some environmental elements considered as essential by the representatives of the five selected ECD practices in order to set up an effective and sustainable ECD intervention with preventive potential and replicable in other countries and locations. Given the context the term 'findings' should be interpreted with a bit of caution; this is not a true research paper but rather a document of reflection and (self-) assessment.<sup>17</sup> Nevertheless, the participants in the process made a genuine effort to spell out what worked for them and hopefully there are some useful findings in the text for the interested reader.

## Potential to overcome the negative trends related to dropping out of school

The representatives of all five practices considered them as having potential to address negative phenomena and tendencies that might lead to school drop out later.<sup>18</sup> Probably the practice with the greatest potential were the ones from Bosnia and Herzegovina. It is well known that the benefits of quality ECD provisions tend to be greater for disadvantaged children.<sup>19</sup> This, of course, includes children who by default do not have access to regular preschool services. Thus by its nature the mobile kindergartens, meeting certain quality standards, have great preventive potential. What is meant here by the 'nature of the mobile kindergartens' is the materialised concept of **bringing the service to the children instead of expecting the children to come to the service**. A reasonable question here is: to what extent this potential is translated also in terms of prevention of school dropout? A provisional answer given by the Bosnian colleagues is that there were no cases of drop out in this first year in the primary school and no cases of omission of enrolments among the children who attended the mobile kindergartens. An honest answer requires a qualification too: the program has not run long enough to allow drawing undisputable conclusions about its ability to prevent school dropout in a longer term but in any case the intervention is more than promising, to say the least. Another important aspect to be kept in mind is that the mobile service was accessible and free of charge for all of the children participating: thus **universalising the service** is another success factor here. Other two main features are that the mobile kindergartens use a curriculum based on the regular kindergarten's curriculum<sup>20</sup> and that the main focus of the intervention is 'on preparation for school'. The peer review discussion also outlined that the '**purposefulness**' is a major contributor to the success of an ECD intervention. To this end the example of the Bosnian colleagues indicates that when an introduction of ECD services is done with prevention of school dropout (or school enrolment, for that matter) in mind, this should be made explicit and the intervention should be designed respectively. Lastly, another factor which definitely deserves to be outlined is that the children from mobile kindergarten were followed up for one school year. The fact that the so-called **after care can be critical** is something many social workers with experience in child protection know all too well. That the same approach works here, at the intersection of ECD, child protection and education can hardly be surprising.

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17. To this end this paper incorporates both written and oral reflections: the former provided within the (self-) descriptions and the comments papers, the latter – during the peer review itself. To ensure the readability of the text no quotations and references are used. Yet it goes without explaining that the representatives of the five practices are the main contributors to this text and the author had rather a role to record, summarize and distil the lessons as they were spelled out by the participants in the peer review. Therefore, this document is pretty much a result of collaborative effort. All this being said, special thanks goes to: Alben Boneva, Carmen Anghelescu, Selma Catic, Shirley Gillespie and Virginia Radcliffe, all other participants in the peer review and the colleagues from NNC, Sofia and particularly to Milena Nikolova and Mafalda Leal who took the minutes.

18. It has to be mentioned that the reviewed practices had broader focus, namely on good outcomes for children translated into health and physical development; social and emotional development; language and communication; approaches to learning; cognitive development and general knowledge. School readiness featured more prominently by some practices than by the others.

19. For example: UNICEF, The child care transition, Innocenti Report Card 8, 2008, UNICEF Innocenti Research Centre, Florence; or Shonkoff, J. Building a New Biodevelopmental *Framework to Guide the Future of Early Childhood Policy*, in Child Development January/February 2010, Volume 81, Number 1, pp. 357-367, quoting Campbell and Ramey, 1994; Olds, 2006; Scheinhart, 2005

20. It is an extract of regular kindergarten's curriculum in the words of our colleagues from Bosnia and Herzegovina.

It was already briefly pointed out that the results so far are quite encouraging although more time is needed to claim true success. To this end another relevant question is why does it work? The answer that came from Bosnia itself is that the children are familiar with the most important things they need to know in order to start the school without problems. This piece of feedback from parents, caregivers and professionals can be interpreted also as a token to the **importance of the introduction to the school environment** (not only in terms of school content, basic literacy and numeracy); this is of particular importance with respect the children who did not have a chance to socialise in other pre-school environments.

The reservation that their ECD practice did not undergo suitable long-term evaluation in order to examine its prevention potential vis-à-vis school dropout is explicitly admitted by the colleagues from Romania and UK (Scotland). Still 'anecdotal evidence' points out that these two interventions led to positive changes too. Lessons learnt here are that approaches such as **reaching out to vulnerable children and their families** ('hard to reach' parents) and **bettering skills and attitudes that improve social inclusion** prospects are potentially important factors that might lead to reduction of school dropout. Another important lesson is **to start as early as possible**, in, let's call it, pre-preschool age. Both interventions reach out to very young children (as young as two in Romania and three to five in Scotland) and this is doubtlessly considered as one of their strengths.

Lastly, another UK practice, this time from Northern Ireland (NI), and the Bulgarian intervention provide several good insights how an ECD intervention might build up potential to contribute to prevention of early school leaving. The first one, and this is already familiar to the reader, is the **purposefulness**. A focused intervention on 'inclusion and combating educational under-achievement', led to the establishment of Toybox, the NI program. In a much similar way the service in Dobrich, Bulgaria has been set with a goal to contribute to 'social integration' and school readiness of children from Roma communities by including them into a preschool service.

The program in NI explicitly aimed to create a '**rights-based development model to significantly reduce the social and education inequalities**'. Another, also already familiar insight is that it helps a lot if such a program is 'an **outreach, play-based** early intervention service provided **in partnership with children and parents**'. In the case of the Bulgarian practice the link between children, the service and the parents is the figure of the Roma mediator, who is defined as 'crucial for engaging children and their families'.

Were these approaches successful? Just like the other practices reviewed before neither the NI nor the Bulgarian interventions underwent specific long-term assessments focused on their preventive potential. Still the successes of both is supported by circumstantial evidence. In NI probably the main indicator for the success of the program is the fact that with the support of Toybox, the Department of Education has been taking additional actions to ensure that every Traveller child and young person is given the opportunity to develop their full potential in education. That a governmental body is willing to support and invest in the program is a fact that deserves a special attention in the section on Sustainability; here the point is that the governmental agency responsible for education got involved in a program targeting children aged 0 to 4.

The Bulgarian service has been around much shorter (just an year) but it already led to 'notorious results': improved fluency in Bulgarian, the language of instruction in school, acquisition of key competences and skills necessary to attend primary school, familiarity with class-like environment and improved social and 'self-catering skills' and confidence; all of these increase enormously the children's chances to avoid leaving school early. Two additional features to be mentioned here: tackling the language deficiency have been recognised as particularly important since 'language barrier leads to social isolation in school and eventually dropping out of school after 4th-5th grade'. Increasing the chance of the children to stay at school has profound effects not only on their lives but also on community since 'most of the parents are illiterate themselves' and thus this intervention breaks a cycle of poverty, social exclusion and illiteracy.

## Effectiveness

What makes an ECD program effective? If summarized in one sentence the answer of the peer review is: engage and work in partnership with the children and the parents, safeguard good governance and make sure that there is meaningful cooperation between everyone who plays an important role in the development of the children.

**The children are at the center of each and every ECD intervention** and taking into account their priorities cannot be overestimated; to this end the **role of the play is crucial**. Play is not only a way to attract children's attention, it is a mean of communication and a learning method. It supports children to acquire adequate social skills and to build up self-confidence. The two UK practices provide a good illustration how play can be incorporated into the interventions; the colleagues in Northern Ireland engage the parents and children into quality interactions and the children in Scotland are active participants in a theater-play rather than merely observers.

**A child centered approach also means to strive to individualize the service. This happens with the active involvement of the parents.** An effective ECD service does not take a break when the children leave its premises heading home; **an effective ECD intervention relies on parents who better understand the needs of their children.** To this end they might be supported in at least two ways: they are given materials to be used at home and they know what the children need to learn and develop before they start the school.<sup>21</sup> Involvement of the parents means also better interaction among the parents and creating space for them to take their own initiatives. There were different **modes to involve parents**, ranging from home visits, to engaging parents into spending quality time with their children, to involving them into developing reading (resource) and video materials, or employing mediators who would facilitate contacts with parents from communities that might not be fully integrated into the mainstream society.

**Good governance** that contributes to effectiveness of the intervention encompasses **both – well established standards and flexibility**; here, an example comes from Bosnia where they used the documentation of the mainstream kindergartens but before that adjusted it to the context of the mobile service. Governance contributing to effectiveness requires also clear leadership; the management is responsible to ensure quality of structure and processes, including the quality of collaboration. Multidisciplinary teams are set and function and especially the family strengthening team deserves to be mentioned. This in turn requires well structured programs, clear division of tasks and commitment to perform, support and be supported when needed.

Considering governance, it is worth mentioning the example of Toybox using a logical frame work model to strengthen the project and as a tool for implementation, monitoring and evaluation. The impact they aim for is young children are healthy, eager and able to learn and able to make successful transitions. This method supports a common interpretation by staff on the objectives of Toybox and how they will be achieved.

**Constant improvement of the qualification of the staff** also contributes to effectiveness. This is expressed in measures like providing training and retraining of teachers in pre-school education, managers and professionals involved at local level and constant effort to better the interaction with the parents (process quality); also development and sharing of recourse materials plays a role here. In certain cases provision of adequate preschool equipment plays a role too; especially in more deprived environments preschool teachers value this kind of support.

Effectiveness is closely related with **ability to observe (self-)reflect and learn also from own experience**; to this end project outputs need to be continuously recorded, monitored and evaluated both internally and externally using quantitative and qualitative data.

When considering effectiveness special attention deserves to be paid to one of the presented practices, the Toybox from UK/NI. It is a program de facto focused on one specific group: the Travelers' children. A key factor for the effectiveness of the program is its inclusiveness; not only in terms of effort to reach out to each Travelers' child aged 0 to 4 but also, and primarily in terms of respect for Traveller's values and perspectives and attempting to include them in the service. This approach might prove particularly successful when reaching out to relatively capsulated communities which for long have been facing social inclusion problems.

A number of reflections from NI confirm other countries' 'findings' on what contributes to greater effectiveness in ECD interventions. The colleagues in NI used an evidence-based program (HighScope) as an outreach program; this reaffirms the importance of applying good quality standards in a flexible way. Regular collection of data (both qualitative and quantitative) used to inform practice and make changes where necessary was also practiced in NI. But probably the most important confirmation refers to the active work with parents including stimuli to engage

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21. And in the case when the purpose of the intervention is school readiness these materials help the children to gain necessary knowledge and skills for the first grade, as for example was the case in Bosnia and Herzegovina.



them in local community groups. As appreciated in NI itself, ‘the **two most influential aspects** towards the success of Toybox have been the **building up of confidence and relationships** between Toybox workers and Traveller parents **and the bringing of the project into the homes of Travellers** Through the process, social, economic and physical barriers are removed which would otherwise [remain] restrictions’.

## Transferability

The representatives of all reviewed practices firmly believed that their services were replicable. Given the diversity of the selected practices it was only natural that different factors were prioritized as necessary conditions for successful replication. For example, for the colleagues from Bosnia and Herzegovina the qualification of the staff and their mobility came first. Availability of professional teachers willing to do outreach work is considered essential whereas some support from volunteers could be beneficial too. Access to basic infrastructure, such as possibility to use the premises of primary schools and to share facilities and costs increases the chances for successful replications. Other participants also referred to access to suitable premises as a necessary starting point for replication.

In other cases the focus is more in embedding the practices into formal provisions, securing support on legislative level and by the local authorities. Next to these a **sound methodological framework** is a key factor for meaningful replication. Related to it is the selection and training procedures for the future colleagues who will take upon the challenge to disseminate the ECD practice.

**Cultural sensitivity** and inclusiveness in service delivery is another *conditio sine qua non* for successful replication. The importance of the respect for the values and norms of the communities where the ECD practice is being replicated has already been outlined in the section on Effectiveness; for obvious reasons it is a factor for transferability too. To this end the employment of mediators to reach out to particular communities with specific cultural or linguistic background has been emphasised as a factor for successful replication.

Last but not least, when it comes to outreach services the support for the staff who are regularly or constantly in the field is definitely necessary in order to successfully transfer a good practice to a new location. This refers to regular methodological support and guidance clear policies and procedures within the project but also availability of relatively simple and inexpensive techniques such as intervision (peer supervision).

## Sustainability

Sustainability can be considered from two-fold perspective: sustaining the existence of the practice and sustaining the quality of provisions. First the omnipresent issue of financial sustainability is addressed.

There is consensus that the best way to achieve **long-term sustainability is by engaging the (local) authorities**. Suitable legislative framework is essential; as a minimum it should allow for embedding of the practice into the provision of social and educational services guaranteed by the (local) governments. Lobby, advocacy or even pressure by the stakeholders (professional staff and parents) to develop quality services might play essential role here. Sometimes even somewhat formal approaches, such as securing Memoranda of Understanding (MoUs) are quite helpful.

Governments tend to fund services which have already received certain level of recognition that might vary in its formal status (e.g. licensed, accredited, evidence based etc.). To this end systematic monitoring and evaluation is an essential prerequisite: the more results a practice is able to demonstrate, the better its chances to receive governmental funding; or at last it should work this way. The earlier the cooperation with the (local) authorities starts the better; ideally the governmental agencies are involved already at the stage of design or adaptation of the intervention to the respective locality and from the outset a feeling of local ownership is present. Services with built-in methodological guidance, support and training have a better chance to receive recognition and to this end collaboration with academic or teacher-training or other specialized institutes (including NGOs) contributes not only to sustaining the quality of the provisions but also, indirectly, to the financial sustainability.

Among the reviewed practices, the most impressive example for sustainability is the Toybox program. As mentioned earlier the Department of Education committed to fund it. Achieving such a level of sustainability provides not only stability and confidence in the future but allows the colleagues in NI to concentrate their attention on delivering the best possible service.

**Sustaining the quality of provisions** is no less important aspect of sustainability despite being often in the shadow of the financial arrangements. In order to safeguard certain quality child's social and emotional needs should always be considered central; this naturally requires that the professionals are aware of the cultural and individual needs of the child and the family. This is especially important in the periods of transitions and such periods should always be handled sensitively. Another specific manifestation of a child centred approach sustaining the quality of intervention is that issues and barriers to children's learning should be addressed on individual basis, thus: case by case. A clear lesson from the reviewed ECD interventions is that the quality of the provisions might be maintained only in a partnership between the family and the service. Again an example here is Toybox which uses a participative evaluation approach in their design and changes to project provision to ensure maximum impact. Stakeholders including parents and children, who are the main beneficiaries, are partners and implementer's to this approach. This method ensures that the intervention is regularly in touch with individual needs and families are empowered and have a say.

Finally, as already mentioned in a different context, support of the (outreached) staff throughout the implementation period is condition sine qua non to sustain the level of quality of the service. This support might take the form of initial and ongoing in-service training, regular methodological guidance, supervisions and interventions, collaboration with the academic or teacher training institutions.

### **Instead conclusion: other questions, challenges and possibilities**

The peer review and the process of its preparation delivered richer outputs that its preconceived preventive potential – effectiveness – transferability – sustainability framework suggests. It would be pity not to reflect, or at least to mention some of these added-value insights. By default such a section might be only eclectic but hopefully also provocative (in the positive sense of the word) and inspiring. Trying to bring some 'system to the chaos' the text below is organised into several categories: questions, challenges and ideas.

A question to start with is: Are the transitional periods between different ECD provisions generally underestimated? The Romanian practice was specifically designed to address a transition between ECD provisions defined as crèche and kindergartens; the transition to the crèche or between the preschool and primary school also deserves special attention. The problem is neither new nor unknown and there are interventions (e.g. the Piramide in the Netherlands) which address it by designing programs which start in one service and continue into the next, thus smoothing the transition. And still the transitions seem to be the periods where many things go wrong. Is it underestimated challenge?

Another question for which mostly our Romanian contributors are to be thanked is: Is scale a factor for effectiveness and sustainability? In other words: are there any thresholds which are to be reached in order to achieve effective intervention, possible to be sustained in a long term? Probably not, if the answer is to come from Scotland; or does it depend on the nature of the ECD intervention? Perhaps this question is to be asked every time an ECD intervention is designed.

And finally a question of completely different nature: Is childhood – in its own right- undervalued? The policy makers, the workers in the field, and many others who are professionally involved with ECD issues including the participants in this peer review spent and spend a lot of time contemplating on the benefits of ECD for the children in their capacity of future contributing citizens. But **children have the right to enjoy their childhood**, probably the best part of life anyway, **to the full**; they have the right to be first and foremost children and only later 'contributing citizens'. Don't we forget this sometimes? Maybe too often?

The peer review touched upon also some challenges: for example when reaching out to culturally, ethnically or linguistically- specific communities: how to deal with issues like (de)segregation. Does participation of Roma children in preschool service contribute enough to their social integration even though they are the (overwhelming)



majority in the service? Or should they be included only in services where the majority of the children speak the language of instruction as a mother tongue? How to support the children and respectively the communities to preserve their cultural values and make sure that they are fully integrated into the mainstream society? Is this a false dichotomy?

Another interesting challenge is how to convince the government to recognize/support innovative/alternative/non-formal/community-based provisions? Are governmental agencies over-focused on formal requirements and do they tend to miss **opportunities to support innovative non-formal initiatives**? How does a good idea in a pilot stage get embedded into the mainstream system?

Finally an idea: undoubtedly there is a lot of talent among the disadvantaged children reached out by ECD services. Some of the colleagues noticed that and engaged the parents of talented children in individual talks. But shouldn't this be the norm and not the exception? How to **set up a system that recognises early and supports the talents of all children**, also those who live in environments not really encouraging their specific talents?

Surely the peer review brought up more questions, challenges and ideas related to effectiveness, transferability, sustainability and preventive potential as well as to other aspects of ECD interventions than this text was able to capture. Hopefully this is just an early step in a process that leads to a lot of positive developments.

## I. Criteria for Selecting Good Practices<sup>22</sup>

### 1. Conceptual Framework

The project partners' understanding is that **Early Childhood Education and Care (ECEC)** helps children develop their potential and promotes their social, emotional, physical and cognitive development. Young children, especially the poorest and most disadvantaged, who benefit from ECEC services are more likely to be healthy, ready to learn, and stay longer and perform better in school. At the same time, while one outcome of ECEC interventions is that they can help children to be more successful in school, the early years are a crucial phase of human development and NOT merely preparation for later years. Therefore, it is agreed that the **overall focus should be on quality of ECEC**.

The following **four dimensions of ECEC quality** are taken into account when considering the criteria to select good practices for peer review.

- **Governance quality** stands for strong leadership and administration of ECEC, autonomy and flexibility of ECEC services to address local needs and effective systems of evaluation, monitoring and quality improvement of ECEC (Driessen, 2012; OECD, 2012).
- **Structural quality** can be defined as “inputs to process characteristics which create the framework for the processes that children experience” (Taguma, 2012). Structural quality most often refers to centre facilities/resources, staff-to-child ratios, group size, curriculum and staff qualifications (Ishmine, Taylor & Bennet, 2010).
- **ECEC access quality** refers to equity and inclusion (in terms of accessibility to all the groups of children), affordability (in terms of regularity and sufficiency of funding so that every parent can afford ECEC for their child), usefulness (in terms of supportive and attuned to families' demands services), comprehensibility (in terms of integrated services), and availability (in terms of regional and geographical dispersion) of ECEC services (Lazzari & Vandebroek, 2013).
- **Process quality** focuses on the nature of the interactions between various stakeholders (i.e. the child and teacher, child and child, teacher and parent, teacher and teacher, as well as the nature of centre leadership and teacher pedagogical skills) (Ishmine, 2010). These indicators pertain to the quality of a child's daily experience.

### 2. Set of criteria

When the above mentioned dimensions are considered together with the project aims and objectives and the specific context, the following set of criteria is proposed:

1. **Aimed at children 0-7** – is the target group children from 0-7 (which is the start of primary schooling in most EU countries)?
2. **Addresses at least three developmental domains** – does the intervention address at least three developmental (physical, motor, cognitive, communication and language, social and emotional) domain?
3. **Parenting support** – does the practice involve and/or support parents thus contributing to better conditions for nurturing and healthy development of children? What is the interaction between caregivers/support staff and parents?
4. **Equity and inclusion** – do the described practices/services address inequalities in health and develop-

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22. Special thanks to Dani Koleva for her decisive contribution in designing the framework and formulating the criteria.

ment for the disadvantaged and most vulnerable children.

5. **Accessibility and affordability** – are the described practices/services accessible and affordable to all groups of children?
6. **Multi-agency working** – do the described practices involve various stakeholders and cross-institutional working in partnership?
7. **Evaluation** – has practice gone through an evaluation or is there a commitment for such? Is the service/practice effective, what is its impact upon children and is there any link with prevention of school drop-out?

## II. Brief Descriptions of the Practices<sup>23</sup>

### 1. **“Toybox”, implemented by Early Years, UK/ Northern Ireland; contact person: Shirley Gillespie**

A team of outreach staff, based in 7 offices through NI, delivers Toybox to 176 families and 238 children across Northern Ireland. It works with Traveller families and young children, aged 0 to 4, in their home environment.

Travellers, acknowledged as a marginalized group and faced with social exclusion, disadvantage and discrimination, live in the most deprived neighborhoods. Toybox, in collaboration with other agencies including Health Visitors, Early Years Practitioners, Traveller Support Groups and SureStarts, works to access the young children and their families. Some families are self-referrals and referred by a family member, others have been identified through other support agencies.

The focus of the program is on inclusion and combating educational under-achievement by strengthening the capacity of parents, enhancing social, emotional, physical, language and cognitive development, maximizing the participation of children in early learning and ensure that the Travellers’ values and perspectives are reflected in the development and practice of the project. The project contributes to the development of wider policy and practice challenging discrimination and inequalities.

The activities in the project encompass rights-based outreach services and engagement of Traveller parents and children in the HighScope-modeled play; they involve actively children to interact with people, materials and ideas and encourage them to freely construct their understanding of the world. Project staff members observe, interpret, evaluate and nurture the growth of children and parents within their roles.

Toybox was launched in 2003 and was initially funded for five years by the Northern Ireland Executive Fund and Save the Children Fund; since 2008 it is funded by the Department of Education.

### 2. **“A good start in life”, implemented by Center “Step by Step” for Education and Professional Development, Romania; contact person: Carmen Anghelescu**

The project included 4000 children, 2000 parents, 200 kindergartens and 400 teachers across Romania. It was focused on implementing quality ECEC services for young children (aged 2-4) as well as on equal access to ECEC provisions irrespective of social or ethnic origin or religion. Parental involvement was an important aspect in the program and so was the partnership with the Ministry of Education, and the Regional School Inspectorates and the local authorities.

The main objective was to increase the quality of the ECEC services in terms of governance, curriculum, accessibility, evaluation, monitoring and work force (reflecting the spirit of the EU ECEC Quality Framework). Special attention was paid on supporting competent teachers and professionals and quality of daily activities and interac-

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23. Special thanks to Alben Boneva, Carmen Anghelescu, Selma Catic, Shirley Gillespie, Virginia Radcliffe Dani Koleva and Mafalda Leal for their contributions to the description of the practices.

tions.

The main target group were the children aged 2 to 4 with focus on children from socio-economic disadvantaged families (single parents, Roma). The local authorities made specific contribution for disadvantaged children, namely covered the costs of daily meals for every 5 children in each group of 20 children included in project.

The activities included organizing adequate learning space (allowing exploration and experiment), training courses for professionals (with focus on ECEC philosophy, the value of childhood and of the child), training of personnel on child centered education, engaging parents and training professional staff to do so, monitoring and technical support for all services included in the project.

OSI funded the program costs (training costs, classroom equipment, monitoring visits, parents' meetings); Ministry of Education provided recourses for salaries of the personnel; local authorities contributed the costs for facilities maintenance and for the meals of every fourth child.

### **3. “Mobile Kindergartens” implemented by SOS Children’s Villages, Bosnia and Herzegovina; contact person: Selma Catic**

The mobile kindergartens are provided in two locations in Bosnia and Herzegovina. They are part of the SOS Kindergartens and the SOS Children’s Villages’ Family Strengthening Programs. The goal of the intervention is to provide pre-school education to children, aged 3 to 5 1/2, who otherwise would have got access to preschool education and care. The intervention aims also to support parents to improve their parental skills through counseling and advises as well as to prepare children for successful elementary school education. Most of the children attending the service come from families affected by social, emotional, ethnic, health, and financial issues and are referred to by the Social Welfare Centers. The intervention targets elementary school teachers too.

The project uses adapted school premises in rural areas. Activities with duration two hours are conducted by educated pre-school teachers twice a week; these are in line with the SOS Kindergarten curriculum and reflect also the feedback from parent-teacher meetings, and the needs of the children (including in terms of preparation for elementary school education: perceptions, coordination, socialization, civic education, intellectual development, working skills, language and math skills, science/nature ...). The activities for parents of children attending mobile kindergartens take place several times during a school year and cover topics such as: child protection policy, health, nutrition and care, psychophysical development of pre-school age children, learning by playing. An important part of the project is also the knowledge and information exchange among teachers.

The intervention in one of the locations was initially funded by the local authorities and later by UNICEF and an Italian NGO in the other location the funding is provided by SOS Children’s Villages Bosnia and Herzegovina with some financial support from the municipality.

### **4. “LicketyLeap – drama-led early intervention”, implemented by Licketyspit – Early Years Theatre Company, UK/Scotland; contact person: Virginia Radcliffe**

LicketyLeap is a piece of drama-led early intervention. At the centre of the program are two half-day sessions for a group of about ten children aged 3 to 5 and two nursery staff; the sessions are led by two specialist actor-pedagogues. The company delivers also drama Continuing Professional Development (CPD) sessions for nursery staff to nurture their capacity to engage in imaginative play with children; this safeguards the long-term impact of the program.

The goal of the LicketyLeap project is to improve the confidence, social skills, emotional literacy, resilience and ability to solve problems. The aim of the project is to empower young children and nurture their capacity and inclination to play imaginatively both individually and collectively. The project aims also that participating teachers, nursery staff and relevant children’s service providers acquire resources and understanding to enhance their practice and their relationship particularly with the participating cohort of children and families. Another goal is that parents and families of young children gain a new appreciation of their children and their own capacity to support and nurture their play and their development.

Until now 1510 children and 203 nursery staff have participated in the LicketyLeap program. In addition, 1307 parents (or caregivers) have attended a LicketyLeap follow-up session in nurseries and 911 of them have joined the Licketyspit Children and Families Network.

LicketyLeap is commonly delivered to children and families in areas of multiple deprivation. It is delivered to all children aged 3 to 5 in each nursery, to their parents and families and to nursery staff. A multi-layered work designed to be inclusive and accessible to everyone allows audiences and participants to engage, participate and interpret the experience at whatever level they are able to. To this end the program is suitable also for children and families whose first language is not English.

The intervention consists of two parts. Session One is the Performance: It contains 90-minute piece of participative theatre called 'Margaret & Margaret' It is a group experience with a carefully planned, secure structure in which children participate and contribute to enrich and develop the story using any of the dimensions and multiple intelligences they choose, individually and collectively.

Session Two is the Follow Up: the actor-pedagogues return to the nursery between one and four weeks later. This session encourages the children to reflect, discuss and re-create the story, enabling them to take more complete ownership of their adventure with 'Margaret and Margaret', scaffolding it into their play at nursery and at home.

From the autumn of 2011 until the summer 2013, LicketyLeap was funded by Inspiring Scotland's 'Early Years Early Action Fund' which, in turn, is funded by Scottish Government.

Since Dec 2011, 1720 children and 235 nursery staff have participated in the LicketyLeap program. In addition, 1539 parents (or caregivers) have attended LicketyLeap and 1063 of them have joined the Licketyspit Children and Families Network. Independent quantitative and qualitative evaluations undertaken by teachers based on 528 children show that 50-61% of children demonstrated increased confidence (61%) improved social skills; improved ability to problem solve and increased emotional literacy and resilience following their participation in LicketyLeap. Further consistent anecdotal evidence across 31 nurseries indicates significant cultural change in nursery culture following LicketyLeap, which became more inclusive and emotionally literate.

## **5. "Prevention through Early Childhood Education, implemented by Helping Hand Foundation, Bulgaria; contact person: Albena Boneva**

This is an intervention for children with ethnic minority background aged 4 to 6 and their parents. Children are organized to participate in two pre-school classes. The approach is based on the pre-school programs of the Bulgarian Ministry of Education combined with Montessori methods. The program reaches to 34 minority children, 60 parents and three schools in Dobrich. The targeted children have never before attended kindergarten or other pre-school services and their mother tongue is not Bulgarian.

The objective is to raise the level of social integration, motivation and academic success in school of minority children through their integration in pre-school groups as well as to attract parents to the process of education and socio-emotional development of their children.

Activities with children are related to pre-school preparation and social and personal skills development. The activities involving parents include regular home visits, carrying out of art workshops for mothers and playgroups for children and parents.

The project is financed by the Trust for Social Alternative for a period of 12 months.



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