This report addresses the delivery of social services delivery in the Republic of Bulgaria. In particular, it focuses on recent legislative changes, characteristics of the best practices, and the role of social services in the development of social policy, while simultaneously paying attention to the impact of NGO activities on the decentralization of social services. Social services should be conceived as forming prior mechanisms of social policy implementation. They are key instruments that work together with economic policy to ensure equitable and socially sustainable development.

Background

As a country in transition, Bulgaria has made radical changes in all spheres of life and especially in social policy. During the period of reforms of the social system there have been many alterations. Before the years of transformation, the main provider of social services was the State. Social services were limited and there were no possibilities to choose the type and/or provider of services.

Reforms in Bulgaria are aimed at building a civil society and market economy. The necessary conditions for transposition of the *acquis communautaire* in national social policy have been established. All responsible institutions (Ministry of Labor and Social Policy, Ministry of Health, Ministry of Education and Science, etc.) have accomplished the preparation necessary for adaptation and coordination of national policy within the social sector to the acquis and good practices of EU member states.

Social Service Legislation

On 1 January 2003 the amendments of the Social Assistance Act came into force (State Gazette No.120 of 29 December 2002). The introduction of an individual approach in social work is one of the most important legal amendments. It will be accomplished by an “individual project” for social integration, prepared by social workers from “Social Assistance” Directorates. Individualized social work will contribute to correctly assigning all persons’ needs to the most appropriate form of social support, including provision of a variety of services.

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1 Based on a report prepared by Dr. Maria Jeliazkova, Institute of Sociology, Bulgarian Academy of Sciences, Sofia, Bulgaria; Georgi Gerogiev, Director, Ministry of Labour and Social Policy, Policy and Strategy of Social Protection Directorate, and Radosveta Abadjieva, Executive Director, National Social Rehabilitation Centre Association, Sofia.

2 Abbreviated version without tables and annex.

3 Social services in this report refer to personal or direct in-kind social services for vulnerable populations (e.g., women, children, elderly, people with disabilities, low-income populations). Examples of direct social services include: institutional and residential care for needy populations, safe houses for victims of violence, day care programs, drug and alcohol abuse prevention and treatment programs, mental health services, and rehabilitation programs.
Social Assistance Act

The promotion of social entrepreneurship is one of the targets of the Social Assistance Act (SAA). The Act includes an opportunity for municipalities, individuals, and legal entities to actively take part in rendering social services. Under the Act, a process of registration has replaced a licensing system. Only in cases of rendering social services to children is there a requirement for a license with the State Agency for Child Protection. The Chairperson of the State Agency grants the license for Child Protection. The Act also makes it possible to develop alternative services through financing by the State budget, the “Social Assistance” Fund, in the Ministry of Labour and Social Policy (MLSP). In addition, the law has created the legal prerequisites for the de-institutionalization of services.

The specialized institutions and alternative social services are under the management of municipalities but they are funded from the State budget (CMD No.612 of 12 September 2002, that came into force on 1 January 2003). This refers only to the specialized institutions, which, prior to 1 January 2003, were under the responsibility of the MLSP. By giving an opportunity to municipalities for the development of social services for people-at-risk, a decentralization of the social services management has been achieved. For the first time, civil control of social services in specialized institutions and the community have been taken into consideration. It will be performed by public councils and by the councils of service consumers.

Regulation for the Implementation of the Social Assistance Act

The amendments of the Regulation for the Implementation of the Social Assistance Act (RISAA) (State Gazette No.40 of 29 April 2003, entered into force on 1 May 2003) introduce criteria and standards for provision of social services in specialized institutions and for community-based services. They are compulsory for all service providers: the State, municipalities, and private sector. The Inspectorate within the Executive Director of the Agency will implement standards in the delivery of services for Social Assistance Specialized for monitoring performance criteria established by the Social Assistance Act. Sanctions for non-compliance with regulation standards have been increased. The basic standards, regulated by this document are: material conditions, qualification of personnel, health care, nutrition, education, provision of possibility for personal contacts and organization of spare time, among others. Providers of social services in specialized institutions have a duty to keep a record that will document the stay of accommodated persons.

Child Protection Law

Amendments of the Child Protection Law have also been enacted (State Gazette, No 36/18.04.2003). Priority has been given to social services for children provided at the community level. Placement in specialized institutions can be done only in cases when the possibilities for keeping the child in a family environment are exhausted. The Law stipulates a strict procedure for control on specialized institutions by the State Agency for Child Protection. Foster care and adoption, included as measures for child protection in the Law, are introduced as two of the most important features of the process of de-institutionalization. The amendments led to a universal order that placing children with relatives, in a foster family, or in a specialized institution can be done only through the court and with an order from the Director of the Social Assistance Directorate within the Agency for Social Assistance.
The relevant secondary legislation for effective implementation of the Child Protection Law has been drafted. This includes: Regulation on the Implementation of the Child Protection Law, Ordinance for Prevention and Reintegration of the Children in Risk, Ordinance for Protection of Gifted Children, Ordinance for Special Protection of Children in Public Places; Ordinance for Terms and Conditions for Selection and Approving of Foster-Families and Placement of Children Therein.

The main priority of the Bulgarian Government is the improvement of social services delivered in specialized institutions for children while decreasing the number of children placed there. The Governmental Strategy and Action Plan for Protection of the Children Rights in the Republic of Bulgaria 2000-2003 has been adopted. Special attention to children in institutions and their reintegration into the community also has been a focus of the New Strategy in Social Policy. With Decision № 217 of April 4, 2003, the Council of Ministers created a Commission, headed by the MLSP that includes all Ministers in charge of children’s institutions. The Commission will prepare a plan for decreasing the number of children in specialized institutions. The plan comprises all the urgent measures and steps that have to be undertaken by the end of 2003 and up to 2005. Among the most important actions are:

- Prevention of the abandonment, training and stimulation of foster families,
- Support to families with children with disabilities to look after them,
- Development of alternative services, such as Day Care Centres, Shelter Homes, etc.

Under the plan, performance standards and criteria for social services for children will be developed. Assessment of existing institutions will be conducted and some of them, which are not relevant to State requirements, will be closed. One of the most important measures in the plan is a full assessment of the condition and needs of all children in State institutions using a systematic methodology for individual assessment. The professional capacity of the staff in the institutions and social workers will be strengthened, as well as the professional and administrative capacity of the Child Protection Departments within Social Assistance Directorates. One of the results, which we hope to achieve when the plan is implemented, is decreasing the number of children in specialized institutions by 10 percent.

**Financing under Reforms**

There are new regulations for financing under the reform of social services. Financial sources are state budget, municipal budgets, Social Assistance Fund, and national and international programs. Individuals and legal entities that are registered with the Social Assistance Agency can apply for funding from the republican and municipal budgets for delivering social services.

**Government Contracting**

The principle of bidding for contracts (tendering) by NGOs or other private entities to provide services is now in force. All activities in the sphere of social services are delivered by a contract or by negotiation when there is only one candidate. The bidding is opened with an order of the mayor of the municipality, and a commission is organized which evaluates the candidates by given criteria. The mayor signs all contracts with the organization that wins the bid.
Current Reform Initiatives

Main Characteristics of Legislative Reforms

Current reforms are characterized by a decentralization of the administration of social services where municipalities are responsible for developing and managing services for at-risk populations. This change is important because it gives local authorities greater opportunities to investigate the actual social service needs of the population within the municipality. Mayors may assign the management of these institutions and services to legal entities and individuals that are registered according to the Trade Law. Private entrepreneurship is encouraged and priority is given to community-based services.

Criteria and performance standards for specialized institutions and community-based services have now been introduced. They are obligatory for all service providers: State, municipal, and private. The primary standards, regulated by RISAA, concern: facilities, staff qualifications, health care, nourishment, education, as well as opportunities for establishing social contacts and organizing free time, etc. Social services providers in specialized institutions are obliged to keep a record in which the duration of residents’ stay is recorded.

Reforms have also created opportunities for more effective control of social service delivery in specialized institutions and society in general. Sanctions for noncompliance with the standards were also increased, including suspending registration.

Civil society involvement in the provision of social services in specialized institutions and in the community is another new feature under the reforms. It is made more possible through the inclusion of public councils and service users in the decision-making process. The changes in SAA and RISAA were also developed in cooperation with NGOs. In fact, the preparation of all normative acts and strategic documents involving the integration of different populations at risk is always done in cooperation with NGOs.

Practical Problems of Implementing Reforms

Although the legal framework of social services is new and modern, there are still some obstacles to implementing the legislative measures. One problem is that there is not a well-developed network of the different types of social service providers. Another is that good practices are isolated and in most cases have limited capacity because of the lack of resources. In addition, there are regions in which there are no alternatives to specialized institutions either for children or for adults. This limits the possibility for a free personal choice according to the preferences and needs of people willing to use social services.

While the lack of financial and material resources is not the only impediment, it is one of the most essential obstacles facing the development of community-based services. Nationally, financial sources are not totally deficient, but there is a shortage of funds in the State budget, which is the source of funding for the SAA. This means that there are not enough resources to cover the needs of all municipalities. Moreover, there is not a clear idea as to what kinds of resources exist. There are no mechanisms foreseen for self-financing the specialized institutions that are 100 percent funded by the State budget. The institutions themselves do not have economic activities contributing to their maintenance. Fees that are collected from service users go to the State budget and the Social Assistance Fund.
The only way to invest is again through the State budget or through programs or projects sponsored by local and foreign individuals and legal entities. But in some cases, it is not necessary to increase the resources, just to spend it in more efficient way.

There is no clear picture of the needs of the relevant communities. A good example of this is that there is no information on the number of children with disabilities within families, which means that their social service needs are not known. As noted, the principle of individual work with beneficiaries, which also includes needs assessment, was introduced with the changes in SAA, but it is limited to those asking for social assistance. A systematic and comprehensive methodology for needs assessment for each municipality is missing.

Other impediments to reform include the following:

- There are no unified standards concerning professional qualifications of personnel in specialized institutions or of personnel in alternative service centers.
- The responsibilities of the social workers increased with changes in social legislation and the new measures projected in the Child Protection Law. However, the measures taken to raise professional qualifications of social workers are not sufficient to comply with the new requirements.
- There is insufficient information among the local authorities about the legislative changes and the opportunities revealed to them for financing and managing social services at the municipality level.
- There is a lack of resources in municipal budgets for opening alternative forms of social services.
- There is a lack of clear priority goals in social services at the municipal level.
- There is a lack of municipal strategies for planning and developing social services with regards to the needs of local communities.
- There is an insufficient level of cooperation and coordination among the State institutions, local authorities, and NGOs working in social service delivery.
- There are insufficient financial resources for social services in “pre-accession funds.”
- There is low interest in social services among potential local donors, because of the low return on invested funds.
- There is an insufficiently developed capacity of NGOs and the private sector in social service delivery.
- There is insufficient incentive for NGOs to offer social services.
- There is a lack of a clear idea about the true value of the relevant social services.
- There is a lack of defined standards for each social service. This leads to unclear responsibilities of social services providers; unclear rights of users, and unclear criteria for ensuring quality services.
- There is a lack of information in the society about the problems and needs of vulnerable populations.

Structure of Delivery System

There are three main activities expected of State Ministries:

1. Organization of, and participation in, joint consultancies, work groups, meetings, and seminars.
2. Financing projects and programs on behalf of Ministries.
3. Enforcing good practices through a system of incentives: “Ministries nominate those NGOs who provide the most qualified services. When these NGOs apply for new projects to be financed, it should be acknowledged that they have already proven that they provide quality services and have a certain advantage (priority)”

For all three activities, it is highly recommended that they are joint initiatives based on horizontal interactions. “They cooperate somehow at a vertical level and this is the end of the cooperation. They don’t coordinate horizontally with common strategies and concrete aims. For example, helping somebody find work. In the State institutions the down-up channel of communication is very slow and difficult” (interview, NGO Representative).

It is anticipated that municipalities can provide the infrastructure and equipment necessary to develop social activities within a given region when working together with NGOs that have enough experience. The structure of the social service delivery system under the reforms and related current initiatives relies on local authorities to be an active by participating in publicity and communication. To do this local authorities should be clear as to what social services are provided in their region and which are the organizations and/or the people that provide them. They should have registered the social services providers. “One of the basic conditions is the local community to be well informed that there is somebody who provides social services. This could be done through the media – special pages in the local media and announcements at the local TV and radio, pages at the phone directory. On their side, providers of social services should declare what type of services they provide. A joint unit could be established or joint commissions with NGOs representatives, business representatives, and municipal administration”. Together, they could plan for the necessary resources in the municipal budget to support the activities of these providers – (Suggestions by NGO Representatives in the interviews and the focus group).

NGOs and State agencies providing social services are expected to be jointly involved in planning:

- Joint projects.
- Developing ideas.
- Conducting seminars and work groups to address problems of targeted groups.
- Establishing a register of social services providers that is available for analysis.

**Differences in State and NGO Structures**

Outside the commonly shared characteristics of State and NGO services, there are two areas in which there are distinct differences. One difference regards financing. The other pertains to the decision-making process.

A) Social services provided by the State are financed mainly through the State budget (sometimes supplemented by finances of International donors, for example UNDP). Whereas, international donors provide the basic financing for NGOs, supplemented in particular cases with targeted financing from the State budget.

B) The decision-making process differs, as well. As a rule, the NGOs representatives use democratic mechanisms of decision-making, based on team multi-level discussions and feedback from users and social workers. Social services provided by the State adhere more closely to the principle of subordination.
Although the organizations provide different services to different vulnerable groups and independently from the specifics in their model of financing and decision-making, the study shows shared visions on good practice characteristics and emerging problems.

**Provision of Services**

*Social Services Provided by the State*

As noted, in implementing the Governmental Operational Program, a new model of social policy was initiated at the end of the 2002 (New Strategy in Social Policy). The main priority in this policy on social assistance policy is the development of social services aimed at overcoming social isolation. This includes the following actions:

- Directing social services to the most vulnerable groups: elderly, people living alone, people with disabilities, children at risk, ethnic minorities (predominantly the Roma community);
- Transitioning from institutional services to various forms of community and family environment services;
- Reducing the proportion of residents in the institutions by 20 percent until the end of 2004 and reducing the number of the institutions; - the goal is to reduce the proportion of users in institutions by 20 percent.
- Creating new alternative forms of social services: day-care centers, resource centers, consultancy centers, care at home, monitored accommodation, micro-homes, domiciliary services;
- Developing social services for poorest persons: public soup-kitchens, meals for poor retirees, etc.;
- Developing a priority for social services of prevention and reintegration; placement of children at risk with family relatives or foster families;
- Fully using the capacity of social institutions and gradual transforming them into day centers for social services.

The State is the provider of two large groups of services: community-based services and services delivered in specialized institutions. Community-based services that are already provided by the State include: individual assistance, domestic social services, day care centers, centers for temporary accommodation, and public food bank facilities. Specialized institutions include: homes for adults with disabilities, homes for children and youths with disabilities, social-training professional institutions, homes for elderly people, and homes for temporary accommodation and asylums (shelters).

In addition to the already mentioned services, the Bulgarian legislation provides an opportunity for development of different forms of social services, according to community needs. Because of the extremely high priority of alternative services, services in specialized institutions can be delivered only in cases when the possibilities for provision of services at the community level are exhausted.
Institutionalized Services

Currently, there are 2,846 children with disabilities in specialized institutions, including:

- 31 specialized institutions for children with disabilities between 3 and 18 years of age, including one for children with physical disabilities; and
- 30 institutions for children with mental retardation.

There are 4,576 persons with disabilities at specialized institutions, as follows.

- 53 specialized institutions for adults with mental retardation and psychological disorders;
- 27 – for adults with mental retardation;
- 13 – for adults with psychological disorders; and
- 13 – for adults with dementia.

In addition, there are 25 institutions for adults with physical disabilities; 4 institutions for adults with sensorial disabilities, and 48 institutions for elderly people.

These institutions were under the responsibility of the Ministry of Labour and Social Policy until 01.01.2003. Now they are managed by municipalities and financed by the State in order to decrease the number of people placed in specialized institutions and to close some of the institutions.

Under the Phare Project 2000 (BG 0005.04) reform has been carried out in 14 institutions for children with disabilities. The reform aims at introducing and implementing new approaches for managing the institutions and raising the quality of offered care by “opening” the institutions to the community. In addition, institution renovations and civil work will be undertaken to improve the living conditions for children and, where possible, to reintegrate them into family care.

An assessment of conditions of all persons placed in specialized institutions has been undertaken. Measures for closing institutions that do not meet the State criteria and standards for social services delivery and placing residents in buildings with better conditions are also being undertaken. Moving residents and closing institutions will continue until 2006.

Alternative Forms of Social Services

Alternative forms of social services for at risk populations that are provided in the community, include:

- 28 day care centers.
- 6 centers for adults with mental retardation.
- 6 centers for elderly people.
- 16 centers for children and youths with mental retardation.

These centers were under the responsibility of the Ministry of Labour and Social Policy until 01.01.2003 and are now managed by municipalities and financed by the State. Alternative forms of social services have already proved beneficial, increasing the number of
children using day care centers for children and youth with mental retardation by 22.5 percent in 2002.

*Social Services Provided by NGOs*

The provision of social services by NGOs in Bulgaria is deeply embedded in the NGO development during the period of transition in which there was a quick emergence of large numbers of NGOs with a variety of donors and wide range of NGO activities. A study of NGOs’ activities reveals that the largest proportion of NGOs’ projects is connected to education (29%), information (19%), and charity (18%). Projects aimed at providing social services rank fourth (15%). NGOs’ projects with the smallest share are aimed at the development of legal norms (4%).

The projects are often target specific groups, which are usually formed according to a single criterion, for example, age, ethnicity, or gender, etc. Among the most often initiated projects are those connected with students and the unemployed. About 26 percent of the projects are based on age. Among them are relatively equally distributed services for youth, children, and adults who able to work. Projects concerning elderly people are more rare. The existing projects focusing on gender are fewer, but there is a tendency towards increasing the so-called gender projects.

Projects specifically directed to a definite ethnic group are most often engaged with the Roma as the most vulnerable group in poverty. This accounts for 14 percent of the projects, with a tendency to increase.

In the social sphere, most often anti-poverty projects are initiated. A content analysis of different projects depicts that the main NGOs activities are above all: training, consultation, accumulation and dissemination of information, and granting goods. NGOs in Bulgaria perform mainly as deliverers of goods and services. Social services are about one tenth of the projects.

These projects are primarily directed towards supporting families (for example one parent families, Roma families, etc); developing forms for self-aid, as well as personal aid and supporting victims of violence. The projects are mostly at the local level; usually training and charity take the biggest share.

The projects are seldom connected with levels of income. From the three basic strategies offered by the World Bank for fighting poverty, namely: 1) granting goods and services, 2) making easier access to institutions and, 3) redistributing goods, the Bulgarian NGOs perform activities mainly on the first strategy. As a whole the Third Sector rarely comes into contact with political elites, the State, or the executive power and legislature.

*Structure of NGOs’ Projects Providing Social Services*

It should be mentioned that there are some NGOs that manage to grow into sustainable social services providers. Unfortunately they remain a relatively small share of social NGOs in Bulgaria, especially considering the somewhat narrower concept of social services.

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As in the case of State services, the different types of social services provided by NGOs can be divided into two major groups: community-based social services and social services provided in specialized institutions:

**Community-Based Social Services**

Non-profit organizations introduced the practice of providing services by **Personal Assistants**. Since the beginning of 2003 this service is also rendered by the State. Bearing in mind the needs of beneficiaries, **home care** is one of the most popular services delivered by **Social Assistants** through NGOs. These types of services are directed towards elderly people, people with disabilities, people with mobility problems, persons living alone, and people in need, including people who need professional support. Community-based **Bureaus for Social Services** have also been opened. Their services are for people with disabilities and the elderly. They offer social and legal consulting, psychological support, and training, and act as a central point for rendering the services mentioned above.

There are also so-called **Clubs of Disabled and Elderly People**. The main aim of these clubs is organizing social and cultural activities. Volunteers run the Clubs. For the same target group there are **specialized transportation systems** and **railway dispatching services**.

Another type of social services provided by NGOs is the **Centers for Social Integration and Rehabilitation**. Many NGOs have established these centers that are performing successfully. The level of services in the Centers satisfies people with disabilities, elderly people, and people in need. There are good practices and models of social work in the Centers. The Centers concentrate on prevention and support, a process of social inclusion, and changing public attitudes towards vulnerable populations.

**Day care centers** make it possible for targeted groups to stay close to their families and to be integrated and included into a social life. Different NGOs provide such service for various populations; elderly people, children, youngsters, and elderly with disabilities, socially weak people, parents living alone, “street children”, and victims of violence, abuse and addictions. Here the users of social service can find safety, a place to talk and express their feelings, share their ideas, and receive professional advice and support.

For some of the vulnerable groups NGOs create **Centers for Temporary Accommodations**. This type of social services had been provided only recently. The beneficiaries of such Centers are street people, victims of poverty, victims of abuse, homeless persons, and many others groups in need.

**Foster care** is also new and in the process of development. The first providers of foster cares are NGOs. This type of services will increase because the Law for Child Protection mandates that “foster care is one of the measures for child protection.”

Frequent crises in Bulgarian society have created the need to establish **Crisis Centers**. The most popular target populations for this service are victims of violence, abuse, addictions, refugees, immigrants, street children, and single mothers. With regard to family protection and family related services, there are **Accommodation Centers for Families**.
This service is for children at risk, abandoned, and homeless and street children.

The **public food banks** are one of the social services provided by NGOs. The beneficiaries are elderly people, victims of poverty, homeless persons, street children and people, children with diabetics, and other socially vulnerable populations.

**Specialized NGO Institutions**

Some of the non-profit organizations provide social services in specialized institutions, where they assure the necessary comfort, professional services, medical treatment, adequate support and advice, quality living conditions and pleasant atmosphere.

**Homes for elderly people** are one of these social services. These institutions provide convenience and safety for elderly people and their families. Elderly people in these facilities do not feeling alone, they can talk and express their views, they receive professional support and medical help, and they are integrated and socialized into the social life. The living conditions and personnel working there are of high quality. The NGOs providing this service have long-term experience, knowledge, and good working models.

**Hospices** are organized to support terminally ill elderly people. Some of the non-profit organizations provide social services in asylums/shelters. Shelters provided by NGOs meet the requirements of quality professional help.

The following is a summary of the current features of NGOs as providers of social services:

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<tr>
<th>MAIN POSITIVES</th>
<th>MAIN NEGATIVES</th>
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<tr>
<td>☐ High education and specialization of personnel; ☐ Transitional period has been a period of NGOs capacity building (including partnership and networking); ☐ Local/community orientation; ☐ Coverage of a variety of vulnerable groups; ☐ Providing services in different areas (healthcare, education, poverty, unemployment, etc); ☐ Attempts to establish data base; ☐ Attempts to develop strategies in different fields; ☐ Attempts at media presentations and dissemination of information to the public.</td>
<td>☐ Lack of sustainability; ☐ Driven by funding streams; ☐ Danger in establishing quasi NGOs – business orientation; ☐ Concentration; ☐ Low effectiveness; ☐ Low capacity; ☐ Unclear requirements; ☐ Lack of coordination and cumulative effect; ☐ Low inclusion with regard to mentally ill, presentation at EU media included.</td>
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**Privatization of Social Services**

One of the main problems that anti-poverty NGOs have been occupied with is the possibility of privatizing social services (for-profit agencies). About 50 percent state that they would take part in the privatization of social services. The percentage of those interested in such an activity is even higher (70%) when privatization is conducted through
the development of social enterprises.

The primary expectations of privatization are that the State would continue granting resources for delivering various kinds of services and privatization would find its expression chiefly in changing the deliverer, e.g., the NGOs would replace the State as the primary service provider. However, there is not much economic and social sense in this idea and when it became clear that it would hardly be possible to realize it in practice the interest in privatization decreased. This is due mainly to the lack of resources, both on behalf of the state so as to support the privatization of the social services, and on behalf of clients because of the lack of solvent demand.

In fact, research shows that non-State social services could be developed further, but that it is necessary to address a wide range of problems.

First of all it should be clear that the process can be carried out only in case it is directed towards attracting private resources to implement the activity, not just to change the service provider. But what private resource can social enterprises attract? The stable development of a non-State sector in the delivery of social services can be achieved by drawing from the resources of users, e.g. a market for services for which there is a fee. However, the financially solvent segment of consumers of social services is extremely limited.

Second, a normative framework for the development of social enterprises is not developed and faces many questions: What is the price limit for different social services so that they can respond to the resources of consumers? How to fix them? What are the measures of social enterprise, which is admissible at a definite number of clients and within the admissible limits of price variations for the social service? What organization of work in NGOs delivering social services is most adequate to this situation? What are the corresponding social services that are needed: childcare, tutoring, care of old people etc., and what is the solvent consumer they can rely on?

Since the NGOs themselves cannot solve these problems, their development as social enterprises is rather difficult. It is clear that the development of such a sub-sector needs support by analogy with the development of self-employment, small, and middle business. The new Social Assistance Act has “opened” social services for the private and the third sector. However, the primary problems in this course of action are: the low purchasing capacity of the possible users; the need for subsidizing activities; the financing of the program through the municipal budgets that are reported to be permanently in deficit.

At any rate, the change in the philosophy of the social system is towards new types of alternative social services, decentralization, and de-institutionalization of social services, giving more power to NGOs to deliver social services, to support cooperation between State and the third sector, and to concentrate on the development of social services for prevention and reintegration.

With the new amendments to the Social Assistance Act, the possibilities of providing for different types of social services by NGOs have increased. NGOs can contract for social services with municipalities and State authorities. The management of specialized institutions and social services can also be delegated to NGOs that have experience, knowledge, practice, and good models of social work. The quality of the social services will be controlled by performance standards and criteria for social services. This is the way to
increase and reach the needed quality of social services provision. State and local bodies encourage cooperation between State institutions, local authorities and non-governmental organizations.

Social Work Education

“Social work”, “social activity”, and “social pedagogy” are relatively new subjects in the curriculum of many Bulgarian Universities after 1989. Efforts to incorporate a wider vision of social work have been developed; bachelor and master degrees exist; summer schools are organized; and some universities send their students to practice in well-established NGOs.

However, the model of education does not fully correspond to the needs of Bulgarian social realities and somehow it remains rather abstract. A very small number of university teachers are engaged in real practice. Most of them are reported to use literature and sources that are not appropriate to the level of social work in the country. However, there are efforts to make education more practically oriented. The teachers are expected to be more involved in projects and to become tutors of students when they work on probation and practice in NGOs.

Characteristics of Good Practices

The following discussion of good practices is based on the ideas of the participants of focus groups and interviews with key individuals.

Good Practice Models

Day Care Centres: Establishing sustainable partnerships and networks among Ministries, State agencies, local authorities and NGOs is considered to be a basic requirement for good practices. Bulgaria is just beginning the development of alternative social services, but there are already examples of good practices. For example, day care centers for children with disabilities work effectively and provide services of high quality. The specialists working in the centers are well trained and employ contemporary treatment methods for children with different types of disabilities. The centers are well equipped and furnished. Besides the work with children they provide assistance for families in terms of consultation, training, etc. The children achieve high results in acquiring social skills, which is very important for their development as independent persons.

Personal Assistants: Another example of effective provision of social services is the Personal Assistant Program of the Ministry of Labor and Social Policy. Under this Program unemployed persons are trained and hired as Personal Assistants for children and adults with disabilities. By the end of 6 April 2003, 184 persons with disabilities received day care under the program. The main duties of the Personal Assistant are to provide hygiene, nourishment, dressing, movement and others services for healthy living, including emotional support, and activities for re-adaptation and re-socialization, along with other needs.

Home Based Services: Home-based services are well developed in Bulgaria. Funded by municipalities, the service includes provision of food, house cleaning, maintenance of personal hygiene, daily needs, shopping, payments, administrative services, escort services, social contacts with the elderly, and services for people with disabilities.
Features of Good Practice

The features of good practices reflect the following:

- **Empowerment** of people to cope with problems, respect for human rights and human suffering; respect for the rights and individuality of every person from the different vulnerable groups;

- **Social Integration** by providing services that have to do with human rights: education, healthcare, culture, sport, employment, psychological and social cares, family planning, social security, etc.

- **Centering on Poverty and Exclusion** by addressing a wide range of at risk groups who need social services: children, elder, victims of violence, disabled, minorities (Roma people), poor people, young people, deviants, one parent families, and socially vulnerable people. Dependency on user input through market and non-market mechanisms, for example inclusion in the process of licensing.

- **Building up Confidence** by providing feedback and sharing information and consultancies with users.

Good Practices Based on Rules and Procedures

- **Internal regulations** that clearly define rules on: how users are accepted, what constitutes quality services, and the process for interconnections among programs.

- **Transference of knowledge and knowhow** by developing Handbooks on best practices; carrying out national and international projects; organizational development through establishment of offices at other towns and villages; and familiarity with international developments and models (not models that have been rejected). Discussion is needed on the positives and negatives of accepting families as compared with institutionalized cares. One Professor in social work referring to the problems related to multiple foster care placements in the USA stated that “as far as I know the idea about accepting families is rejected in the USA because the stress and the tensions tend to be bigger in them than in the institutionalized homes.”

- **Systems for qualification and professional growth** require hiring highly qualified personnel; training seminars; establishing motivations for professional growth; corresponding the level of education to work, and innovative initiatives.

- **Decision-making processes** that provide opportunities for incorporating the visions of the people working in social service organizations.

- **Efficient and effective** uses of finances that allow for coverage of the most vulnerable groups provide the most needed services.

- **Accountability** in the delivery of social services that is based on transparency and the involvement of multiple stakeholders in the community, as well as users.
- **Sustainability** based on a logical framework with a consistent and common aim; continual broadening of the circle of social services; and a parallel increase in number of towns and villages where services are provided (e.g., a multiplication of services).

- **External milieu** in which there is a shared understanding that the features of good practices do depend on “outside” characteristics that regulate them.

- **The normative framework inherent in current legislation** is reflected by: a) the direction of the Law on Social Assistance is the right one and is in accordance with EU standards; b) it is rather new and has not yet been fully put into practice; c) it is not publicized enough; d) it needs development and improvements without rapid and inconsistent changes; e) there should be a linkage between the different Laws that have to do with vulnerable groups.

- **Supervision and control** on the different social service activities maintain the principles of fair competition and better allocation of expenditures.

- **Development of performance standards** improves the quality of social services.

- **Establishment of stable intra-institutional interactions** allows for permanent contact with State and local authorities administering social services.

**Primary Principles of Good Practices**

Behind the features of good practices lay relatively clear principles that are expected to guide the various activities, simultaneously running through internal organizational mechanisms and external milieu. These principles could be summarized as follow:

- Sustainability in normative framework, finance, and quality;
- Multi-level consistent purposes aimed at social integration and empowerment of clients.
- Transparency of internal regulations, access and financing
- Control of different stakeholders
- Developed informational flows
- Clear standards for social services provision
- Need surveys, need assessments, and social impact assessments. “Study of the real needs of concrete groups at risk is highly necessary. For example, many young people leave the country and their elder parents remain in the country and need help and support. Thus, the need for home care for aged people will grow in the future.”
- Incentives for good accomplishments.
- Balance of decentralization and centralization: “There should be financial and managerial decentralization. However, some kind of centralization is necessary, as well. Someone should control the work of the different social services providers. It could be the corresponding Ministry. Definite known performance indicators should be tracked. And a system with incentives for those that really provide qualitative service is important. For example, at the end of every year a book on the best practices could be published for those practices that are assessed as good by the clients, local media, local authorities and the local community as a whole. And there should be financial incentives in this regard, to give them awards, etc”.
Obstacles to Good Practices

As can be expected, to a large extent obstacles are the opposite of good practice characteristics.

- Inability to provide social services to all that need them. “The fields of social services are somewhat narrow – work with abandoned children, children who beg, and prostitutes is missing.”
- Need of parallel, well-balanced and internally connected improvements of the normative framework, “for example the Anti-discrimination Law; a Law on Social enterprises; a Law on Human Traffic, a Law on Prevention and Protection of Victims of Violence, Human Rights Law, etc. However, permanent changes in the normative framework should be abandoned as they confuse activities.” (Interviews and Focus group, NGO representatives).

Although such statements may seem contradictory they do reflect practical problems and are widely spread. On one side, the development of social services depends on a broader normative framework. For example, the opportunity to provide social services for some groups of women is narrowly connected with the normative definition of victims of violence; for Roma people - with definition of discrimination; etc. Due to this NGO representatives insist on the adoption of different laws depending on their target groups. On the other hand, analyses of legislative framework in Bulgaria in many different fields often point out that a test for consistency is highly necessary in order for different laws and other legal documents (like Acts, Regulations, etc…) not to contradict each other.

- Lack of standards for the provision of social services, “for example, standards are needed for home care in order to measure the quality of services”;
- Lack of qualification and motivation of the personnel. “There should be more clear requirements for the employment of social workers – corresponding their educational level to their work; motivation and professionalism; mechanisms to oppose the self-interested motives and personal profiting, and mechanisms to encourage people that take initiatives.

Financial Problems

- Lack of coordination: “There is insufficient coordination between the State and the Third sector. The different specialists do not cooperate with each other. For example, in the healthcare institutions the medical doctors do not know which organization provides home care for elder people; that is a lack of coordination and cooperation.”
- Insufficient level of financial and managerial decentralization.
- Insufficient control: “Danger exist that the privatization of social services will follow the well-known lack of transparency in privatization in the economy of the country.”
- Lack of study, analysis and recommendations on the problems of the different target groups, poor knowledge on their problems, poor knowledge about the services provided in the community.

The four main obstacles that are reported for developing good practices are as follows:

1. Most often financing of social services is mentioned. “It is important because the income of the groups at risk are extremely low. So this is the main obstacle. The clients can’t pay
for the service they need. If they have had the money it would have been easier. This would have resulted as well in bettering the quality of the services.” Another aspect of this problem is the lack of initiatives to attract financial resources.

2. Another obstacle is the lack of experience of the people that provide services. “It is always difficult to start something that has not existed till now. In Bulgaria there are no traditions in this respect, particularly as far as social services for home care for elderly people are concerned. People are “thrown in” to start work, they should not be punished, but trained.”

3. A third obstacle is poor knowledge of the problems of the target group. “This is an obstacle because you can’t satisfy needs if you don’t know them. Preliminary investigation is necessary.”

4. The forth obstacle is the reported poor communication and weak level of cooperation.

**Good Practices Summary**

In summary, the primary elements identified as good practices are:

- Established office principles and procedures, including well-prepared, qualified, and motivated workers.
- Concrete and practical solutions of the problems of the targeted population. Provision of services that correspond to the real need of users.
- Sufficient financial resources.
- Confidence in the user and society.
- Good cooperation among different institutions.

**Focus Groups and Interviews**

In order to obtain a closer look at current developments and to examine different views on good practices in social service delivery, focus groups with key individuals were conducted in the course of preparing this National Report.

The circle of respondents included representatives from NGOs, State social services, and social work education. All respondents have higher education degrees, most of them being women, their ages vary from 27 to 46. They hold a variety of positions in their organizations, ranging from managerial staff to social workers directly involved in providing social services to users.

The respondents represent organizations that deliver social services to different vulnerable groups: disabled, aged people, women, children, young people, Roma people, the unemployed, and families. They provide a wide range of individual and/or institutionalized social services: healthcare, education, services for employment, psychotherapeutic help, support with financial means and technical equipment, legal services, transportation services, individual and family consultancies, and cultural services. All the organizations represented already have accumulated much experience in social service provision. These organizations are well-established; they tend to broaden the range of services following their own experience and financial streams; they are better described by their target groups than by the services they provide; and they make more or less successful attempts to transfer their activities to other towns and villages.
Donors

Foreign Donors with Agencies in the Country

Most of organizations (79%) state they have received resources from foreign donors with agencies in the country. This type of donor has provided the largest number of projects and the amount of resources provided by them is considerable. The most frequent donors are: Know-How Fund of Great Britain; Democratic Network; the Development of the Civil Society Foundation; Commission on Democracy at the American Embassy; United Foundations of Holland; Office of the European Council; EU Phare program; UNDP; Bulgarian-German Educational Centre; USAID; Open Society Foundation; Embassy of Holland; World Bank; Catholic Services for Help; and the British Anti-Crisis Fund.

Internal Donors

There are more internal donors, but many of them provide single support for projects. Different NGOs receive resources from different internal donors. For example: Help for the Charity; the Stara Zagora Mitropoly; Foundation for a Reform in the Local Self-government; Educational institutions; Municipalities; "Interethnic Initiative" Foundation; International Centre for the Problems of Minorities and Cultural Interactions; Committee for Youth, Physical Education and Sports; Union of the Bulgarian Foundations and Associations; and private companies, and persons.

Other Donors

Considerably more rarely NGOs receive support from other foreign donors. For example: CAF- America; the ILO; Eladian Church - Larisa; E.C.C.D.; European Youth Foundation at the EC in Strasbourg; Open Society – Hungary, and others.

Number of Children in Asylums, Centers, and Homes for Street Children, March 2003

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<th></th>
<th>Total</th>
<th>Boys, included</th>
<th>Girls included</th>
<th>Up to 7 years old, included</th>
<th>7-14 years old, included</th>
<th>14 + years old, included</th>
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<td>122</td>
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<td>158</td>
<td>127</td>
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Note: Home Ronkali works with a permanent contingent of 15 children, between ages 6 and 15 who are included only in the total number.

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The report is based on secondary analysis of existing researches, expert evaluations, in-depth interviews, and focus groups.

In-depth interviews have been accomplished with representatives of NGOs and State institutions. More specifically, the following organizations have been included: 1) Foundation Animus, 2) National Centre for Social Rehabilitation, 3) National Program “Personal Assisstant”, 4) Project SANE, 5) Home Social Patronage, 6) Home for Medico-Social Cares, 7) Social Assistance Offices in the towns of Pravets and Bourgas, 8) Foundation “Women Alliance for Development”, Arcadia Association.

Focus groups with University teachers in Social Work, researchers, and representatives of different NGOs (National Centre for Social Rehabilitation; Think Tank “Perspective”; Roma NGOS) took place, as well.

7 October 2003