Roma Early Childhood Inclusion+

Republic of Bulgaria Report
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Report on Roma Inclusion in Early Childhood Education and Care, Health, and Social Care

Republic of Bulgaria

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### INTRODUCTION

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The Sponsoring Agencies

The **Open Society Foundations** work to build vibrant and tolerant democracies whose governments are accountable to their citizens. To achieve this mission, the Foundation seeks to shape public policies that safeguard fundamental rights and assure greater fairness in political, legal, and economic systems. On a local level, Open Society implements a range of initiatives to advance justice, education, public health, and independent media. The Open Society Foundations are the leading private funder of efforts to support Europe’s estimated 10 to 12 million Roma people. Its investments in early childhood have been guided by a rights-based approach and social justice framework, with emphasis on protecting and improving the lives of people in marginalized communities, including Roma and other minorities, migrants/refugees, children living in poverty, and children with developmental delays, malnutrition, and disabilities. The Open Society Foundations launched its flagship Step-by-Step program in Eastern Europe and Eurasia in 1994 and supported the establishment of the International Step by Step Association in 1999, and the Romani Early Years Network in 2012.

**Roma Education Fund (REF)** is an international non-governmental organization that was established in 2005 in the framework of the *Decade of Roma Inclusion*. With a growing network of activities in 16 European countries, REF’s mission is to contribute to closing the gap in educational outcomes between Roma and non-Roma through the design and implementation of policies and programs that support quality education for Roma, including the desegregation of school systems. REF accomplishes its goals through grants to consortia of civil society and public institutions implementing education reform projects; financial assistance and academic support to Roma children and youth; research and advocacy to promote evidence-based models of good practice and advocate for innovative methodologies, curricular reform, and renewed policies targeting Roma students; and direct implementation of large-scale, multi-country grants to amplify its mission at all educational levels. REF’s five models of intervention for preschool, primary, secondary, tertiary, and adult education, including increasing employability and transition to the labor market, have been developed through strong partnerships with national and local education authorities.

**UNICEF** (the United Nations Children's Fund) has been working in the Central and Eastern Europe region and the Commonwealth of Independent States since the 1990s, with the objective of protecting and promoting the rights of children, especially those from the most vulnerable and marginalized groups. A member of the Steering Committee of the *Decade of Roma Inclusion*, UNICEF remains committed to developing systematic and coherent engagement with Roma issues through the key entry points of early childhood development and basic education. UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, help meet children's basic needs, and expand children's opportunities to reach their full potential. UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behavior towards children. UNICEF insists that the survival, protection, and development of children are universal development imperatives that are integral to human progress. UNICEF mobilizes political will and material resources to help countries, particularly developing countries, ensure a “first call for children” and to build their capacity to form appropriate policies and deliver services for children and their families. UNICEF is committed to ensuring special protection for the most disadvantaged children – victims of war, disaster, extreme poverty, all forms of violence and exploitation, and those with disabilities.

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- London

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- Geneva
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A Note on Terminology

The text of this report on Roma Inclusion in Early Childhood Education and Care+ seeks to comply with the European Commission and Council of Europe’s adopted usage of the term “Roma.” In common with definitions used widely in publications by those and other international institutions, “Roma” refers in this report to a diverse community of related groups with Indian roots that are labelled with self- and externally-designated ethnonyms that include, but are not limited to: Roma, Sinti, Manouche, Gitano, Resande, Romer, Romanlar, Domlar, Daskane, Lomlar, Kaale, Egyptians, Ashkali, Tattare, Gypsies, Scottish Travellers, Mandopolini, Ghurbeti, Beyash (Bajaši, Rudari/Ludari), Khorakhanes Jevgji, Kalaydjes, Calderashya, Ludari (Rudari), and others understood to be part of wider Roma populations across Europe and beyond. The Sponsoring Agencies and authors intend no disrespect to individual communities in their use of the term “Roma,” and usage of the term is not intended in any way to deny or erode the diversity that exists across Roma and Traveller groups.

Glossary

**Attendance:** The routine daily appearance and full participation of a child for the entirety of each scheduled kindergarten session or school day. Kindergarten attendance becomes compulsory in Bulgaria at age 5.

**Discrimination:** Bulgarian legislation distinguishes direct and indirect discrimination. **Direct discrimination** is the unfavorable treatment in similar circumstances of a person bearing certain characteristics (e.g. ethnicity) compared to another person who does not possess the same characteristics. **Indirect discrimination** is any situation of disadvantage
for persons bearing certain characteristics (e.g. ethnicity) arising from a seemingly neutral provision, criterion, or practice – unless the provision, criterion, or practice is objectively justified, appropriate, and necessary.

**Early childhood education and care (ECEC):** ECEC includes all types of establishments and services offering care and education to children in the early years (0 to 8), irrespective of the establishing body, funding, operational hours, curricula, or program. In the Bulgarian context, ECEC is applicable to children aged 0 to 7, when formal elementary education begins.

**Early childhood:** The period from birth to age 8, which in Bulgaria includes two compulsory years of kindergarten and the first two years of formal elementary school education.

**Educational inclusion:** The education of all children together without organizational arrangements that would separate them on grounds of gender, class, age, ethnicity, ability, disability, language, religion, or other forms of human difference. Inclusion is a child’s right, and it is the duty of kindergartens/schools to facilitate the unhindered exercise of this right.

**Elementary (basic) school:** A formal educational institution in Bulgaria for children aged 7 to 12, subdivided into basic first stage/primary for pupils aged 7 to 11 and basic second stage/lower secondary for pupils aged 11 to 15.

**Enrollment:** The administrative process of placing a child on the official register of an educational institution.

**Family:** In this text, the terms “family” and “families” should be understood to mean parents, children, and other inter-generational relatives living in the same household.

**Head teacher:** The professional in charge of a kindergarten or school. While alternative designations include principal or director, “head teacher” is used throughout this report.

**Kindergarten/school capacity:** The formal number of designated child/pupil places.

**Kindergarten:** Institutional preschool provision of education, generally for young children aged 3 to 6/7, though both younger and older children may be found in some kindergartens, and some elementary schools provide preschool places. Kindergartens can also offer nursery groups for children aged 10 months to 3 years.

**Pre-primary preparatory year:** The provision of formal education in kindergartens and schools for children aged 5 and 6, in preparation for elementary education.

**Prejudiced/racist bullying:** The exercise of abusive power, with the deliberate intention to be hurtful and/or damaging, by an individual or group of individuals against another individual or group of individuals on the grounds of ethnic and/or racial differences; victims are often defenseless in a process that may be frequently repeated.

**School board:** A self-administering body permitted by educational legislation whose members represent and promote public interests and the interests of pupils/children, parents, teachers, and other staff in the context of the overall learning process.

**Segregation:** A physical or symbolic separation, based on unjustified criteria, of some groups from public services or resources provided to other members of society. Segregation in education occurs when distinct conditions and opportunities arising
through such separation cause a group to experience qualitatively different provision of education.

**Special educational need(s):** An assessed and/or experienced learning difficulty that might require additional support.

### List of Abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPD</td>
<td>Commission for Protection against Discrimination</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECEC</td>
<td>Early Childhood Education and Care</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>EU-MIDIS II</td>
<td>Second European Union Minorities and Discrimination Survey</td>
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<tr>
<td>EU-SILC</td>
<td>European Union Statistics on Income and Living Conditions</td>
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<tr>
<td>GMI</td>
<td>Guaranteed Minimum Income</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>NCCEII</td>
<td>National Council for Cooperation on Ethnic and Integration Issues</td>
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<tr>
<td>NEET</td>
<td>Neither Employed, nor in Education or Training</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<td>NHIF</td>
<td>National Health Insurance Fund</td>
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<td>NRIS</td>
<td>National Roma Integration Strategy</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OSI</td>
<td>Open Society Institute</td>
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<td>PISA</td>
<td>Program for International Student Assessment</td>
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<td>RECI+</td>
<td>Roma Early Childhood Inclusion+</td>
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<tr>
<td>REF</td>
<td>Roma Education Fund</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNICEF</td>
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EXECUTIVE SUMMARY

Contextual Introduction

- The Roma Early Childhood Inclusion+ (RECI+) study was initiated by the Sponsoring Agencies, namely, the Open Society Foundations Early Childhood Program, Roma Education Fund, and UNICEF, as the final part of a series of research reports from Central and Eastern Europe that aim to accurately describe and present the situation of Roma children in early childhood (0 to 8 years of age), with an emphasis on social inclusion and early childhood development.

- The Republic of Bulgaria has endeavoured, over the last three decades, to address the stark injustices evident in the socioeconomic situation of the majority of its Roma citizens and as evidenced in the country’s National Roma Integration Strategy 2012–2020. These efforts have accelerated since 2007, when Bulgaria became a full member of the European Union (EU). At present, Bulgaria is making important steps towards creating a national framework for early childhood development, a goal that remains high on the national agenda, and towards developing a more integrated approach to support parents and children in the early years. This RECI+ Report carries the explicit intention of providing Bulgarian authorities and civil society with a timely and informed account of the situation of Bulgarian Roma children during early childhood, and, in so doing, supporting government and other relevant actors to ensure equal and unhindered access to inclusive and integrated quality education, health, and social care for young Roma children and their families.

- Investment in early childhood has the potential to prevent the intergenerational transmission of disadvantages among marginalized Roma groups, and the realization of rights will also improve Bulgaria’s human capital, a central driver for social cohesion, sustainable economic growth, and poverty reduction.

- This RECI+ Report, which is based on analysis of available resources, including policy and strategic documents, legislation, and reports; face-to-face interviews; and focus groups and direct observation in selected communities, incorporated, for the first time, some principles of participatory action research. This mapping of the current state of Bulgaria’s system for early childhood education and care, health care, and social care identifies and analyzes the main challenges and barriers for access to these essential services.

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Recent international research highlights the undeniable importance and long-term impacts of quality early learning, preschool education, health care, and social welfare on early child development and social inclusion. This report is also informed by the Nurturing Care Framework, which points to the importance of nurturing care for children's optimal development – care that ensures good health, adequate nutrition, safety and security, responsive caregiving, and continuous opportunities for learning. The RECI+ process puts at the center of analysis the best interests of the child and the importance of parents/carers and the broader community for achieving the best outcomes for children. Underpinning RECI+ research are several assumptions about what effective early childhood policies look like. Strong early childhood policies aim to ensure equal and unhindered access to early childhood services for all children, irrespective of their socioeconomic background, gender and ethnicity; focus specifically on early childhood development; recognize the importance of an integrated early years approach for all children and families, particularly those whose communities are excluded; and confirm and enhance the central role of parents as key partners in early education, health, and social care.

Chapter 1 describes the Bulgarian national context as experienced by the majority of the country’s Roma citizens. As a marginalized community within the poorest member state of the European Union, it is unsurprising that most Roma families experience extreme poverty and deprivation. While the size of the Roma population in Bulgaria is not accurately known, estimates range from 4.9% (325,343) to 9.94% (750,000) of the population. Contrary to public perception, the Roma population in Bulgaria has diverse cultural heritage, linguistic norms, and religious provenance. Yet, the vast majority of Roma are viewed as a homogeneous group by the majority society and suffer discrimination and social exclusion based on negative public attitudes towards them. This social status is highly dysfunctional with respect to the ability of Roma citizens to secure equal and unhindered access to public services, education, health and social care, and wellbeing, and negatively impacts their capacity and opportunities for civic participation. This situation harms Roma community participation in policy development, another factor that contributes to Roma disempowerment.

Chapter 2 describes access to health care and social services for Roma children and families in Bulgaria. Chapter 3 is dedicated to early childhood education and care. Chapter 4 addresses the main challenges to policies and practices affecting early childhood. Chapter 5 summarizes the main conclusions of the report and outlines some recommendations for the way ahead.

Main Findings of the RECI+ Research

Compared to non-Roma, a vast majority of Bulgarian Roma children and their families experience difficulties accessing ECEC programs, comprehensive health services, and social services. A variety of systemic, structural, and practical barriers prevent them from fully benefiting from essential services. This study identified the following as critical issues:

General policy challenges in the early childhood years

- While the National Early Childhood Development Strategy Bulgaria is working on will be extremely welcome, there is currently no integrated early childhood development (ECD) policy framework to ensure a holistic approach to all children's needs across different sectors. It is crucial that a new national ECD framework account for the needs of all children, including young Roma children. Additionally, implementation of the national strategy will require the efficient use of available resources, sufficient ECD expertise, robust strategies for professional training and accountability, financial sustainability, and structural and operational mechanisms to ensure the smooth transition of individual children through the relevant services and systems.

- RECI+ research confirms that over the years a number of successful, integrated interventions have addressed the needs of children and their families in the early years. However, many of these initiatives continue to be project based and limited in scope, and successful interventions have not been utilised to inform and scale up national policies and programs in support of early childhood development.

- Insufficient data regarding ECEC, public health service provision, and social services – including data disaggregated by ethnicity – remain a major barrier for measuring policy impact and outcomes for different groups in Bulgaria, as well as for effective monitoring and response mechanisms. Such data are critical for thorough analysis and the development of evidence-based policies and programs to improve the situation of Roma communities.

- Public service policy design, implementation, and evaluation/impact assessment are too frequently centrally driven, without the structural and routine involvement of Roma communities to ensure that quality local services are tailored to specific community needs and barriers, reflect different cultural characteristics, and empower Roma families.

Healthcare for Roma children in early childhood

- The two main reasons for the poor health status of Roma in Bulgaria are systemic, structural, and practical factors that impair access to health care services, and unhealthy living environments due to poverty and social exclusion.

- Roma in Bulgaria have unequal access to health insurance, which is strongly related to employment. This pattern is particularly evident among Roma women, and very limited health services available to pregnant women without health insurance further undermines the health of many Roma mothers and children.

- Notably high out-of-pocket cash payments for health care in Bulgaria (prescription medication, travel costs, etc.) disproportionately impact Roma families due to their impoverished living circumstances and high levels of unemployment.

- The many Roma who lack health insurance and cannot afford travel costs or payments for health care have little choice but to rely on emergency medical care or seek medical help only after their condition has (already) greatly deteriorated.

- Discrimination and negative attitudes on the part of health officials and health professionals are further casual factors contributing to unequal health care access and quality for Roma children and their families.
Available data highlight worrying trends regarding the health status of Bulgarian Roma children and families. The infant mortality rate amongst Roma is twice as high as that of the general population, and life expectancy for Roma is 10 years shorter than life expectancy for the majority population. The percentage of Roma over age 60, 7.1%, is in marked contrast with the corresponding percentage for Bulgaria’s ethnic majority (28.7%).

Despite improvements, vaccination coverage remains comparatively lower for Roma children.

More than 12% of the Roma population, including children, suffer from a chronic disease or disability. Provision, in the early years, of health and developmental screenings that identify children at risk of developmental delays and disability is insufficiently provided for many Roma families due to language barriers and/or limited contact with health care providers. Communication between health workers and Roma families are critically important, especially if the latter have limited Bulgarian language competencies. Furthermore complicating the situation, diagnostic screening happens to be a particularly sensitive area of communication that requires special skills from professional staff.

The inequitable distribution of general practitioners (GPs) and pharmacies across the country, particularly in smaller settlements and rural areas, hinders access to health services for vulnerable populations, particularly poor families, Roma, and parents/carers of children with disabilities.

Social services for Roma children in early childhood

- In Bulgaria, policies and services aimed at supporting vulnerable families, including Roma families, frequently fail to ensure a family-based approach and meaningful community consultation with respect to policy design and service delivery. The current system of social services coupled with limited opportunities for Roma can create ongoing disempowerment and reliance.

- While various community-based centers providing complex services (social, pedagogical, psychological, medical, etc.) to vulnerable groups are relevant as models, their number is insufficient and they are not available in all municipalities. Residents of small rural municipalities and small rural areas in larger, more urbanized municipalities tend not to have easy access to such services.

- Access to day care centers for children with disabilities and other services such as counselling and parenting support (home visits; advice about baby care, breastfeeding, early stimulation, etc.) is very important in disadvantaged communities and can support the successful transition to more formal ECEC services. However, these services tend to be limited or not proximate to Roma neighbourhoods; the majority depend on time-bound, donor-funded projects of non-governmental organizations (NGOs), rather than universal policy and service provision.

- Bulgaria has taken the very positive step of committing to eliminate child, early, and forced marriage by 2030 (in line with Target 5.3 of the UN Sustainable Development Goals). However, the insufficiency of appropriate services for young people establishing families early in their lives is placing some young people involved in under-age marriages/partnerships in extremely vulnerable circumstances. One of the constant media and public stereotypes about Roma in Bulgaria is that some marry as

children. Though child marriages continue to be present in Roma communities, recent studies suggest a steady, gradual increase in marriage age and age at first childbirth.\(^6\) This pattern points to an opportunity to expand services to address the underlying causes related to early marriage.

- A disproportionate number of Roma children still live in child care institutions.\(^7\) Well-coordinated health and social welfare services that address the root causes of children's separation from their families to ensure that more children grow up with their families are not yet well developed.

- For many years, the social service system has suffered from insufficient staff, case overload, and high staff turnover. In addition, structures to monitor the quality of service and quality assurance remain very weak. These conditions disproportionately affect vulnerable and disadvantaged children and families in need of more accountable and intensive support. Outreach services and community work in the most disadvantaged communities are inadequately developed aspects of the social service sector.

- EU-MIDIS II data show that in 2014, 22\% of Bulgarian families were at-risk for poverty, yet for Roma this percentage was 86\%.\(^8\) For poorer families, including unemployed adults, the benefit system is key to family survival. This is also true for many families with working adults who earn low wages, especially families with more than two children. Access to welfare benefits is frequently hindered for Roma families due to lack of knowledge and information, burdensome administrative barriers, restrictive conditionalities and discretionary regulations (e.g. child benefits conditional on kindergarten/school attendance), restricted access to guaranteed minimum income schemes, and very limited support to persons without health insurance.

### Early childhood education and care (ECEC) for Roma children

- Despite many efforts over the past decade, Bulgaria's general participation rate for children between age 4 and compulsory school age remains significantly below the EU average of 95.4\% and even declined between 2014 to 2018 (when the general participation rate was recorded as 83.9\%). Although ECEC participation of Roma children between age 4 and compulsory school age rose from 43\% in 2011 to 66\% in 2016, Roma participation remains well below the rate for the overall population and can be assumed to have decreased in the past several years, in keeping with the trend overall.

- The participation of Roma children in ECEC institutions increases with age and is highest in the compulsory age group (5 to 6 years). In many circumstances, access to ECEC services is seriously hindered by the insufficient availability of ECEC infrastructure or non-proximity to Roma neighbourhoods.

- The enrollment of children aged 0 to 3 years in nurseries or kindergartens (16.2\% in 2018) lags behind the 33\% Barcelona target. The RECI+ survey confirmed that the ECEC participation rate of Roma children aged 0 to 3 is lower than that of their non-Roma peers.

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• One factor contributing to low participation rates in ECEC in Bulgaria in general is low investment in this level of education, particularly with respect to pre-primary and primary education. In 2016, spending on this level of education equalled 0.7% of Bulgaria’s GDP, less than half the 1.5% average across the EU, a situation that negatively impacts the availability and quality of ECEC service provision.

• The main obstacle that prevents vulnerable children, and particularly Roma, from participating in ECEC in Bulgaria is affordability; kindergarten fees and indirect/hidden costs remain a significant attendance barrier.

• Yet, free ECEC for all remains a complex policy challenge, as there is a chronic shortage of places in kindergartens in Bulgaria. More than 60,000 additional places in kindergartens would be needed to fully meet current demand. In many parts of the country, kindergarten capacity cannot meet current levels of demand, so enrollment could not increase even if fees were waived.

• The RECI+ survey showed significant regional differences in Roma ECEC enrollment and provision. System barriers, such as a general deficiency of funds for ECEC, were widespread, but in contexts of decentralized funding, especially where competencies rested on municipalities, there was often failure to guarantee the right to quality ECEC for Roma children. Many municipalities cannot afford to abolish kindergarten fees or provide support to disadvantaged families to facilitate ECEC access. As of 2017, less than 5% of Bulgaria’s municipalities have waived their fees, and another 5% waived their fees only for children in the mandatory two-year preschool education groups.

• The existing system of social benefits linked to the regular attendance of kindergarten and preschool does not motivate some Roma parents to enroll their children in kindergarten and has controversial impacts on ECEC participation. Child benefits are withdrawn to “punish” disadvantaged families after a small number of unjustified absences, and restored a year later. A similar measure to enforce school attendance via fines does not exist for well-off families and can represent a serious threat to a Roma family’s income and capacity for survival.

• While the participation and achievement of children in kindergartens is known to be positively impacted by the level of engagement and cooperation with parents and the wider community, Roma parents are seldom seen as equal partners of education practitioners or encouraged to participate. Weak partnerships and the lack of skills needed for effective communication and engagement between Roma families and kindergartens; a general lack of information, family support, and parenting programs; and the dearth of ECEC service outreach to Roma families are further obstacles preventing equal and unhindered access of Roma children to ECEC.

• Persistent discrimination and negative attitudes towards Roma on the part of head teachers, teachers, local officials, and non-Roma peers and their parents often make it difficult for Roma children to enter a new and unfamiliar kindergarten environment on equal terms or have positive experiences, realities that may discourage some Roma parents from enrolling their children in specific ECEC facilities, even if they have no other options.

• Material deprivation affecting many Roma children undermines their educational participation and learning outcomes.

• Educational programs and teaching strategies in ECEC are not adapted for groups with a range of different learning needs or for children whose first language is not Bulgarian. Bulgarian language support classes are not offered until the start of the
two compulsory preschool years (age 5), at which point many Roma children lag substantially behind their peers in terms of Bulgarian language skills, which further hinders their inclusion and success in education.

- Despite numerous policies and initiatives, many teachers and other staff in nurseries and kindergarten are not well prepared to work in diverse and inclusive settings. There is an acute need to prepare and train all teachers on how to work with children from a variety of social, ethnic, religious, and linguistic backgrounds and promote respect for diversity. This will benefit all children, but particularly Roma children, who will feel that their ethnic identity is positively affirmed in the classroom, thereby enhancing their self-confidence and likelihood of successful learning outcomes.

- In Bulgaria, the aging ECEC workforce, combined with insufficient supply and emigration, has led to a growing shortage of kindergarten and primary school teachers, a pattern likely to affect the accessibility and quality of ECEC services in disadvantaged areas.

- There are also not enough psychologists, speech therapists, audiologists, Roma speaking assistants/mediators, etc. in ECEC facilities to support kindergartens and schools to establish inclusive environments that meets the different needs of children.

- Due to the educational and social segregation experienced by a majority of Roma children throughout their early years, many are denied their rightful opportunity to communicate and socially integrate with non-Roma peers in diverse settings during this crucial period of their development.

- Efforts to address segregated ECEC provision are insufficiently vigorous. At the same time, the quality of ECEC services in kindergartens attended mainly by Roma children is often below required standards. Special efforts are required to ensure enrollment patterns that reflect the ethnic profile of the local community/population and parity in the quality of provision, staff, buildings, and resources of all ECEC facilities.

- There is a growing need for Roma education mediators, particularly in kindergartens, to bridge some of the existing gaps between institutions and improve interactions with parents. However, most such positions are currently funded through EU projects. It is important that the practice be scaled up with state funding to establish an effective strategy, at least in the short term, for promoting and nurturing home–school relationships and parental engagement, and supporting caregivers to enhance learning at home. In the longer term, however, more efforts should be dedicated to the development and employment of professionals of Roma background within the ECEC system.

- It is very important that quality training and qualifications programs are developed for all professionals in the ECD field, irrespective of ethnicity, to work in diverse environments and strengthen their intercultural skills.

- Despite some encouraging intentions articulated in national plans for Roma integration, and the government’s declared goal of increasing the participation of Roma children in preschool education, many existing initiatives are based on EU-funded programs and NGO activities, and are thus short term and not institutionalized at the national level as firm, sustainable state policies.
Recommendations

National/policy level recommendations

Strategies and policies for early childhood development and social inclusion need to be considered as part of wider national efforts to protect the rights of all children, eliminate poverty, improve housing conditions, and eliminate segregation and public prejudice and discrimination towards Roma.

1. Recognize and address early childhood development (ECD) and social inclusion as national policy priorities.

Recommendations for all government departments and relevant national institutions and agencies:

a) Programs, policies, and practices must promote and respect the rights of the child.

b) Programs, policies, and practices targeting Roma communities must focus on poverty reduction, including concerted national and local action to improve housing and living conditions to ensure children’s health, safety, and wellbeing.

c) Concerted efforts should be made to ensure that all relevant laws against prejudice and discrimination are respected by all citizens, and that victims are protected.

d) To address gaps and maximize efficiency and impact, a comprehensive national ECD strategy should be developed to promote a more holistic approach across the social, health, and education sectors with a strong equity focus and measures to reduce inequalities in child development. Under a single and coherent framework underpinned by a clear vision and principles, the proposed national ECD strategy should:

   • envisage structural and operational mechanisms to guide policies and services that ensure the smooth transition of individual children through relevant services and systems;
   
   • establish a cross-sectoral mechanism for coordination, with systems in place to ensure a qualified ECD workforce, service quality, ongoing monitoring and evaluation, accountability, and financial sustainability;
   
   • be responsive to the needs of Roma children and other children in disadvantaged circumstances, including children with different language backgrounds and physical and intellectual abilities;
   
   • encourage and provide a framework for parental/community participation and consultation in the development and implementation of local policies and interventions, including the involvement of Roma parents and community members at every stage of the process;
   
   • expand the support provided through measures of child protection and facilitate the development of policies that strengthen the resources of families to provide nurturing care for children during early childhood; and
   
   • be complemented by the establishment of a strategy monitoring body that includes ECEC experts and NGOs, including Roma NGOs and Roma professionals.
2. Improve data collection, including ethnically disaggregated data, to inform the
design of evidence-based policies for early childhood.

Recommendations for the National Statistical Institute and all government
departments, relevant national institutions, and agencies:

a) **Establish a system for gathering objective statistical data on Roma communities (and, separately, all other ethnic minorities), especially Roma children.**

b) **Create a system to collect data disaggregated by ethnicity on enrollment in and utilisation of relevant ECD services** (ECEC, health care, social services) to assess the extent to which Roma are being served.

c) **Create a system for gathering feedback from parents** about their experiences with ECD services, their expectations, and the quality aspects they value most.

d) **Regularly collect and publicly share information on key early childhood development indicators, disaggregated by social-economic status.**

3. Improve overall quality of early childhood development services, including by ensuring qualified human resources in the systems providing care and services for young children.

Recommendations for the Ministry of Education and Science, all teacher training institutions, and all relevant regulatory bodies and agencies:

a) **To ensure inclusive, high-quality ECD services, all professionals working in ECD-focused sectors** – from head teachers and teacher assistants to psychologists, special educators, speech therapists, audiologists, health professionals, social workers, and mediators, etc. – **must strengthen their competencies for working with multicultural and diverse groups and managing and deconstructing ethnic bias, stereotypes, and race prejudice.**

   • This can be done through the development of upper secondary school, post-secondary, and university programs and qualification courses focused specifically on these attitudes, awareness, knowledge, and skills needed for work in a multicultural environment, and the management of ethnic bias, including the deconstruction of stereotypes and race prejudice.

b) **To support Roma inclusion, more qualified ECD professionals of Roma background are needed.**

   • Schemes, including scholarship programs and employment opportunities, should be developed to encourage young Roma to pursue careers as teachers, doctors, and other health and social care professionals and counselors. Roma professionals provide good role models for Roma children and young people and contribute to the positive image of Roma amongst students and other service professionals and their client populations.

c) **Education mediation**, now an officially recognized profession, could serve as a springboard to many highly qualified professions in education, health, and social work. The government should thus **continue the development of mediator training programs** with a strong focus on raising the quality of service, status of the profession, and minimum qualifications to practice.
4. Ensure financial and strategic support for socioeconomic analyses and research on the national-level returns on ECD investment for the most disadvantaged groups.

Recommendations for the Ministry of Finance and all other government departments, relevant national research institutions, and agencies:

a) The government must better understand and estimate the social, cultural, and economic benefits of equitable access to high quality services in early childhood, including the impacts of equitable access children’s wellbeing and the well-becoming of children, families, and communities.

- Research and policy-oriented analyses should be used by the government to inform policy developments and communicate the justifications for important policy reforms and initiatives to the broader society, including the rationale for increasing investment in ECD to bring Bulgaria in line with the EU ECD investment average.

b) The government should adopt a pro-equity resource allocation policy that explicitly focuses on the most vulnerable.

c) In geographically isolated locations where integration is impossible, careful planning should be undertaken with active involvement from civil society to ensure that infrastructural and other investments do not exacerbate segregation.

- Special attention should be paid to providing infrastructure in the poorest, least-developed micro-regions and geographically isolated areas, to balance regional differences.

ECEC recommendations

1. Increase the access of Roma children to nurseries and kindergartens.

Recommendations for the Ministries of Education and Science, Labor and Social Policy, Health, and Finance; the State Agency for Child Protection and Agency for Social Assistance; all municipalities; preschool institutions; and NGOs:

a) Participation in ECEC should be expanded and supported by the government and all municipalities in parallel with efforts to improve the quality of existing services and ensure sensitivity and responsiveness to the diverse needs of children and families.

b) To overcome financial barriers to equal access to ECEC, nursery fees should be removed, at least for the poorest families, in every municipality.

c) While the preferable alternative is to make public kindergarten and nursery participation free for all children from age 0 to the end of preschool, the following conditions are crucial to reduce financial barriers to equal access to ECEC, at minimum:

- **ALL families (not only low-income and disadvantaged groups) should be exempt from kindergarten fees**, given that the two-year preschool period is compulsory; and

- **nursery fees should be removed, at least for the poorest families, in all municipalities.**
d) The government should pursue measures to increase participation in ECEC from an early age, either by pursuing its plans to introduce a mandatory preschool education year at age 4 (announced with the draft budget law in December 2019) or putting in place more incentives and reassurances for parents, particularly parents of the most vulnerable children to enroll their children at younger ages.

e) To improve ECEC service availability in smaller municipalities and rural areas, funds in the state budget allocated for kindergarten construction in the next three years should target ECEC infrastructure investments in villages with high numbers of vulnerable young children.9

- While all measures must be taken to ensure, to every reasonable extent possible, diverse learning communities, in situations where segregation is unavoidable (e.g. in settlements inhabited primarily by Roma) investments must be characterized by added accountability to ensure the highest quality care (e.g. through quality leadership, staffing, training, buildings, equipment, and resources).

f) Flexible forms of organization for early education and care in resource-poor communities should be considered and encouraged.


Recommendations for the Ministries of Education and Science, Labor and Social Policy, and Health; the State Agency for Child Protection and Agency for Social Assistance; all municipalities; preschool institutions; and NGOs:

a) Encourage intercultural education and the celebration of linguistic diversity in ECEC, and revise the standard for preschool education to ensure that respect for diversity in the broad sense is reflected accordingly.

- While intercultural education has been introduced in schools as part of civic education, the intercultural perspective needs to be more evident in ECEC services. Such norms might be established as a conditional priority for major EU fund operational programs with systemic impact.

- The following objectives should be made clear: the provision of appropriate resources and teaching and learning strategies to preserve the cultural identity of Roma children in preschool settings, and create positive images of, and positive attitudes towards, different ethnic groups and minorities, and diversity in general.

- Roma culture and identity should be acknowledged and promoted in the preschool system through inclusion of Roma language and traditions in kindergarten activities and celebrations.

- Existing good examples in kindergartens should be identified and multiplied.

- Kindergartens – and authors of the learning materials and resources used therein – should be encouraged to ensure that teaching and learning materials/manuals promote respectful understandings of cultural diversity, and also facilitate teaching groups of children with different levels of attainment.

- Support for learning Bulgarian language in kindergartens should be provided to Roma children and children who do not speak Bulgarian.

9 In such contexts, some children are not attending preschool at all; those who do are being transported to another settlement or enroll for preschool groups in schools.
b) **Strengthen teachers’ competencies to communicate with and fully engage Roma parents in the life and work of the institution and education of their children.**

- University programs for educators should focus on the skills needed to work with multi-linguistic classes/groups. An addition to the training curriculum should be coursework on teaching Bulgarian as an additional language.
- ECEC institutions should value parents as equal partners in the education process. Teachers may be supported by, but not solely rely on, Roma mediators and teaching assistants in this process.

c) **Universally adopt and scale up the commendable pioneering model developed by Roma Mediators** as a routine part of the professional repertoire of kindergarten and school skills and responsibilities linked to nurturing home–school relationships and meaningful parental engagement.

d) The Ministry of Education and Science should recommend the use of EU Operational Program funds to **ensure sufficient ratios of mediators in kindergarten settings, with an eye to their qualifications and financial sustainability.**

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**Healthcare system recommendations**

Recommendations for Ministry of Health, Ministry of Finance, and all other relevant government departments, national institutions, and agencies:

1. **Establish a comprehensive cross-sectoral approach** that includes targeted measures in the healthcare system to address the social determinants of health affecting the wellbeing of Roma children and contributing to higher levels of infant mortality, morbidity, chronic illness/disease, and disabilities in adulthood.

2. **Provide access for every pregnant woman, despite her health insurance status, to a full package of care around pregnancy and birth.**
   - Early child development begins with conception, and access to quality prenatal care will ensure that all children have a healthy start in life. This is critically important for marginalized and impoverished Roma families.

3. **Reduce out-of-pocket cash payments for health care by introducing a program ensuring free medicines for all children under age 4.**
   - This can be done by revising the existing free medication list, which is very limited, to create an extensive list of medicines that will be provided free-of-charge for any child, and particularly the most vulnerable, under age 4 upon receipt of a prescription.

4. **Address the national shortage of pediatricians by incentivizing medical students to specialize in pediatrics and developing professional courses to increase general practitioners’ qualifications and skills for work with children, including knowledge and expertise on standards of health, child development and nutrition for children in the early years.** A specific focus should be placed on strengthening the skills to detect developmental difficulties in early years and support for early childhood intervention.
5. Overcome the irregular distribution and lack of medical professionals in smaller municipalities and rural areas by creating stronger incentives for general practitioners to work in small/marginalized communities. Mechanisms for covering the transportation costs of the most vulnerable children to facilitate their access to health care should also be considered.

6. Enhance the role of health mediators and provide quality training for work with Roma communities, expanding these professionals’ professional scope of work and clearly defining expectations around their cooperation with stakeholders in all areas of ECD.

7. Create a national program for families and parenting, including home visits to support parents’ provision of nurturing care to their children, build parents’ knowledge and skills, and ensure vaccination program compliance.
   - As a starting point, the government should implement the planned introduction of home visiting services in all regions of the country, as envisaged in the updated plan for implementation of the National Strategy “Vision for Deinstitutionalization of Children in Bulgaria.”
   - Programming should be strongly guided by and aim to scale pilot initiative best practices (e.g. UNICEF’s successful model of support for parents and children under age 4 in Shoumen and Sliven, as implemented between 2014 and 2018).10

Social services and social assistance recommendations

Recommendations for the Ministry of Labor and Social Policy and other relevant government departments, national institutions, and agencies:

1. Initiate an impact assessment of existing social service policy, provision, and practice to improve the effectiveness of social services, taking into account differences in/for different communities, including Roma.

2. Seek the involvement of the local community when defining demand and service design in situations where identified ineffective services merit reform.

3. Ensure that newly designed/reformed social services are financially sustainable and flexible so they can be adapted to the needs of every local community, including Roma communities.

4. Establish mechanisms to thoroughly train social workers, and hold them accountable through monitoring and evaluation of their professional work to ensure high quality provision.

5. Allocate public funding to scale up successful public social service provision, including early childhood intervention services for children with developmental difficulties and disabilities to ensure availability wherever services are needed.

6. **Reshape the system of benefits linked to kindergarten/school attendance**
in ways that encourage and reward ECEC participation, rather than punish non-
participants.

- Implementation of such policies should refrain from the application of punitive
  measures that deprive vulnerable families of essential resources.
- Family benefit level calculations should capture the extra and hidden costs
  associated with preschool attendance.

7. **Ensure that social services include specialists equipped to work intensively
with young people who are establishing families early in their lives**, including
those involved in under-age marriages/partnerships.
INTRODUCTION

What is RECI+?

Launched in 2009, the RECI series has been a combined initiative of the Open Society Foundations Early Childhood Program, Roma Education Fund (REF), and UNICEF. The principle objective of the country RECI+ Reports was to provide information and data on young Roma children’s exclusion to decision makers and key stakeholders, advocating for equitable early childhood policies and programs. The RECI Reports thus aimed to build a detailed picture of early childhood policy and provision frameworks, highlighting practical and discriminatory barriers and potential opportunities for improving Roma children’s access to appropriate, high-quality early childhood services. This exercise was a first attempt in the Central and Eastern European and South Eastern European regions to capture and systematically present the situation of young Roma children and their families within the context of difficult national histories stemming from the marginalization and exclusion of Roma communities.

In the first phase, RECI Reports were prepared for the Czech Republic, former Yugoslav Republic of Macedonia (now North Macedonia), Serbia, and Romania. These country reports were prepared by local researchers. In 2012, the RECI Overview Report was prepared by the late Dr. John Bennett, an eminent international expert on early childhood development, who also designed the initial research framework and guided the local researchers.

In the second phase (RECI+), focal countries have included Croatia (2015), Czech Republic (2015), and Slovakia (2017). Building on first phase experiences, these second phase studies endeavoured to advance the research process by incorporating Roma researchers and assistants within the research teams and providing all such teams with anti-bias and social justice training prior to the commencement of fieldwork research. The RECI+ concept also places greater emphasis on post-publication advocacy strategies for targeted advancements in early childhood policy, provision, and practice. Given that RECI+ Reports uniquely consolidate information about young Roma children in one place and provide concrete, comprehensive information that can be used for advocacy, we note that COVID-19 emerged during the production of this report, further reducing Roma access to services – and making it even more critical and urgent that these inequities be addressed.

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Grounded in the fields of neuroscience, science, rights, and poverty reduction, the research focus and ECD framework of RECI+ Reports emphasizes the many layers that influence a child’s development and wellbeing, including family and housing as well as preschool, community, economic, social, and political environment. These studies also recognize that the earliest years of life, especially the first 1,000 days, are critical to the lifelong outcomes of individuals and to the future of society and nations.

The Roma Early Childhood Inclusion (RECI+) Bulgaria Report, the final output of this joint initiative between the Sponsoring Agencies, offers a multidimensional analysis of the early childhood experiences of Roma in Bulgaria and up-to-date critical evidence to inform the design of early childhood policies and services to support the inclusion of children from disadvantaged Roma communities and their families. This report is expected to contribute to the efforts of the government of the Republic of Bulgaria and other relevant stakeholders towards EU goals for building quality early childhood education and care, health, and social care systems that aim to facilitate social inclusion, poverty reduction, economic advancement, and long-term benefits for the whole society. In pursuit of this goal, RECI+ always tries to center the complex needs of the child and the family.

The Bulgarian Constitution and legislation grant full rights to Roma as Bulgarian citizens, in line with international standards and conventions on ethnic minorities and anti-discrimination. Yet, the situations of Roma and their children remain difficult across Europe, despite the work of NGOs and the declared commitment of governments and international organizations to fight poverty, social exclusion, and discrimination. Bulgarian Roma communities have an exceedingly rich cultural heritage that should be shared with equal dignity and respect by all. The RECI+ Bulgaria Report acknowledges that inclusion and wellbeing is not only a moral duty consistent with fundamental EU values for human rights and equality, but also an economic and social imperative for Roma families and communities. At the core of the RECI+ approach is the understanding that early childhood is a crucial period of human development, not only from an individual perspective, but for society and the economy overall. Early childhood support – in addition to being central to overcoming the interwoven challenges Roma face in the domains of education, health care, social care, housing, and employment – has notable potential to prevent the intergenerational transmission of disadvantages in marginalized Roma groups.

RECI+ Reports, including this final Bulgarian report, have been justified by an appreciation of the compelling international arguments surrounding the critical importance of early childhood development for all children, particularly children from marginalized and disadvantaged communities. In the European context, a majority of Roma fall into this category, and Bulgaria is no exception.

14 Relevant standards and conventions include the UN Universal Declaration of Human Rights; International Covenant on Economic, Social and Cultural Rights; International Covenant on Civil and Political Rights; UN Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities; Charter of Fundamental Rights of the European Union; and European Convention on Human Rights and its Protocols.
15 European Union Agency for Fundamental Rights, EU-MIDIS II.
The scientific arguments for ECD are strong. A holistic approach towards early childhood development considers all the needs of a child – physical, emotional, and social. A Lancet Commission report notes that “All sectors are responsible for children’s wellbeing,” and the most effective ECD programs provide direct learning experiences to children and families; are targeted towards younger and disadvantaged children; and are integrated with family support, health, nutrition, and/or educational systems and services.\(^{17}\) The Nurturing Care Framework developed by UNICEF, World Bank Group, and World Health Organization highlights scientific evidence showing that in order to develop to their full potential all children need nurturing care in the early years – an environment that ensures their good health (including maternal and child health), adequate nutrition (before and during pregnancy, breastfeeding, and healthy weaning), safety and security for the whole family (physically, emotionally, and socially), positive and responsive interaction with caregivers, and opportunities to interact and learn in formal and/or non-formal settings from birth.\(^{18}\) All these elements need to be in place for every child to thrive.

The Nurturing Care Framework highlights how intense stress during infancy related to chronic poverty, nutritional deprivation, or exposure to violence can undermine healthy brain development, adversely affecting learning and emotional development. To ensure positive outcomes in learning, behavior, and lifelong health and wellbeing for all children, the Framework thus calls for the need to address the health and wellbeing of caregivers through a cross-sectoral approach that provides support to families and promotes nurturing environments and access to high-quality health, social, and early education services.\(^{19}\)

The Nurturing Care Framework requires coordinated efforts between systems and policies in the fields of education, health care, and social support, as well as consistent work and interaction between professionals, parents, and focal communities. The best interest of the child is to be raised in a caring family environment that preserves the family’s cultural identity. Parents and caregivers, the main providers of nurturing care for children, especially during the first three years of life, must be in a position to provide adequate nutrition, health care, interaction, relationship stability, and decent housing and living environments.

The vital importance of early childhood development must be understood in the context of human rights. Unequivocal about the critical importance of children as rights-holders, the United Nations Convention on the Rights of the Child defines as children “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.”\(^{20}\) Thus included among those entitled to all of the rights enshrined in the Convention, young children are also entitled to special protection measures, as well as the progressive exercise of their rights in accordance with their evolving capacities. Of particular relevance to Roma children, the Convention calls on States to emphasize young children’s vulnerability to poverty, discrimination, family breakdown, and multiple other adversities that violate their rights and undermine their wellbeing.

Access to quality pre-primary education is a core focus of one of the United Nations 2030 Sustainable Development Goals.\(^{21}\) The RECI+ program has always taken the view that care and protection in early childhood are the right of every child.\(^{22}\) Furthermore, the early years are the best time for interventions designed to overcome social disparities,
ensure later success in life, and promote equity in society.\textsuperscript{23} Indeed, compelling scientific evidence shows that better long-term cognitive and social–emotional capabilities, school achievement, mental health, and adult earnings accrue for disadvantaged children who participate in high-quality programming in their early years, as well as crime rate reduction.\textsuperscript{24} A cost-effective strategy for governments to promote economic growth, investments in early childhood yield greater returns than investments at any other stage of education, costing notably less than measures to compensate for inadequate education and employment skills at older ages.\textsuperscript{25}

\textbf{Figure 1. Economic impact of investing in early childhood learning}

Source: https://heckmanequation.org/resource/the-heckman-curve/

The Importance of Early Childhood and Nurturing Care – Regional and European ECD Perspective

Early childhood development policies and services are considered key policy tools for addressing poverty and social exclusion and breaking the intergenerational cycle of disadvantage in the EU.\textsuperscript{26} Europe 2020 aimed to ensure that at least 95\% of children from age 4 to the age of compulsory education were participating in early childhood

\textsuperscript{23} Researchers suggest that preventing the loss of developmental potential that affects millions of children worldwide during the first five years of life could interrupt the cycle of poverty and help promote equity in society; see, for example, Sally Grantham-McGregor et al., “Developmental Potential in the First 5 Years for Children in Developing Countries,” Lancet 369, no. 9555 (2007): 60–70.


education and the European Council had targeted 33% of children under 3 years of age attending preschool facilities. The 2017 European Pillar of Social Rights emphasizes granting vulnerable children the right to specific measures in order to enhance equal opportunities for quality care and education. In 2018, the EU promoted integrated, multi-sectoral support for early childhood development that is child-centered, targets all aspects of a child’s wellbeing, and provides coordinated and integrated services at the local level for child and family alike. This approach combines the provision of universal services with services that explicitly (but not exclusively) target disadvantaged groups without stigmatizing them, supporting vulnerable children within mainstream systems by ensuring an inclusive environment.

Multidisciplinary approaches proven to be effective for Roma children from disadvantaged backgrounds include family planning, caregiver skill training and parenting support, home visits, community outreach, involvement of health and education mediators from the community, free access and incentives to encourage use of services, elimination of segregation, and care for whole family wellbeing. To be successful, such undertakings must be carried out in consultation and collaboration with Roma parents and members of the community, and must be underpinned with adequate financial resources.

The EU measures poverty in member states and RECI+ Reports use those data as starting points to situate and describe the circumstances of Roma families within the focal countries. European Union Statistics on Income and Living Conditions (EU-SILC) are particularly helpful because these datasets are disaggregated by ethnicity and can thus be used to draw nationally valid conclusions. While all RECI+ studies have been hampered by the lack of Roma-specific data linked to public service delivery, this dilemma has been mitigated to a great extent by the information provided by EU-SILC.

Of particular importance to the ECD of Roma in the European context has been the EU Framework for National Roma Integration Strategies up to 2020. The EU had long stressed the need for better Roma integration and in 2011 the European Commission called for national strategies for Roma integration around four key areas: education, employment, healthcare, and housing. Each country produced a Roma strategy, and in 2013 the European Council agreed to a recommendation on effective Roma integration measures in EU countries, including Bulgaria.

A complementary aspect of EU policy that has been instrumental in fostering national ECD policies for all children, including Roma, is the EU Early Childhood Education and Care (ECEC) Quality Framework. In 2019, the European Commission adopted a proposal for a Council Recommendation on high quality ECEC systems that aims to support

32 Ibid, 19.
35 See, for example, the 2010 European Commission communication on “the economic and social integration of the Roma in Europe” available at https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=14490812175&uri=CELEX:52010DC0133.
Member State efforts to improve access to and quality of ECEC systems. This proposal includes a Quality Framework outlining five key components of a qualitative system: access to early childhood education and care, training and working conditions of staff in charge of early childhood education and care, definition of appropriate curricula and governance, funding, and systems monitoring and evaluation.

The Quality Framework has already supported reforms in many countries and helped improving early childhood education and care. The EU benchmark of 95% of children above 4 years old attending ECEC has been reached overall, but there are still wide differences across countries, regions, and areas. The European Commission supports member states in identifying challenges in this field and ways to address them.

At a regional level, the Council of Europe makes significant contributions to Roma rights, including the promotion of minority languages, culture, arts, and education. The Council also monitors the exercise of human rights in member states, including Bulgaria. These commitments are achieved through the work of a specialist team ensuring implementation of the Strasbourg Declaration on Roma Issues, which was adopted in October 2010.

The Importance of Early Childhood and Nurturing Care – Bulgarian ECD Perspective

Bulgaria has in place several policies and services to ensure the survival and development of young children – maternal and child health services and programs, maternity/paternity benefits and leave, social security, nutrition programs, preschool education, and more. However, the concept of holistic ECD does not have long traditions in Bulgarian child and family policies, which are targeted to the broad 0 to 18 age group. There is no single national body to set strategic guidelines for the provision of early childhood services and coordinate the various public systems that address the needs of children and their families in the early years.

A certain degree of progress was made in 2018 when early childhood development was set high on the political agenda in Bulgaria and identified as one of the main priorities of the Bulgarian Presidency of the Council of the European Union. Under the auspices of the Ministry of Education and Science, an inter-institutional group was established to draft a Strategy for Early Childhood Development. The group’s aim was to create an integrated policy framework for holistic ECD support across the education, health, and social welfare sectors. At the time this report was written, the working group had been put on hold due to negative social reactions regarding the National Strategy for the Child 2019–2030, a document that was scheduled to be approved in 2019 but came to be heavily criticized by the Orthodox Church and some groups of parents.

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37 For policy cooperation framework details, see https://ec.europa.eu/education/policies/european-policy-cooperation/et2020-framework_en.
39 The working group included representatives of the Ministries of Education and Science, Labor and Social Policy, and Health; State Agency for Child Protection; Agency for Social Assistance; academia; preschool institutions; and NGOs.
41 See for example, Facebook group “No to the National Strategy for the Child” / „Не на Стратегията за детето 2019–2030!” at https://www.facebook.com/groups/344827183050805/; there was also a national movement in Bulgaria against the draft National Strategy for Child Protection 2019–2030.
Nevertheless, the government's efforts towards an integrated approach and recognition of early childhood development as a specific policy area have been welcomed and acknowledged at the EU level. Participation in quality early childhood provisions is important for the development of all children's talents and potential, but is especially important to children from minorities and low-income families. Quality support for early childhood development can better prepare Roma children from disadvantaged groups to adapt to school, prevent drop-out, and establish foundations for acquiring skills and knowledge for an accomplished and personally rewarding life.

The National Strategy for Reducing Poverty and Promoting Social Inclusion 2020 recognizes the role of high-quality health and education services in early childhood for breaking the poverty cycle among disadvantaged groups, including Roma. One positive development in this respect was the introduction of free compulsory preschool education for all children from the age of 5 years, which led to an increase in participation rates. Nevertheless, ECEC participation rates in Bulgaria are well below the EU targets of 95%, as mentioned, and children from disadvantaged groups, including Roma, have lower preschool enrollment rates than their peers (especially in the 0 to 3 age group) due to a number of social, economic, attitudinal, and structural barriers. Barriers include high preschool-related fees and other costs, access difficulties and lack of available provision, preference for home care, and lack of knowledge, in some families, regarding the importance of preschool experiences for positive educational outcomes.

Country-specific recommendations of the 2019 European Commission’s *Education and Training Monitor* report called Bulgaria to improve education and training quality and inclusiveness overall, and in particular for Roma and disadvantaged groups. Many disadvantaged Roma families face difficulties using existing services because of poverty, insufficient service capacities, availability and quality issues, lack of health insurance, address registration, etc. A further aggravating factor for the realization and full development of the Roma community relates to the widespread negative attitudes and discrimination they encounter.

A complex and integrated approach towards Roma early childhood inclusion must thus be adopted, going beyond early education and care to address general welfare, health, and living conditions to ensure that families have the necessary resources and support to provide nurturing care for their children. The Bulgarian government has made progress in the last few years towards the establishment of integrated cross-sectoral services for young children and families, as part of national efforts to prevent child abandonment and ensure that children grow in family or family-type environments. The new, albeit delayed, Social Services Act 2020 provides a legal basis for the development of a new integrated approach.
service and service delivery system. The Social Services Act 2020 takes further the holistic approach tested via innovative services through a World Bank-funded Social Inclusion Project (2010–2015) and undertakings to include disadvantaged children and families under the EU’s Human Resources Development Operational Program (2014–2020).

Most children in Bulgaria spend their first years in the family; only 16.2% of children aged 0 to 3 attended nurseries and kindergartens in 2018, according to Eurostat data. Because EU policies recognize the role of parents as the main educators of their children from birth, and parents’ provision of health, growth, social, emotional, and cognitive development of the child in the early years is critical, broader support for early childhood development, especially for children from disadvantaged groups, should include support for parents’ mental and physical health, employment, adequate social benefits, and ability to ensure a nurturing environment.

Partnership between families and ECEC institutions is especially beneficial for securing a smooth transition from home- to school-based learning and identifying and resolving school and learning-related problems, particularly for children from disadvantaged communities. As highlighted in the National Roma Integration Strategy 2012–2020, parental involvement in learning and school life is a prerequisite for the successful participation of Roma children in education and important for the improvement of care and the protection of children. These practices need to be based on equal partnership and mutual respect.

**Research Methodology**

The *RECI+ Bulgaria Report* is the final RECI+ study of the second phase of the RECI+ project (2015–2020). The research and analysis for Bulgaria was carried out in 2019 by the Open Society Institute – Sofia Foundation, in collaboration with experts from the Amalipe Centre for Interethnic Dialogue and Tolerance, World without Borders, and early childhood development experts from academia, including Roma. The 16 members of the research, author, and editorial teams are listed in the prefatory section of this report.

The *RECI+ Bulgaria Report* utilized traditional desk research and field work. Desk research included close scrutiny of published books, reports, and other research material with either direct or indirect relevance to ECD, human rights, ECEC, and/or health and social care/protection, with specific focus on marginal and socioeconomically disadvantaged communities, particularly Bulgarian Roma families. The research and author teams gathered and analyzed data on early childhood systems sourced from ministries, state agencies, and institutions in the areas of health care, education, and social work, as well as reports and research from non-governmental organizations in and beyond Bulgaria such as the European Union, Organization for Economic Cooperation and Development, UNICEF, World Bank, and World Health Organization. The team also organized a national consultation process to validate the main conclusions of the report with the involvement of government agencies, NGOs, and persons from academia.

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48 Enactment of the new Social Services Act was postponed six months in the beginning of 2020; see https://www.bgonair.bg/a/28-denqt-on-air/181979-patriotite-poiskaka-otlagane-na-zakona-za-sotsialnite-uslugi.


50 European Commission, *Proposal for Key Principles*.

51 Data sources included the National Statistical Institute, National Health Insurance Fund, National Center of Public Health and Analyses, Agency for Social Protection, State Agency for Child Protection, Ministry of Education and Science, Center for Educational Integration of Children and Students from Ethnic Minorities, Ministry of Labor and Social Policy, Ministry of Health, etc.
Despite many years of experience working with Roma, the entire research team received specific training to maximize objectivity and sensitivity, and avoid Roma community stigmatization and their own unconscious bias and stereotypes.52

The teams encountered two main obstacles in the process of data collection. Some types of data are not gathered at all or are not available at a centralized level (e.g. there is no information at the country level on results of the early screening of age-3 children being enrolled in kindergarten, and no register of the medical checks of uninsured pregnant women carried out under Ordinance No. 26). Moreover, there is a lack of disaggregated information on key population-based indicators by ethnicity, gender, age group, etc., though EU Statistics on Income and Living Conditions (EU-SILC) data can be disaggregated by ethnicity and used to draw nationally valid conclusions.

The RECI+ Sociological Survey uses qualitative and quantitative methods to collect data and examine the views of Roma representatives and experts who work directly at the community or national level.53 Surveys on households with young children were conducted in six Roma neighborhoods in Bulgaria, with 360 total respondents and results representative for each neighborhood. Selection of the six neighborhoods to be researched was given careful consideration to ensure that data retrieval provided evidence of the national picture in relation to diverse Roma communities living in diverse circumstances. Neighborhoods in Kyustendil, Montana, Rozino, Shumen, Sliven, and Tundza were selected. In each location 60 surveys were conducted with the main caregiver of households that included children aged 0 to 6. In-depth interviews and focus group discussions in each location captured the voices and views of Roma parents and children, as well as those of important stakeholders such as physicians/health professionals, mediators, social workers, Roma activists, NGO and municipal/state employees, and head teachers and teachers of kindergartens. Discussions with kindergarten children were facilitated by specially trained moderators through play-based methods developed by early childhood professionals. In addition, in-depth interviews were conducted with representatives of national institutions and NGOs working throughout the country. RECI+ Bulgaria involved Roma at all stages of the survey and report writing. Roma authors, reviewers, and field researchers provided valuable insights related to Roma people in Bulgaria.

Information and data collected during the study was used by the research team to outline the situation of early childhood services in Roma communities, identify major problems, and make recommendations for overcoming them. The conclusions and arguments in this report are complemented by a specially-developed tool not applied in the other RECI+ country studies: the methods of participatory action research. Related to the “urgent anthropology” approach, participatory action research in this context combined direct observation, informal interviews, mental topography, and language mapping in the six focal Roma neighborhoods. Consultation with national stakeholders on the main findings and final review and editing of the report occurred in May 2020. More information on the methodology of all elements of the survey is available in Appendix 1. RECI+ Bulgaria Research Methodology.

52 The Embracing Diversity training model of the International Step by Step Association was used; see https://www.issa.nl/embracing_diversity.
53 For detailed chart and information on the quantitative and qualitative survey, see Appendix I.
Structure of the Report

Following this introduction, the RECI+ Bulgaria Report is compiled as five chapters. The first chapter examines the Roma community in the context of the historical, demographic, and socioeconomic development of the country. Chapter 2 provides an overview of the main health care and social support systems related to early childhood development, and how (and the extent to which) they address the needs of Roma children and parents. Chapter 3 provides an overview of the ECEC system and inclusion of Roma children and their parents within that system.

Building on these foundations, Chapter 4 outlines the main challenges Roma families face in accessing quality early childhood development services and support. Chapter 5 offers conclusions and recommendations for government decision makers and other relevant authorities and institutions, with the goal of providing guidance and solutions for identified problems of particular concern, as well as specific examples to ground stakeholder discussions and advocacy for better learning and developmental conditions for Roma children, their parents, and their communities.
CHAPTER 1.
The Context and Situation of Roma Communities in Bulgaria

The Republic of Bulgaria is a full-fledged member of the European Union, situated in Southeast Europe. Bulgaria covers an area of about 111,000 square kilometers and has a population of 7 million.\(^54\) The capital city of Sofia, with a population of over 1.3 million people, is the largest urban center and the most developed region in the country. Bulgarian is the official language and the Bulgarian alphabet is known as Cyrillic. Despite the fact that Bulgaria is the poorest country in the EU, in the last two decades its GDP per capita has risen significantly, from 27\% of the EU average\(^55\) in 1999 up to 50\% in 2018.\(^56\) The Bulgarian economy suffered severely from the 2008–2009 global banking and financial crises, and subsequently from the Eurozone crisis. Bulgaria’s drop in employment, the highest in the EU, affected mostly the uneducated and those with a low level of education. Since 2014, though, the GDP recovery rate has been steady. Employment of the 20 to 64 age group reached 75\% in 2019, the highest percentage since comparable data has been available. Unemployment has been steadily decreasing, as well, and only 4.2\% of the working population was unemployed in 2019.\(^57\)

Demographic Data on Roma

In the last three decades, Bulgaria’s population dramatically decreased due to emigration and negative natural population growth (difference between live births and deaths).\(^58\) The country’s population is also aging; at the end of 2018, people over 65 years of age represented 21.3\% of the population and only 14.4\% were below the age of 15. This pattern results in more people going into retirement and leaving the labor market and fewer young people entering it, with considerable and far reaching economic and social implications.

55 Nearly all the data used in this report pre-date January 2020, when the United Kingdom officially left the EU. As such, data that predates 31 January 2020 includes the U.K.; subsequent data do not.
The Roma are the second largest ethnic minority in Bulgaria. Data and estimates regarding the Bulgarian Roma population vary and are disputable due to multiple identity and ethnic discrimination issues. Whereas, for example, the 2011 census indicates that 4.9% of the Bulgarian population (325,343 people) are Roma, the 2012 estimate of the Council of Europe was 9.94% (750,000).

**Table 1. Ethnic groups in Bulgaria**

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Ethnic Bulgarian</th>
<th>Turkish</th>
<th>Roma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share of the population</td>
<td>84.8%</td>
<td>8.8%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Source: National Statistical Institute, 2011 Census Final Data.

It is worth noting that census questions in 2011 about ethnicity, religion, and mother tongue did not require a mandatory response, and 9% of respondents did not answer the question on ethnic self-ascription (an estimated 660,000 people in total). More in line with the Council of Europe estimate, other surveys and findings indicate that the Roma population is likely twice as high as official census data suggest. In 2007, for example, an Open Society Institute – Sofia Foundation research team created a map showing that the Romani language was spoken by approximately 420,000 out of 700,000 people living in segregated neighborhoods (about 60%), settings unofficially labelled as “Roma quarters” by non-Roma citizens.

**Table 2. Languages as a mother tongue in Bulgaria**

<table>
<thead>
<tr>
<th>Mother tongue (first language)</th>
<th>Bulgarian</th>
<th>Turkish</th>
<th>Romani</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share of the population</td>
<td>85.2%</td>
<td>8.8%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Source: National Statistical Institute, 2011 Census Final Data.

The Bulgarian Roma ethnic group is dispersed across the country, with 55.4% living in urban areas, a rate lower than the 77.5% pattern for the overall population. According to 2011 census, the largest portion of Roma people reside in Montana (12.7%), Sliven (11.8%), Dobrich (8.8%), Yambol (8.5%), Pazardzhik (8.3%), and Shoumen (8.2%). The age structure of the population in Bulgaria differs across the different ethnic groups. Young people are the largest proportion within the Roma ethnic group, whereas older people are more prevalent in the majority Bulgarian ethnic group. The fertility rate (average number of children per woman) is higher in the Roma group (2 children per woman) than the 1.3 children per woman average within the Bulgarian ethnic group, and 1.7 children per woman average within the Turkish ethnic group; the average fertility rate for the country as a whole was 1.4% in 2011. The Roma ethnic group holds a 12% share of the nation’s children below the age of 10, while the Roma group share of the population over 70 is under 1%. Table 3 shows that the percentage of Roma over the age of 60 is 7.1% – a marked contrast with the Bulgarian ethnic majority, at 28.7%.

59 National Statistical Institute, 2011 Census Final Data.
60 European Commission, “European Union and Roma Factsheet”
61 See, for example, European Commission, An EU Framework.
62 Romani belongs to the Indo-Aryan group of the Indo-European language family and is related to Hindi, Urdu, Punjabi, and other Indian languages.
64 National Statistical Institute, 2011 Census Final Data.
Table 3. Bulgaria’s population structure by age

<table>
<thead>
<tr>
<th>Age group</th>
<th>Ethnic Bulgarian population</th>
<th>Turkish population</th>
<th>Roma population</th>
<th>Overall population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–9</td>
<td>7.2%</td>
<td>10.2%</td>
<td>20.8%</td>
<td>8.4%</td>
</tr>
<tr>
<td>10–19</td>
<td>8.3%</td>
<td>12.2%</td>
<td>18.3%</td>
<td>9.2%</td>
</tr>
<tr>
<td>20–59</td>
<td>55.7%</td>
<td>59.0%</td>
<td>53.8%</td>
<td>55.8%</td>
</tr>
<tr>
<td>60+</td>
<td>28.7%</td>
<td>18.7%</td>
<td>7.1%</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

Source: National Statistical Institute, 2011 Census Final Data.

The stark disparity in life expectancy between the Roma ethnic minority and majority populations is a significant moral, social, and political challenge to Bulgarian society. In the medium term, these demographic trends will render a much larger Roma share of the working-age population than the average Roma share in the general population. This forecast would seem to demand the need for the appropriate authorities to take comprehensive action to ensure that the youngest of the present Roma generation are provided with all the necessary quality services and tools to acquire the skills and knowledge for equitable inclusion in the social, cultural, and economic life of the country.

Roma in Bulgaria have a lower median age of giving birth, regardless of birth order, the difference being more visible for third-time births (see Figure 2). According to 2017 EU-SILC data shared with the authors of this report, 25% of Roma women have their first child between the ages 17 and 19, with youth fertility rates for the general population being the highest in the EU. The number of teenage mothers in Bulgaria was the second highest in the EU, in 2017, as a percentage of the population. Family planning strategies that focus on teenagers are needed nationwide.

Figure 2. Mother’s age in completed years for first-, second- and third-time births in Bulgaria, by ethnic background

Source: 2017 EU-SILC data provided to the authors of this report.

National Statistical Institute analysis from 2012 on the birth rates in Bulgaria shows that, irrespective of ethnic origin, mothers with high school and university education and/or mothers who are economically active have fewer children. Evidence from RECI+ survey administration in the six focal neighborhoods of Bulgaria similarly shows that Roma women with a better socioeconomic situation are less likely to desire and approve starting a family early in life. Only 4% of survey respondents consider an age lower than 18 years appropriate for girls to marry; 1% mentioned such a marriage age as appropriate for boys.\(^6\)

Analysis of the survey data shows that the following factors characterize sample respondents who described positive attitudes towards early marriage: mothers who were themselves 13 to 16 years of age at their own first child's birth, parents with three or more children, respondents with primary or lower education, and respondents from the lowest income groups in the sample. There are human rights and many other issues surrounding early and "underage" marriage in some Roma communities and these will be revisited in Chapters 4 and 5.

The last available education data disaggregated by ethnicity from the 2011 national census show a slow increase in the education level of Roma in comparison with both the general population and the other two sizable ethnic groups – ethnic Bulgarian and Turkish. Roma still hold the biggest share of functional illiteracy, and this situation is three times higher among Roma women than among Roma men. Additionally, 23.2% of Roma children in the age group of 7 to 15, were not in education in 2011, in contrast to 5.6% for the Bulgarian ethnic group.\(^6\) The early school leaving rate amongst Roma aged 18 to 24 is 2.5 times more than amongst non-Roma.\(^7\) The regional survey by the European Union Agency for Fundamental Rights reported in 2011 that only 45% of Roma children in Bulgaria attended preschool. However, after introduction of two compulsory years of preschool education, coupled perhaps with other factors, the enrollment rate of Roma children's preschool attendance rose to 68% by 2016.\(^7\) Despite difficulties accessing public services, the census shows a positive trend of more Roma completing higher education (0.5% in 2011), and some experts believe this number has increased in the last 10 years as a result of NGO scholarship programs.\(^7\)

<p>| Table 4. Education by ethnic group for the population aged 20+ |
|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Ethnic Bulgarian %</th>
<th>Turkish %</th>
<th>Roma %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest completed level of education</td>
<td>19.2</td>
<td>25.6</td>
</tr>
<tr>
<td>Secondary</td>
<td>47.6</td>
<td>52.3</td>
</tr>
<tr>
<td>Primary</td>
<td>24.9</td>
<td>18.0</td>
</tr>
<tr>
<td>Elementary</td>
<td>6.9</td>
<td>3.4</td>
</tr>
<tr>
<td>Incomplete elementary and/or illiterate/never been to school</td>
<td>1.4</td>
<td>0.9</td>
</tr>
</tbody>
</table>


\(^7\) Among these opportunities have been scholarships offered by the Roma Education Fund (https://www.romaeducationfund.org/rmusp-bulgaria/), Roma Health Scholarships of the Open Society Institute-Sofia (www.osis.bg), and Roma Health Scholarships under the Financial Mechanism of the European Economic Area (https://www.activecitizensfund.bg/public/portfolios/view.cfm?id=10).
The Cultural Richness of the Roma in Bulgaria

There are no definitive sources on the initial arrival of Roma people in Bulgaria, but Ottoman tax registers from the beginning of the 15th century indicate that there were already several towns with both Muslim and Christian neighborhoods of settled Roma. A significant part of the rear troops as musicians, blacksmiths, saddlers, and grooms, many Muslim Roma households were actually well positioned within the urban stratification of that era, residing downtown between the garrison barracks and the market street.\(^73\) Christian Roma in the early years of Ottoman governance were considered Copts and a special law was issued for them in 1530.\(^74\) They were prosecuted by the Eastern Orthodoxy for being Miaphysites\(^75\) and pushed to the very periphery of the settlements by Bulgarian and Greek local parishes. Another group of Christian Roma came to contemporary Bulgarian lands in the 18th and 19th centuries, as Orthodox Christian Roma fled slavery in Wallachia and Moldova, appearing as wandering nomadic troops in the 18th and especially the 19th century.

After gaining independence from the Ottoman Empire, the Bulgarian state imposed some limitations on Roma and other minorities. Afraid of a Muslim revolt and illegal trans-border trafficking, the government banned the ethnic quarters in 1882, and circular migration to neighboring countries was forbidden in 1886.\(^76\) In 1901, nomadic and Muslim Roma lost their voting rights by a royal decree.\(^77\) With the rise of nationalism between the World Wars, the Romani organization “Egypt” was forbidden in 1925\(^78\) and the newly-established Muslim-Romani organization “Istikbal” [Future] was forbidden in 1942. According to set-up of the in-war coupon system for access to basic food products, Jews had a right to half of what was allowed for Bulgarians, but Roma had a right to only one-quarter (half the Jewish ration). Supported by the Fatherland Front government, there was, for a short time, post-war progressive development. A national Romani organization against fascism was established in March 1945, followed by the establishment of over 200 local community clubs in 1947. A newspaper (1946), a theatre (1947), and a Romani school (1948) were established, too. However, following the common policy of the Soviet bloc, several repressive and discriminatory issues and policies appeared after 1958. Nomadic wandering was forbidden, and over a 10-year period about 160 urban and 3,000 rural segregated Romani quarters were established. Forced assimilation practices started in the late 1960s via a “voluntary” change of Muslim names,\(^79\) a ban on Muslim clothing,\(^80\) and a ban on the use of Turkish and Romani languages in public spaces.\(^81\)

\(^74\) Kanunname-i Kibtiyan-i Vilayet-i Rumeli provided these details on page 310 of a 1961 publication by the Bulgarian Academy of Sciences of a Bulgarian document that would loosely translate to “Turkish Sources on the Law History in the Nowadays Bulgaria.”
\(^75\) Miaphysite churches, like the Coptic Church, attribute equal presence to the divine and human nature of the person of Christ.
\(^78\) Also forbidden at that time were the Communist party, Rotary Club, and all other “foreign” organizations.
\(^79\) Known as “Revival Process,” this assimilation act became internationally recognized in the mid-1980s due to Turkish minority resistance, though the assimilation process had begun with “cultural schools” for Pomaks and Roma women in late 1960s.
\(^80\) Examples of forbidden attire included yashmak and fez; slavery was also forbidden.
\(^81\) Pamporov and Zhelyazkova, *Romani Everyday Life*, 283.
Identity and subgroups

Different cultural patterns and diverse historical experiences have shaped the identities of Roma people in Bulgaria, who are not a unified, coherent ethnicity but a number of different communities, many comprised of specific ethnic subgroups. Although some public officials, politicians, and media sources deny the word “Roma” as a relevant umbrella term for those communities, the umbrella concept was officially introduced in Bulgaria after the Second World War by the Roma theatre and Romano Esi [Romani voice] newspaper, both established by the Fatherland Front in 1946. Change in state policy after 1956 and prohibition of the usage of minority languages in public places led to the gradual “obliteration” of this word – and groups and subgroups of that population prefer to self-identify and be referred to with other ethnonyms. Usually, these groups draw a line between Roma and themselves and deny belonging to the Roma population because they do not speak Romani, though some do accept the label “Gypsies.” That said, based on language, religion, and lifestyle, there are at least five main Roma communities in Bulgaria, as well as a few subgroups that prefer other identities.

**Daskane Roma** is a broad label that refers to “Bulgarian” and “Christian” Roma. The prevailing share of the Roma population in Western and Central Northern Bulgaria fall under this label, which includes about 30 subgroups and some para-Romani groups using Bulgarian as their mother tongue (e.g. Tsutsumani, Djorevci, and Demirdjii).

**Khorakhane Roma** is a broad label that refers to “Turkish” as well as “Muslim” Roma. There are about 40 subgroups and they prevail in Eastern and Central Southern Bulgaria, as well as in the southern corner of Western Bulgaria, and include some para-Romani groups using local Turkish dialects as their mother tongue (e.g. Millet, Usta-Millet, Sarkshtsi, Daale, and Agoupti are usually classified under the broad Khorakhane Roma label).

**Kalaydjes** practice Islam or Orthodox Christianity but share in common a patois that belongs to the so-called Southern Wallachian type of Romani dialect.

**Calderashya** are a group of Eastern Orthodox Christians dispersed, for the most part, among the Bulgarian population in some regions of Bulgaria. This Roma community is known as “Serbian” or “Hungarian” Roma (not to be mistaken with the Romungro subgroup in Hungary).

**Ludari (Rudari),** sometimes labeled “Romanian Gypsies,” Ludari/Rudari normally self-identify as Romanians, Wallachians, or Bulgarians – never as Roma. Although Ludari live in segregated neighborhoods, they do not differ from the local Bulgarian population with respect to acquired education level, employment rate, or family patterns.

Given this complex cultural, ethnic, religious, and linguistic diversity, it is crucially important that public policy developments are routinely informed by Roma and other specialists representing a number of relevant social science fields. It is also to be noted that, in the territory of Bulgaria, people with a Roma ethnic and cultural heritage are full and equal Bulgarian citizens recognized by national and international law.

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82 Elena Marushiakova and Veselin Popov, *Gypsies (Roma) in Bulgaria* (New York: Peter Lang, 1997).
84 An occupational ethnonym, the term “kalaydjes” translates to “tinsmiths,” reference to the traditional, male craft.
85 “Calderashya” [copper makers] is an occupational ethnonym from the Romanian word “calder” (a cauldron). Both Turkish and Bulgarian speakers often called these peoples “Bakurci/Bakardjii” [coppersmiths], which is similar to “Xarkomyarya,” a Romani endonym of some Calderash people.
86 In Central Europe and the Western Balkans these peoples are known as Boyash, Beas, or Banayash, but these ethnonyms are not in use in Bulgaria.
In Bulgaria, there is neither official standardization of the main Romani dialects, nor a recognized international orthographic system. Some Roma communities in Bulgaria use Bulgarian or Turkish as a lingua franca for inter-group communication, and even published Bulgarian-Romani and Romani-Bulgarian dictionaries use the author’s personal principles of transliteration or invented orthography. The absence of grammar or textbooks that experts consider suitable for children are a key reason why attempts to implement Romani language use in the Bulgarian school system have been unsuccessful. Indeed, although teaching Romani as a mother tongue in the classroom is one of the integration indicators of the Action Plan for the Implementation of the National Roma Integration Strategy 2012–2020, for the past five school years (2014–2019) not one class in the Romani language has been established.87

Data related to mother tongue (defined as the first and most spoken language at home) illustrates the complications of questions about language use by Roma in Bulgaria (see Table 5), which are perhaps unsurprising given the broad definition of “Roma” introduced by EU documents and policies.88

<table>
<thead>
<tr>
<th>Census 2001</th>
<th>Census 2011</th>
<th>OSI 2007, self-identified Roma respondents*</th>
<th>OSI 2007, segregated zone respondents overall*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romani</td>
<td>86.2</td>
<td>60.7</td>
<td>38.7</td>
</tr>
<tr>
<td>Bulgarian</td>
<td>7.0</td>
<td>25.3</td>
<td>28.8</td>
</tr>
<tr>
<td>Turkish</td>
<td>6.5</td>
<td>5.4</td>
<td>24.0</td>
</tr>
<tr>
<td>Romanian</td>
<td>0.1</td>
<td>0.0</td>
<td>0.4</td>
</tr>
<tr>
<td>Not indicated</td>
<td>0.1</td>
<td>8.5</td>
<td>8.1</td>
</tr>
</tbody>
</table>

Sources: National Statistical Institute, 2011 Census Final Data; Open Society Institute – Sofia Foundation (opendata.bg).

* The Open Society Institute – Sofia Foundation 2007 survey sample is representative of Roma living in settlements, neighborhoods, and other areas with a predominantly Roma population (segregated zones). The minimum size of an area/zone is 30 neighboring households. The sample includes 1,737 households. Some residents in large segregated neighborhoods self-identify as Bulgarians, Turks, or members other ethnic groups. For this reason, information on those who self-identify as Roma is shown separately.

Roma and religion

The diversity of Romani dialects parallels the huge variety of religious affiliations. Although Bulgarian Roma are mostly Eastern Orthodox (36.6%) or Muslim (18.3%), between 2001 and 2011 a significant increase in the proportion of Protestants was observed, rising to 10%.89 However, these figures do not reflect recent dynamics or the current interventions and conversions by some Salafi and Hizmet organizations. In some neighborhoods, there are more than a dozen evangelical denominations and churches

88 The EU uses “Roma” as an umbrella term that includes groups of people who have more or less similar cultural characteristics, including Sinti, Travellers, Kalé, and Gens du Voyage.
89 Data on religion is from the 2011 national census. Apart from those who indicated religious affiliations, other Roma have no religious identification or chose not to answer the question.
represented, together with several Muslim branches. Scholar Alexey Pamporov has described in public lectures at the International Summer School on Religion and Public Life how blurred religious identity is a source of confusion in some subgroup identities, sometimes leading to the establishment of a meta-Romani identity, and other times bringing change towards Bulgarian or Turkish identity.

The Economic and Labor Market Situation

The integration of Roma into the labor market is a human rights imperative that will lead to immeasurable social and economic benefits both for Roma communities and society overall. With the aging of the population, pensions and other social benefits are at risk unless there are marked improvements in the education and wellbeing of Roma families to ensure that the working age population is able to equitably contribute through taxes to social service schemes for mutual benefit in the near future.

However, available data show strong labor market participation disparities between the Roma and non-Roma populations in Bulgaria. Unemployment, poverty, and social exclusion affect a large proportion of the Roma population. Early school leaving, which denies Roma youth the acquisition of important skills and qualifications for career development, as well as high levels of long-term unemployment linked to negative attitudes against Roma, undermine government efforts to enhance Roma participation in the labor market. In 2016, 55% of Roma self-identified as unemployed and 23% as employed (only 16% of Roma women reported being employed); of these, 49% reported having a paid job in the previous weeks. In comparison, the 2016 average rates for employment and unemployment in Bulgaria were approximately 68% and 7.6%, respectively. The country’s unemployment rates subsequently decreased, reaching 5.2% in 2018.

While unemployment among Roma has also diminished, rates for this population continue to remain significantly higher than the national average. In 2015, 65% of Roma aged 16 to 24 were neither employed, nor in education or training (NEET); the NEET average in Bulgaria for the same year was 19%. The NEET rate for Roma women was particularly high – about four times higher than the national average (79%). Some causes of this intersectional outcome stem from social norms and expectations regarding Roma females starting a family, raising children, and being close to their parents. This factor is more strongly evident in contexts where schools are located outside the family’s residential area.

In 2017 and 2018, as the national NEET average dropped to approximately 15% with government interventions such as the European Youth Guarantee, there was no focused effort to engage Roma communities and there is no available evidence to suggest that

90 Only 39% of Bulgarians would maintain friendships with a Roma person, according to a 2017 survey of the Trend Research Center; see https://bit.ly/2PtK5gS.
The Roma NEET average has similarly gone down. Bulgaria’s aging population and the severe social exclusion of some Roma communities need to be simultaneously addressed through relevant preparation and employment opportunities, recognition of which led to the introduction in 2008 of “Activating the Inactive Persons.” Last amended in 2018, this national program supported by the EU’s European Social Fund, includes measures to train low-skill youth, career mediators of Roma origin, mentoring and psychological support workers, and case managers.

Poverty and Social Exclusion

Another issue interwoven with labor market participation is the reality that poverty among working Roma is extreme; their risk for and experiences of poverty are dramatically higher than for the Bulgarian and Turkish ethnic groups. Despite the positive downward trend of poverty risk and social exclusion in Bulgaria since 2008, the country still has the highest rate among EU member states (32.8%, versus the EU average of 21.7%). Poverty and social exclusion are issues disproportionately affecting many families of Roma background, large families with at least three children, children of single parents (mostly single mothers), and children with disabilities. In 2018, 22% of Bulgaria’s overall population lived below the poverty line. More than half of the Roma living in poverty are not employed. For another 28.6%, their job does not actually remove their risk of poverty. As a point of reference, poverty among the Bulgarian ethnic group is largely spread among pensioners (48.7%). Around one-third of Roma aged 18 to 59 live in low work-intensity households.

Table 6: Poverty and social inclusion indicators by ethnicity, 2018

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Roma (%)</th>
<th>Turkish (%)</th>
<th>Bulgarian (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of poverty</td>
<td>68.3</td>
<td>31.6</td>
<td>15.6</td>
</tr>
<tr>
<td>Risk of poverty and social exclusion</td>
<td>84.9</td>
<td>39.6</td>
<td>20.1</td>
</tr>
</tbody>
</table>

Source: National Statistical Institute, Poverty and Social Inclusion Indicators.

Education, too, contributes to poverty and social exclusion, with higher education levels diminishing one’s risk of experiencing poverty and social exclusion. In keeping with this pattern, 68.8% of Roma with elementary or no education are poor, and 28.9% of Roma with high school education are poor. The education of parents affects children, too. In 2018, 26.6% of children in Bulgaria aged 0 to 17 were at risk of poverty; that percentage grew to 70.7% for children whose parents completed only elementary or no education.

97 Nearly all the data used in this report pre-date January 2020, when the United Kingdom officially left the EU. As such, data that predates 31 January 2020 includes the U.K.; subsequent data do not.
99 The National Statistical Institute situated the 2018 poverty line at 351.11 BGN (approximately 179.5 EUR).
101 Calculated from EU-SILC data for the purposes of monitoring Europe 2020 targets, “Risk of poverty and social exclusion” is a complex indicator that includes the number of people living at risk of poverty, suffering from material deprivation, and living in low work-intensity households or households of unemployed people.
102 National Statistical Institute, Poverty and Social Inclusion Indicators, 6.
While there is no formal data on Roma children at risk of poverty, a child’s wellbeing depends strongly on the wellbeing of parents and family. Monetary poverty, social exclusion, and material deprivation negatively impact on the educational and health outcomes of the children and on the options for their outright participation in social and economic life. National Statistical Institute data show that 71.1% of Roma children suffer material deprivation, a rate starkly higher than that of Turkish (31.6%) and ethnic Bulgarian (15.9%) children.

Large territorial disparities in poverty and deprivation are visible in Bulgaria at the macro, district level (28 districts); the municipal level (266 municipalities); and even in small territorial units (e.g. urban neighborhoods) socioeconomic and ethnic segregation overlaps have left a clear mark. National Statistical Institute poverty mapping projects have clarified geographic concentrations of poverty. Even in Bulgaria’s three largest cities – which have the country’s lowest unemployment rates, a wider array of economic opportunities, and, in some cases, more resources to mitigate social inequalities – poverty rates spike in the neighborhoods with a significant share of the Roma population (see Figure 3).

Figure 3. Poverty rate among children (0–14) within districts in Sofia, Plovdiv, and Varna, 2018


While Bulgaria does not have adequate tools to address existing disparities, it is important to recognize that an integrated and nuanced approach to a robust assortment of social services will be required to ensure that as many Roma children as possible have the help they need to navigate the extremely unfavorable positions in which a great number will find themselves in Bulgarian society. Targeting young children and their families with integrated measures that boost their living standards, education, and employment is necessary to break the cycle of disadvantage. With 2008 levels as a starting point, the National Strategy for Reducing Poverty and Promoting Social Inclusion had a poverty reduction goal of 260,000 persons by 2020, including 78,000 children aged 0 to 18. The top three priorities of the Strategy are active labor market inclusion, equal
access to quality preschool and school education, and equal and efficient access to health care. Vulnerable representatives of the Roma community are a main target cohort. 103

To assess baseline needs for social services in 2018, the Social Assistance Agency initiated a social service mapping exercise to establish a minimum package of social services for any municipality by 2021. This exercise was meant to support a much more ambitious initiative – preparation of a new Social Services Law that envisaged significant amendments to restructure the provision and regulate service quality. The new law includes policies that could potentially strengthen outreach and improve social service accessibility in ways that would benefit Roma children and families.

Further decentralization, in keeping with the new (July 2020) Law on Social Services, will build municipal-level service provision capacity, accelerating deinstitutionalization while emphasizing community-based services. The focus on an individual approach responsive to personal characteristics and circumstances may support and reinforce sensitivity by social service professionals regarding specific vulnerabilities of Roma children, among other groups. 104

The Housing Situation

A right of every human being, 105 access to adequate housing plays an important role for social inclusion. The UN 2030 Sustainable Development Goals call for access to water and sanitation for all, including through upgrades to slums 106 (Goals 6 and 11, respectively). Homelessness, housing deprivation, and fuel poverty (inability to heat, cool, and light one’s residence) – some of the most severe manifestations of poverty and deprivation 107 – disproportionately affect Roma families in Bulgaria. Housing quality is poorer in Roma communities; and Roma neighborhoods lack adequate infrastructure, transportation, and access to public services such as electricity, water, sewage disposal, pavement, street lighting, and refuse collection. Most of the housing stock in Roma neighborhoods is best described as slums, with many houses never formalized in terms of planning consent or unincluded in official urban development plans – a pattern that limits opportunities for legal construction and improvement of essential infrastructure. 108

According to 2011 National Statistical Institute data, the living area per Roma person was only 10.6 square meters, compared to 23.2 square meters for ethnic Bulgarians. A 2016 European Union Agency for Fundamental Rights survey showed that: the number of rooms per Roma person was 0.7, whereas the national average was 1.1; 23% of Roma households did not have indoor running water, whereas only 0.7% of the general population lacks that service; 44% of Roma households did not have indoor toilets, whereas only 12% of the general population lacked that amenity; and 33% of Roma household dwellings had a leaking roof, damp walls, or rotten window frames. 109

104 For a concise overview of the most important changes associated with the new social service legislation, see http://bcnl.org/news/prochetohte-li-noviya-zakon-za-sotsialnite-uslugi-.html.
109 European Union Agency for Fundamental Rights, EU-MIDIS II.
While nearly all Roma households had access to an electrical power supply, about two-thirds (65%) reported in 2017 being unable to keep their homes adequately warm; the average rate for the population overall was slightly above one-third (39%). The World Bank has noted that, combined with harmful social prejudices, the lack of public assistance and private investment for the poor and marginalized in low-income areas has resulted in “ghettos” that include high proportions of Roma households, leading to the further marginalization of these communities.

RECI⁺ survey findings from the six focal Roma neighborhoods show that the children living therein are exposed to numerous toxic risks, a pattern not likely in other localities. Parents are aware of this situation but cannot change these circumstances on their own, as they are caught themselves in cyclic poverty and social exclusion. Many urban Roma neighborhoods are also seeing the emergence of “a ghetto inside the ghetto” where a particularly poor area overlaps with high concentrations of noise and accumulated domestic and commercial waste that frequently releases obnoxious odors. These spaces of multiple toxicity undoubtedly jeopardize children’s health and development from an early age, leading to extremely adverse impact on children’s cognitive and social skills in the long run. Furthermore, poor housing conditions and limited or nonexistent basic water supply and sanitation infrastructure often create hygiene and pollution obstacles that jeopardize health and wellbeing, and facilitate the outbreak and spread of infectious disease.

Every day, people in a cart pass and clean a street at a time. But the sewerage system does not work and waste water starts flowing out and running along the streets.... When we dress our children in clean clothes in the morning, they pass through the waste and dirt and so on ... we have to carry them to the kindergarten so that they can stay clean.

—Parent from Sliven, RECI⁺ survey 2019

Many Roma in Bulgaria can be considered homeless if we apply the broad definition offered by the European Federation of National Organisations working with the Homeless: living in insecure accommodation of any type (including living free-of-charge with family or relatives and thus relying on their goodwill); living in a dwelling one does not own and for which one does not pay rent; living in “non-conventional structures” (i.e. temporary, mobile, or makeshift structures); or living in unfit housing or extremely overcrowded accommodation.

Overcrowded housing among the Roma is common. EU-SILC data from 2017 showed 69% of Roma households to fall under the category of overcrowded conditions (114,000 households in total), whereas for Bulgaria as a whole the average overcrowding rate was 30%. The proportion of Roma who reported owning their home was about 10% lower than the national average (71% versus 80%), while the proportion of Roma using a dwelling free of charge without owning it (typically with relatives) was higher by 10% (22% versus 13% on average for the country).

110 EU-ILC Microdata 2017, author analysis.
115 EU-SILC Microdata 2017, author analysis.
The Roma are disproportionately and frequently subject to forced evictions and the dwellings they live in subject to forced demolition. In many cases, Roma subject to forced evictions are not offered alternative housing and are left on their own to seek shelter with relatives, often without the benefit of any social assessment that might take into account the specific circumstances of children in the household. A report published in March 2020 by the Council of Europe’s Commissioner for Human Rights voiced “alarm” about recent demolitions, evictions, and aggressive mass protests against Roma from the village of Voivodinovo and town of Gabrovo, with some high officials resorting at times to hate speech. In this context, the Commissioner underlined the inadequate provision of social housing in Bulgarian municipalities, which also lack the tools to mitigate the consequences of Roma evictions and demolitions.

Bulgaria currently does not have any housing strategy, despite the extent to which the overall quality of the housing stock is a serious challenge. Limited accessibility of housing to the poor and the almost complete lack of social housing and cash transfers supporting the accommodation of poor households make the situation even more critical for a vast majority of the Roma population.

Housing benefits, a negligible proportion of total social benefits in Bulgaria, are mainly used to subsidize the rent of municipal social housing for a very restrictive group of beneficiaries: persons aged 70+ living alone, and orphans through age 25 who left certain types of institutional care and meet additional criteria. The adequacy of housing benefits is of critical importance to the viability of social housing projects. According to the 2018 annual report of the Agency for Social Assistance, only 147 persons were being supported with housing benefits in the whole country.

Housing policies, especially in the field of social housing, are guided by municipalities and funded primarily by EU funds. Though no official data indicate the extent to which Roma are represented among social housing clients, Roma are mentioned in policy documents produced by the government, as well as by local authorities. The main source of funding in both cases is EU funds, and integration of the Roma is a consistent component of programming documents related to Bulgaria’s participation in policies defined at the EU level.

Large and ambitious investments in Roma housing were funded from pre-accession financing instruments of the EU under the Decade of Roma Inclusion. During the 2007–2013 EU programming period, social housing pilots were implemented in four municipalities, ultimately involving about 300 housing units with a Roma population as a main target. Most such investments faced obstacles and have not been assessed as very successful; some have been particularly unsuccessful (e.g. a large investment in social housing in Plovdiv that failed mainly because the units were unsuited to the lifestyle and financial means of the accommodated beneficiaries).

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116 A study of the Equal Opportunities Initiative Association shows that between 2010 and 2016, 500 of 514 demolition orders were associated with residential buildings owned by Roma. Of these orders, 210 were executed by the time of the study without any prior notice and without provision of alternative accommodation for Roma inhabitants, including children and vulnerable family members.


118 2018 Annual Report information provided by the Agency for Social Assistance.

such as unaffordable rent and high electricity prices emerged. Project implementation was accompanied by anti-Roma protests that led to the refusal of funding in the cities of Varna and Burgas.

During the 2014–2020 programming period, social housing targeting vulnerable groups, including vulnerable ethnic minorities, was again part the Regions in Growth Operational Program funded through the European Regional Development Fund. The total commitment for the whole operation was €40 million. Given historical trends, civil society monitoring reports are – and will continue to be – especially critical mechanisms to assess the implementation of EU-funded social housing projects targeting the Roma.

### Indicators of Health and Wellbeing

Many Roma are disproportionately affected by poverty, unemployment, and unfavorable environmental and living conditions that contribute to greater inequalities in health and life expectancy. Roma are at particular risk of higher morbidity, lower life expectancy, and higher mortality. About 12.6% of the Roma population in the country, including the children, suffers from a chronic disease or some disability, with one-third of the male Roma population and two-fifths of the female population aged 45 to 60 having already lost some or all of their work capacity due to their poor health status. The life expectancy of Roma is estimated to be 10 years less than non-Roma life expectancy in Bulgaria.

Another health-aggravating factor is the fact that the Roma population in Bulgaria has some of the lowest health insurance coverage in Europe, which additionally constrains their access to health care services. 2016 European Union Agency for Fundamental Rights survey findings showed that only 45% of Roma reported having health insurance; the average for the countries in the survey was 74%.

Maternal, infant, and under-5 mortality rates have steadily decreased over the last 15 years (2005–2020), narrowing gaps with other EU countries but still comparatively high. Bulgaria remains among the three EU member states with the highest infant mortality rate (5.8) as of 2018. The under-5 mortality rate for 2018 was 7.1, and stillborn child rate 6.1. Official disaggregated data on infant mortality and the general health status for Roma is not available in Bulgaria. However, according to 2015 Roma Inclusion Index data, the “infant mortality rate of Roma in Bulgaria is twice that of the total population and the situation has not changed over the last decade.”

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121 For details, see https://www.pariteni.bg/novini/imoti/4-obshtini-sa-postroili-socialni-blokove-s-evropari-206903.

122 For details, see https://www.mediapool.bg/burgas-skochi-sreshtu-zhilishta-za-romite-s-evropari-news190841.html.


125 Ibid., 22.


that this finding does largely predate government efforts such as the National Program for Improving Maternal and Child Health 2014–2020, which has provided specific health services for pregnant women and children outside the coverage of the mandatory health insurance scheme.

There has been a slow increase in the number of premature births in the last 15 years and the percentage of low birthweight babies reported in 2016 was 9.3%.\textsuperscript{130} While those data are not ethnically disaggregated, infants born with a weight below 2,500 g accounted for 7.5% of the children in the total RECI+ survey sample, whereas the national average was 9.2% in 2018, according to data requested by RECI+ researchers from National Statistical Institute. Prematurely born children are at much greater risk of developmental difficulties, chronic diseases, and neurological problems later in life.\textsuperscript{131}

Almost all births in Bulgaria take place in hospitals.\textsuperscript{132} Showing a steady downward trend, the maternal mortality ratio stood at 11 per 100,000 live births in 2015 – still higher than the EU average of 8 deaths per 100,000 live births.\textsuperscript{133}

At national level, vaccination coverage for children is still below the World Health Organization recommendation of 95%, with the exception of primary immunization against tuberculosis.\textsuperscript{134} One of Europe’s largest measles outbreaks occurred in Bulgaria between 2009 and 2011, mainly in Roma communities.\textsuperscript{135} In 2017 and 2019, there were other measles outbreaks among Roma. The work of Roma health mediators to raise immunization awareness, together with the additional vaccination programs of the Ministry of Health, created easier access to vaccination in Roma communities, an important step in managing the contagion and mitigating the situation.

The Educational Context

Education in Bulgaria is a universal right, is compulsory from age 5 (including two years of preschool, since 2012) to age 16, and is free of charge for the primary and the secondary phases.\textsuperscript{136} Education is organized as follows:

- **Preschool** – two to four years of pre-primary education, including compulsory preschool at ages 5 and 6.
- **Primary school** – seven or eight years of basic education (elementary grades 1–4 and pre-secondary grades 5 to 7 or 8).
- **Secondary school** – general or profiled and vocational post-basic education that starts after grade 7 or 8 and is of three to five years in duration.
- **Tertiary education** – in public or private universities with academic autonomy and self-government (according to the Higher Education Act) providing bachelor, master, and doctoral degrees.

\textsuperscript{130} Ibid, 27.
\textsuperscript{134} Ibid., 127.
\textsuperscript{136} Per the Constitution of Bulgaria, Art. 53, paragraphs 1, 2, and 3; see National Assembly of the Republic of Bulgaria, *Constitution*. 
The Preschool and School Education Act of 2015 defines education as a national priority based on the following principles: equal access to quality education and inclusion of each and every child and pupil; equal treatment and non-discrimination; respect for humanity and tolerance; and preservation of cultural diversity and inclusion by means of the Bulgarian language.\textsuperscript{137} Like the state educational standards, which include a standard on “Civic, Health, Ecological and Intercultural Education,” and strategic documents on education,\textsuperscript{138} this Act focuses on preventing school dropouts, especially of vulnerable children.

The Ordinance for Inclusive Education was adopted in 2017 to ensure inclusive preschool and school education for children and pupils in the system – and support their personal development. Nevertheless, inclusiveness in the Bulgarian education system remains a challenge. Enrollment rates are much lower for disadvantaged children and children from ethnic minorities, compared to the overall population,\textsuperscript{139} and UNICEF has shown that children with disabilities are not fully integrated into mainstream education (estimating that half of them, approximately 14,000, are out of school).\textsuperscript{140} From the perspective of access to quality education, children and pupils from rural and geographically isolated areas often have hindered access due to schools being closed because of the small number of enrolled pupils or poor transportation links.\textsuperscript{141} This is a particular disadvantage for Roma children of all ages.

Bulgaria invests in education less than the EU average. For 2018, the Bulgarian government’s expenditure on education was 3.5% (4.6% for the EU).\textsuperscript{142} Although investments are increasing, the system is still relatively underfunded.\textsuperscript{143} In 2019, the national budget envisaged investments to address the shortage and aging of teachers by: increasing teacher remuneration and promising to double pay from 2017 levels by 2021; supporting municipality efforts to desegregate schools and include Roma by funding transport costs, parental involvement, free teaching materials, joint activities in unsegregated schools, and work by education mediators to facilitate the learning process; and providing additional funding for secondary schools teaching disadvantaged children (a similar program has been working in primary schools since 2017). Unfortunately, no systemic assessment of the impact of these ongoing programs exists.

Despite progress in recent years, Bulgaria surpasses the EU average in number of early leavers from education and training, and has lower numbers achieving university admission. Research shows strong connections between participation in quality ECEC and early school leaving prevention.\textsuperscript{144} Nonetheless, since 2014 the ECEC participation


\textsuperscript{138} These include the National Strategies to Reduce the Rate of Early School Leaving (2013–2020) and Promote and Enhance Literacy (2014–2020), the National Strategy for Life-Long Learning (2014–2020), and the updated National Strategy for Educational Integration of Ethnic Minority Children and Pupils (2015–2020), as well as documents on their implementation.


\textsuperscript{141} In 2018, the Ministry of Education and Science approved lists of protected kindergartens and schools with low numbers of children who otherwise would have to travel 10+ km to the next available school institution (Decision 829), and combined schools for pupils from smaller settlements from Grades 1 to 10 (Decision 845). For details, see \url{https://www.mon.bg/bg/100479}.

\textsuperscript{142} Data available at Eurostat: \url{gov_10a_exp}.

\textsuperscript{143} European Commission, \textit{Education and Training Monitor 2019}.

rate of children aged 4 to compulsory school age has been declining; at 83.9% in 2018, Bulgaria’s rate approached neither the EU average (95.4%) nor the Barcelona targets. This reality influences the subsequent learning outcomes of children. Program for International Student Assessment (PISA) results generally show that Bulgarian students at 15 years of age achieve reading, math, and science scores that are half that of their EU peers.

PISA international survey also point to the strong link between the learning achievements of Bulgarian children and their parents’ educational/social status. 2018 data show that the difference between average reading scores among Bulgarian pupils of low and high social, cultural, and economic status was 106 score points (the average was 89 points for OECD countries, overall). Various surveys conducted in Bulgaria have also indicated a strong link between parent’s education and children’s education. Analysis using Eurostat data from 2011 showed that this issue is most grave in Croatia and Bulgaria. To improve the life chances for children from disadvantaged social backgrounds, greater efforts will be needed to provide quality ECEC starting with the critical period of early childhood.

The Second European Union Minorities and Discrimination Survey (EU-MIDIS II) showed a relatively high rate of Roma children over 4 years old enrolled in early childhood education in Bulgaria in 2016 (66%, which was a notable rise compared to a 45% finding in 2011), given that the national survey average was 53%. Bulgarian authorities have introduced mandatory preschooling for children at the age of 5 and plan to expand it to

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Table 7. Key indicators in education and training

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<thead>
<tr>
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<th>Bulgaria</th>
<th>EU average</th>
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<tbody>
<tr>
<td>Early leavers from education and training (age 18–24)</td>
<td>14.7% 12.7%</td>
<td>14.2% 10.6%</td>
</tr>
<tr>
<td>Tertiary educational attainment (age 30–34)</td>
<td>27.9% 33.7%</td>
<td>32.3% 40.7%</td>
</tr>
<tr>
<td>ECEC (from age 4 to starting age of compulsory primary education)</td>
<td>84.2% 83.9%</td>
<td>90.8% 95.4%</td>
</tr>
<tr>
<td>Proportion of 15-year-olds underachieving in</td>
<td>Reading 41.0% 41.5%</td>
<td>19.5% 19.7%</td>
</tr>
<tr>
<td>Mathematics 47.1% 42.1%</td>
<td>22.3% 22.2%</td>
<td></td>
</tr>
<tr>
<td>Science 38.8% 37.9%</td>
<td>17.7% 20.6%</td>
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</tbody>
</table>

Source: European Commission, Education and Training Monitor 2019 Bulgaria; comparative achievement calculations based on author analysis of Eurostat and PISA data.

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145 Ibid, art. 5, Children who attended early childhood education for more than one year scored higher in language and mathematics in the PIRLS and the PISA studies.
150 European Union Agency for Fundamental Rights, EU-MIDIS II, 23.
151 Bulgarian Ministry of Science and Education, Pre-school and School Education Act.
cover 4-year-old children, as well. However, these plans face challenges such as the lack of kindergarten places in some of the big municipalities and financial barriers preventing the participation of disadvantaged families.

“Kindergarten fees should be waived across the country so that all children can be on an equal footing and have doors opened to them. This truly works particularly well.”

— RECI+ interview with a municipal management representative, 2019

Apart from attendance fees, kindergarten participation involves other indirect or hidden expenses, which additionally constrain access for poor Roma children. Targeted financial support is required to help the most deprived families with the indirect costs of early childhood education (meals, clothes, shoes, transport, hygiene, medical records, participation in extra-curricular activities like museum and theater visits, etc.).

According to EU-MIDIS II, the share of compulsory school age children participating in education in 2016 was 91% for Roma children. Survey data also show that in the 7 to 14 age group, the net enrollment rate for Roma coincides with the rate for the general population. However, within the next age group (15 to 18), the share of Roma participating in education decreases more than half (40% for Roma children and 83% for the overall population). In 2016, the early school dropout rate was particularly high among the Roma community (67%, versus a 12.7% average for the country as a whole). The government thus set a provisional target, ultimately transformed into a standing interinstitutional mechanism, to make children return to school by linking child welfare benefits to actual attendance. In the first two years of this effort, close to 40,000 children returned to school (no disaggregated data is available to clarify the ethnicity of the children). Measures to more tightly bind social and child benefits with school attendance are currently under preparation. Present efforts are focused not only on bringing children back to school, but also ensuring that they participate actively and attend classes regularly. For this purpose, education mediators are being engaged to work closely with parents.

Some positive trends for Roma children were observed in the period 2017–2019, like decreased early school leaving and increased levels of participation of Roma children in education, especially preschool. Nevertheless, an important continuing challenge in Bulgaria is promoting kindergartens and schools that have pupils/students from mixed ethnic groups and socioeconomic backgrounds. Bulgaria holds the highest percentage of children attending entirely Roma schools in EU-MIDIS II (27%), and 60% of Roma children in 2016 were attending predominantly or entirely Roma schools. In 2019, the Ministry of Education and Science launched a national program for desegregation in education with a budget of 1 million BGN allocated for the 2019/20 school year. Motivational campaigns have been run to encourage Roma parents to enroll their children in mainstream schools outside Roma neighborhoods. Nonetheless, negative

154 Ibid., 25.
155 Ibid.
156 For details, see http://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=127310.
158 Pamporov et al., Civil Society Monitoring Report.
159 European Union Agency for Fundamental Rights, EU-MIDIS II.
160 See https://www.mon.bg/upload/18575/Pr_NPrograma17_obshtini_310119.pdf.
attitudes towards Roma communities stand in the way of Roma children being accepted in ethnically-desegregated educational environments and this is a further challenge to the process of securing educational desegregation. Furthermore, high concentrations of Roma children occur in kindergartens and primary schools in villages, small towns, and whole municipalities where Roma families are clustered.

Anti-Discrimination Rights

Bulgaria is a unitary, multi-ethnic state. National legislation does not recognize the minority group rights of individual communities, but identity is protected at an individual level under Article 6 of the Constitution, which states:

(1) All persons are born free and equal in dignity and rights.

(2) All citizens shall be equal before the law. There shall be no privileges or restriction of rights on the grounds of race, national or ethnic self-identity, sex, origin, religion, education, opinion, political affiliation, personal or social status or property status.

Under Articles 162 and 163 of the Penal Code, discrimination on the grounds of ethnic origin, hate speech, and hate crimes are criminal offences. The national body that monitors and prevents cases of overt and covert discrimination in Bulgaria, the Commission for Protection against Discrimination (CPD), was established under the Protection against Discrimination Act of 2004. In 2018, the CPD had a record number of appeals, signals (reported cases), and decisions – suggesting that the Commission has come to be recognized as an effective body for fighting discrimination and inequality – yet, only 28 of 721 filings were reported cases of discrimination on the grounds of ethnicity or layers of discrimination including ethnicity (e.g. gender and ethnicity). This outcome resonates with EU-MIDIS II study findings: despite high levels of reported discrimination, very few Roma make a formal discrimination report to the relevant authorities.

Complaints filed with the CPD on the basis of race or ethnicity traditionally involve educational segregation or denial of access to public spaces, public services, or labor rights. There are few analyses of the incidences or impacts of discrimination in workplaces, or with respect to access to education and healthcare, but the reality is that few such contexts are characterized by significant ethnic diversity, especially in the highly qualified segments of employment. Hate speech, via electronic media or public address, has been on the rise since 2018. One case on which the CPD acted involved the social media page of the 9th Peyo Yavorov Primary School in Blagoevgrad stating, on 29 June 2018, “We do not admit children of Roma ethnicity.” The incident provoked a lot of public discussion and was condemned as discrimination by Roma activists and the Roma Education Fund, but many families supported school officials, stating that accepting Roma children would cause the non-Roma parents to transfer their children to other schools (“white flight”).

163 While almost every second Roma person, on average, reported feeling discriminated against at least once in the five years prior to the study, only 12% would file a report. European Union Agency for Fundamental Rights, EU-MIDIS II, 36.
164 See https://www.webcafe.bg/newscafe/obshtestvo/id_1199999344_KZD_se_sezira_za_uchilishteto_v_Blagoevgrad_otkazvashto_da_priema_detsa_ot_romski_proizhod
The Commission considers many of its decisions to be of great importance for society, as they fight negative stereotypes, prejudice, incitement to hatred, xenophobia, racism, and human rights violations. To this end, the CPD engages in awareness-raising campaigns on anti-discrimination rights within Roma communities throughout the country. The Rule of Law and Anti-discrimination is one of the priorities in the National Strategy for Roma Integration 2012–2020, and special measures outlined in the associated implementation plan have included trainings for representatives of the judiciary, police and social workers, those pursuing work in multicultural and multi-ethnic environments, and parents at risk of poverty and social exclusion; as well as the prevention of child abandonment and measures for overcoming discrimination against children and students of Roma origin.

Attitudes Towards Roma

Bulgaria has one of the biggest Roma minorities in Europe, and only immigrants and refugees get worse attitudinal results than Roma in opinion polls, in recent years, but only 38% of ethnic Bulgarians think discrimination against Roma is widespread in their country (versus a 66% average in the EU overall). There is declining agreement that better integration of the Roma will benefit Bulgarian society at large, and surveys show that less than 40% of ethnic Bulgarians would live in the same building as or be friends with anyone Roma. Interestingly, while Roma in Bulgaria are most commonly associated with “criminal” activity and seen as a social “threat,” in comparison to other groups in society, a much larger number of Roma report feeling personally threatened by specific statements of politicians and journalists. Some professionals working with the Roma communities that took part in the RECI+ survey assert that the growing nationalist trend in politics has sparked the rise of negative public attitudes towards minorities.

Figure 4. Positive response rate to the question “Would you be comfortable if…”

Source: Open Society Institute – Sofia Foundation, Omnibus survey data 2016 and 2018

166 Ivanova, Public Attitudes.
167 Ibid., 17. In 2018, 16% of survey respondents who self-identified as Roma felt personally under physical threat from specific statements made by journalists or politicians; amongst respondents overall the average was 10%.
“As a whole, the tolerance of society towards racist statements has raised a lot. This is a result of the way the top-level politicians of the country speak, without any punishment. By all means that affects the way everybody else would speak.”

—RECI+ interview with a health mediator professional, 2019

Strong discriminatory attitudes and prejudices towards Bulgarian Roma people, as well as the widespread language of race hatred, are fundamental barriers to equal access to education standing in the way of Roma children’s acceptance into ethnically-desegregated educational environments, including kindergartens.

“The Roma face serious discrimination across the country. Bulgarians are not ready to accept a Roma on equal terms to work with them.... Bulgarians have to change their attitude to the Roma. They keep their distance, believe that we are not good for anything but throwing away the rubbish bins.”

—RECI+ interview with a health mediator, 2019

“I think that the people here in the neighbourhood are seeking any kind of help but they are not getting it from anywhere. There is racial discrimination that might not even exist anywhere else. The society does not accept them and I don’t know why.”

—RECI+ interview with a school head teacher, 2019

Some ECEC service workers interviewed during the RECI+ research fieldwork affirmed the presence of discriminatory practices. Structural discrimination is probably the most persistent and difficult to address. In particular, the CPD does not pursue cases where policies may have had discriminatory effects. An example of a practice that can arguably be regarded as structural discrimination is the imposition of legal penalties that disproportionately affect the Roma, particularly with respect to withdrawing benefits due to absenteeism from compulsory education, including ECEC.

While structural problems such as poverty and segregation, which remain largely unaddressed or are even reinforced by policies, tend to be overlooked by educators from the Bulgarian majority, these views were not shared by educators of Roma origin. Structural discrimination is probably the most persistent and difficult to address. In particular, the CPD does not pursue cases where policies may have had discriminatory effects. An example of a practice that can arguably be regarded as structural discrimination is the imposition of legal penalties that disproportionately affect the Roma, particularly with respect to withdrawing benefits due to absenteeism from compulsory education, including ECEC.

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Roma Integration Policies and Measures

Since December 2004, the National Council for Cooperation on Ethnic and Integration Issues (NCCEII) has been the main body responsible for the national implementation and monitoring of Roma integration strategies. After a consultation process, the Bulgarian Council of Ministers adopted in 2011 the National Strategy of the Republic of Bulgaria for Roma Integration 2012–2020 (NRIS) and associated Action Plan. Following the request of Roma NGOs, NRIS was proposed and approved by Parliament on 1 March 2012. The first Roma integration document in Bulgaria approved by Parliament, which was an important and positive development, NRIS established guidelines for the implementation of the Roma social inclusion policy in six domains: education, healthcare, housing, employment, rule of law and non-discrimination, and culture and media.


169 Some of the most striking examples of overt hate speech used in Parliament and by key politicians from the ruling parties are captured in Pamporov et al., Civil Society Monitoring Report.
Coordination of and control over NRIS implementation is carried out by the Secretariat of the NCCEII, which includes representatives of Roma and other minority NGOs. The Center for Educational Integration of Children and Students from Ethnic Minorities, was established in 2005, following adoption of a Strategy for Educational Integration of Children and Students from Ethnic Minorities in 2004. The Center supports government policies to provide equal access to quality education for all children with “differentiation of care to their specific needs.” To improve Roma access to health, the position of health mediator was introduced in 2001 in Bulgaria by the non-governmental sector. Based on the successful health mediation model, changes in the Health Act from 2018 now allow health mediators to legally support the activities of municipalities and medical doctors.

In the 2014–2020 financial period, three operational programs – Human Resources Development, Science and Education for Smart Growth, and Regions in Growth – supported NRIS priorities through programming measures such as “Socioeconomic Integration of Marginalized Communities” (financed by the Human Resources Development Operational Program), “Integrated Measures for Improving the Access to Education” (financed by the Science and Education for Smart Growth Operational Program), and “Social Housing in the Urban Municipalities” (financed by the European Regional Development Fund-funded Regions in Growth Operational Program).

In 2018, the Ministry of Education and Science began providing additional funding from the state budget for schools and kindergartens that admit children from vulnerable groups. Vulnerability is determined by the parents’ educational status: if parents have lower than a secondary education level, pupils/students are classed “at risk” and thus within a vulnerable beneficiary group. In 2019, the Ministry’s “Active Inclusion in Preschool Education” project was launched, budgeting kindergarten fee coverage for poor families amounting to 25 million BGN (out of the planned budget of 82 million BGN for the whole project). Funded under the Science and Education for Smart Growth Operational Program 2014–2020, this measure also envisages additional classes in Bulgarian for children with another mother tongue and activities with parents to better include the most vulnerable groups in preschool education.

**Civic Engagement**

Bulgaria has a long tradition of Roma fighting for electoral and political rights. In fact, organized Roma civic participation began as early as 1905 with a congress initiated by Ramadan Ali that aimed to organize Roma protests against the withdrawal of voting rights for Muslim Roma (at that time, the majority of the Roma in Bulgaria were Muslim) and Roma nomads in 1901. Between 1946 and 1989, Roma were regularly elected to the National Assembly and the Central Committee of the Bulgarian Communist Party, although there were cases where, because of activities and attempts at pro-Roma policies, some Roma leaders (e.g. Shakir Pashov and Manush Romanov) were subsequently interned in settlements remote from the capital, Sofia.

Three Roma took part in the formation of the 7th Great National Assembly (1990–1991), which had to elaborate and adopt the new democratic constitution: Manush Romanov, Petar Aleksandrov, and Sabi Golemanov. After that, Roma have been represented in

171 Health Act, Art. 29 (2).
almost every National Assembly, though the Roma ethnic group is underrepresented, given official census data.

Table 8. Number of Roma MPs per mandate period and political party affiliation

<table>
<thead>
<tr>
<th>Mandate</th>
<th>Number of Roma MPs</th>
<th>Party affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990–1991</td>
<td>3</td>
<td>n/a</td>
</tr>
<tr>
<td>1991–1994</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1997–2001</td>
<td>2</td>
<td>Union of Democratic Powers; Bulgarian Business Block</td>
</tr>
<tr>
<td>2001–2005</td>
<td>2</td>
<td>National Movement Simeon the Second; Bulgarian Socialist Party</td>
</tr>
<tr>
<td>2005–2009</td>
<td>1</td>
<td>Bulgarian Socialist Party</td>
</tr>
<tr>
<td>2009–2013</td>
<td>1</td>
<td>Evroroma (in coalition with Bulgarian Socialist Party)</td>
</tr>
<tr>
<td>2013–2017</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2014–2017</td>
<td>2</td>
<td>Movement for Rights and Freedoms</td>
</tr>
<tr>
<td>2017–present</td>
<td>0</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Source: Alexey Pamporov

While Roma civic organizations took an active part in the drafting and approval of the first official document on Roma integration (the NRIS) and the work of the NCCEII, the latter has been boycotted by many Roma organizations since public protests in 2013 related to the lack of NCCEII response after several ethnically-motivated murders, including the murder of an entire Roma family. Roma NGOs demanded profound institutional change, including permanent dialogue with Roma organizations and changes to the entity’s structure, powers, functions, and number of members of the National Council.174

In 2017, when the government appointed far-right nationalist Valery Simeonov175 as chair of NCCEII, the few Roma organizations that had remained members of the Council left. After the appointment of Vice Prime Minister Tomislav Donchev176 as a new chairperson in October 2018, some Roma organizations decided to re-join the Council as members for the three-year period from 2020 through 2023.177 However, more than 100 Roma organizations in the country currently represent local Roma associations or pro-Roma foundations and the most active and recognizable organizations at the national level did not apply for NCCEII membership.

Although the 2017 establishment of a Roma Standing Conference178 brought together some Roma and pro-Roma organizations in an attempt to establish a common platform to discuss and find solutions to the problems faced by Roma communities in Bulgaria, many national Roma organizations refused to be part of the platform. While there is little national Roma NGO unity at the present time, several Bulgarian Roma individuals are elected village mayors and five are serving as vice mayors of rural municipalities where Roma are a majority of the population. In many places, Roma leaders can have a tangible impact on local governance.

175 Leader of a nationalist political party based on traditional values, coalition partner of the Borisov 3 Government.
176 Vice Prime Minister in the GERB-led Borisov 3 Government (2017–present).
177 These include Regional Development Foundation Roma, Inforoma Association, Roma Integration Foundation, Gyulchay Foundation, Regional Romani Union, Female Romani Association Hayachi, and Community Center Romana drom.
178 For details, see https://romastandingconference.org/.
NRIS calls on municipalities to adopt municipal plans for Roma integration in line with the National Strategy, resourced and tailored to the local needs and peculiarities of the Roma communities therein. By the end of 2016, 194 of 265 municipalities had action plans adopted by the relevant municipal council. Boosted by those political developments, the Amalipe Centre for Interethnic Dialogue and Tolerance succeeded in establishing a network of 270 schools that implement intercultural education programs and work towards the completion of higher secondary education by Roma children. As a parallel process, the international RomAct platform of the Council of Europe is supporting Integro Association to run training sessions for municipal officers and social workers in several mostly underprivileged regions, building their capacity for diversity management and Roma integration.

With respect to the local and national participation in different working groups, committees, and subcommittees, representation of the Roma community is generally well expressed and well structured. For example, Roma representatives have decision-making powers in the Monitoring Committees of the 2014–2020 Human Resources Development, Science and Education for Smart Growth, and Regions in Growth Operational Programs; as well as on the Board of the Center for Educational Integration of Children and Students from the Ethnic Minorities – the main governmental structure supporting educational integration.

180 As of 2019, 33 municipalities in Bulgaria are included in the program, which has been active in the country since 2014; for details, see http://coe-romact.org/sites/default/files/snapshot-april_39697160.pdf.
182 Pamperov et al., Civil Society Monitoring Report, 18–19.
CHAPTER 2.
Health and Social Services

Bulgaria’s Health Services System

Bulgarian healthcare model is based on compulsory social health insurance managed by an independent public body, the National Health Insurance Fund (NHIF). Children are insured by the state and all insured people can benefit from the free medical services covered by the NHIF. Health insurance for adults over the age of 18 is strongly related to employment or the ability to pay on one’s own. Employed persons pay jointly with their employer health insurance (equal in 2020 to 8% of their insurable income). The Health Insurance Act stipulates that some groups of individuals be insured from the national budget if they are not insured on other grounds – for instance, all children until age 18 (or older, if they are still enrolled in secondary education), pensioners, and unemployed and low-income people who meet the very restrictive conditions for monthly social benefits.

The long-term unemployed can choose to pay healthcare contributions but are not entitled to cash support for that. Discouraged persons and those who work in the informal sector – an estimated total of at least 900,000 persons – are generally without health insurance and do not have access to health services funded by NHIF. Voluntary health insurance provided by private, for-profit organizations exists, as well, but plays a marginal role in the system offering coverage for additional medications and treatments not included in the NHIF health insurance package. Some specific service are funded by the Ministry of Health, including emergency care, transplants, transfusion haematology, tuberculosis and other infectious treatments, vaccinations, anti-epidemic measures, inpatient mental health care, prophylaxis, and tests and delivery for all uninsured pregnant women.

NHIF funds a benefit package of medical and dental services and medications listed in the Positive Drug List.\(^{183}\) Unable to afford the required contributions and co-payments or out-of-pocket payments for privately-provided health care, many low-income persons forgo healthcare services until an emergency arises. While emergency medical care in Bulgaria offers one of the few free entrances to the healthcare system for uninsured people, the emergency system suffers from chronic shortages of medical teams in large cities and remote areas alike.

\(^{183}\) See https://portal.ncpr.bg/registers/pages/register/list-medicament.xhtml.
Primary health care in Bulgaria is provided by general practitioners (GPs) who refer patients to outpatient or in-patient care specialists. Referrals are free for persons with health insurance. Nevertheless, due to the financial limitations of the system, a GP can make only a limited number of referrals per month. Patients can either pay for a private specialist check or enter a waiting list. Even when referred to a hospital for treatment, health-insured patients (including children and pregnant women) are responsibly for paying for expensive consumables that are not covered by NHIF.

Regional discrepancies in the supply of medical services greatly affect Bulgarian Roma communities in less urbanized areas. To counteract this geographic unevenness, the Ministry of Health has developed a healthcare map that defines the needs of medical care using demographic and medical data (e.g. age structure, morbidity, mortality, and infant mortality) and serves as a basis for the establishment of new services.

The existing healthcare map shows that many municipalities face a serious shortage of GPs. The Association of General Practitioners recently reported that 582,809 people lack access to a personal physician, and must thus incur travel costs to get medical aid. There is also a shortage of medical nurses and midwives. To counteract the lack of GPs, NHIF introduced financial incentives (NHIF Decision 04-18/14.02.2020) for professionals who practice in small settlements and unfavourable conditions. It is yet to be established to what extent this measure will be effective.

The overall lack and irregular distribution of drugstores and pharmacies is another major health care problem in Bulgaria. According to the Bulgarian Pharmaceutical Union, at the beginning of 2018, 86 of 266 total municipalities had no pharmacy offering prescription drugs paid by the NHIF, a pattern particularly common in rural areas and small towns. As most Bulgarian Roma live outside big urban areas and belong to low-income groups that cannot always afford travel to the nearest pharmacy, this obstacle to wellbeing disproportionately affects the Roma population. In addition, there are financial access barriers to medication in Bulgaria. Some studies confirm that Roma people in Bulgaria are more prone to postponing the purchase of drugs until they accrue sufficient finances or replacing prescribed therapies with cheaper options that are often less effective and may even worsen the health condition. The limited list of subsidized medicines in Bulgaria from the Positive Drug List cannot ensure equal access to medication for low-income groups and people without health insurance.

Financing of health care and financial protection

Eurostat data from 2016 for healthcare expenditure as a percentage of GDP showed that, despite a significant increase in Bulgaria (to 8.2%), the rate remained lower than the 9.9% EU average. Bulgaria is among the record breakers for private healthcare

185 This data can be found at https://www.actualno.com/healthy/syslovie-to-na-lichnite-lekari-u-nas-zastarnjava-news_713417.html.
186 According to the Ministry’s methodology, unfavourable conditions are: work in settlements far away from medical centers/hospitals; in difficult to access settlements due to geographical isolation or poor infrastructure; work in medical centers that attend dispersed addresses in different settlements; work with difficult to attend patients/ settings (minors, elderly people, refugee centers, and residential centers for children with mental or physical disabilities and abandoned children).
costs, with out-of-pocket payments for 2017 being the highest in the EU (46.6%).\(^{189}\)

Out-of-pocket payments can be direct payments,\(^{190}\) cost-sharing, or informal payments, with the latter estimated to be half of the total out-of-pocket payments in Bulgaria. Direct payments in Bulgaria include payments for specialist services without a GP referral, medical checks not covered by the benefit package, or payments to private providers (e.g. most dental and long-term care).

Cost-sharing applies as a flat mandatory fee for NHIF-covered visits to a GP (children are exempt), specialist, or health diagnostic laboratory, and to hospital stays and reimbursement of some outpatient medicines. Despite the fact that children are insured by the state, parents still need to cover the costs for medication for their children, including for treatments prescribed by doctors that are not part of the Positive Drug List. Out-of-pockets payments for health care in Bulgaria were estimated to comprise 70% of household expenditure on health, and a large share (46.55%) of total expenditure on healthcare in 2017 (see Figure 5). Families from vulnerable and disadvantaged groups, particularly Roma communities, are often forced to choose between health services and meeting other basic needs such as food, housing, and heating, leading to a range of negative health and economic consequences.\(^{191}\)

Figure 5. Out-of-pocket expenditure on healthcare – 2017

\[\text{% share of total current health expenditure}\]

<table>
<thead>
<tr>
<th>Country</th>
<th>% Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>46.55%</td>
</tr>
<tr>
<td>Greece</td>
<td>34.75%</td>
</tr>
<tr>
<td>Hungary</td>
<td>26.87%</td>
</tr>
<tr>
<td>Romania</td>
<td>20.49%</td>
</tr>
<tr>
<td>Slovakia</td>
<td>18.71%</td>
</tr>
<tr>
<td>Slovenia</td>
<td>12.32%</td>
</tr>
<tr>
<td>Croatia</td>
<td>10.97%</td>
</tr>
<tr>
<td>France</td>
<td>9.38%</td>
</tr>
</tbody>
</table>

Source: Eurostat data, 2017 [code: tepsr_sp310]

To reduce out-of-pocket payments for hospital stays, in March 2016 the government amended the Ordinance on the Implementation of the Right of Access to Medical Care for Insured Persons, ensuring the right of mothers and carers of children under 7, children up to 18 who cannot take care of themselves, and companions of disabled persons

who cannot be self-served to free-of-charge hospital stays.\textsuperscript{192} The Ordinance prohibits hospitals from requiring patients or their relatives to make any donations or other informal payments during hospitalization, as well as one month before and after it. These measures should ensure that patients will not pay extra for services already funded by NHIF.

Access to health care for Roma children and families

Although the model in Bulgaria foresees universal health care for all the citizens, high out-of-pocket payments and the difficulty low-income groups face paying for health insurance pose significant barriers to equal access to health care. Estimates suggest that between 10\% and 14\% of the Bulgarian adult population lack health insurance.\textsuperscript{193} Bulgaria is among the countries in Central and Eastern Europe with a largest gap in health insurance between Roma and non-Roma, even after adjusting for socioeconomic differences.\textsuperscript{194} The main reason is much lower levels of permanent and long-term employment opportunities for Roma.

\textbf{Figure 6. Roma, aged 16 years or over, who report being covered by national basic health insurance and/or other insurance, by EU Member State (%), 2016}

Roma children and their families have difficulties accessing regular medical check-ups, which may have negative consequences on their health status. Reasons relate to social exclusion (i.e. living far from service providers), discrimination, lack of health literacy due to education program access barriers, and financial limitations.\textsuperscript{195} Furthermore, due to some incidences of tensions between emergency teams and vulnerable groups, in 2014 the Minister of Health refused to send any more ambulances to Roma neighborhoods – on the grounds that 174 out of 225 attacks against medical professionals in the emergency care services occurred in Roma neighborhoods.\textsuperscript{196} According to some Roma leaders, tensions rose because ambulances were often very late to respond to calls from Roma families.

\textsuperscript{192} European Commission, \textit{Health Care & Long-Term Care}.
\textsuperscript{193} OECD/European Observatory on Health Systems and Policies, \textit{Bulgaria}.
\textsuperscript{194} EU-MIDIS II survey data indicates that 45\% of Roma in 2016 reported having health insurance; see European Union Agency for Fundamental Rights, \textit{EU-MIDIS II}.
\textsuperscript{195} European Commission, \textit{Roma Health Report}.
\textsuperscript{196} See https://www.dnevnik.bg/zdrave/2014/12/07/2433695_ekipi_na_speshna_pomosht_niama_da_hodiat_v_romskite/.
The government agreed that further work needs to be done to raise awareness and involve more representatives of the Roma community in emergency care service work.\textsuperscript{197} It is to be noted that 5\% of RECI+ survey respondents in the six focal Roma neighborhoods stated that ambulances never go to their neighborhoods, and 14.9\% reported that it takes more than 40 minutes for the emergency care unit to arrive following a call.

“Before they sent an ambulance from the Emergency Care Service, they ask [the parents] whether they contacted the child’s GP and what the GP said.”

“They told me to get a car. If I had a car, would I call for an ambulance?”

“I’m not waiting for them … I start my car and leave.”

—RECI+ focus group discussion with parents in Montana, 2019

Maternal health care

The 2014–2020 National Health Strategy and National Programme for Improving the Maternal and Child Health acknowledge that the good health of children is an investment in future generations and a responsibility of parents, institutions, and society as a whole. Because children's health and development depends on the mother’s health and wellbeing during (and even before) pregnancy, maternal health care needs to be addressed through targeted and integrated measures that promote the health of the mother during pregnancy and post-partum. As highlighted in Chapter 1, despite articulating as a high priority the health of children, Bulgaria continues to face high levels of infant and maternal mortality, premature births, adolescent pregnancy,\textsuperscript{198} and abortion.\textsuperscript{199} Especially worrying is the high infant mortality rate of Roma, which is twice that of the total population in Bulgaria (as documented in Chapter 1).\textsuperscript{200}

Prenatal care is designed to prevent risks for the fetus and mother during pregnancy and childbirth, as well as to provide counselling and support for healthy behavior during pregnancy. Nevertheless, National Statistical Institute data from 2018 show that one of the most common reasons for the hospital admission of children younger than 17 years of age are conditions emerging during the perinatal period of the child’s development (from 28 week of gestation to 7 days after birth).\textsuperscript{201} In this sense, universal access to available and quality medical care and tests is critical for ensuring healthy pregnancies to reduce birth complication risks and poor pregnancy outcomes.

NHIF covers 12 medical examinations for each health-insured pregnant woman (1 monthly medical examination for the first seven months of pregnancy, 3 during the last two months, and 1 after birth).\textsuperscript{202} Nevertheless, the limited number of referrals GPs are allowed to make may result in additional payments for future mothers who need additional examinations with specialists such as cardiologists or endocrinologists during pregnancy. While birth and a hospital stay after birth is free for women regardless of their health insurance status, pregnant women without health insurance have very limited access to heath care, including prenatal care, unless they can afford private payments. Under Ordinance No. 26, pregnant women without health insurance have access to only one

\textsuperscript{197} See https://clubz.bg/11791-posrednici_shte_pazqt_lekarite_v_romskite_kvartali.
\textsuperscript{198} Dimova et al., Bulgaria Health System Review.
\textsuperscript{199} According to Statistics Research Department, in 2018 Bulgaria had the highest proportion of abortions to live births in Europe (380 abortions per 1,000 live births); see https://www.statista.com/statistics/866423/abortion-rate-europe/.
\textsuperscript{200} European Public Health Alliance, Closing the Life Expectancy Gap.
examination and test covered by the state during the entire pregnancy – far less than the World Health Organization’s recommended eight contacts with a qualified health provider.

Medical monitoring and consultation for pregnant Roma women is a particularly serious matter, as about 60% do not have health insurance and the associated access to prenatal consultations. The share of health-uninsured pregnant women remains particularly high in the poorest and most marginalized communities. In the RECI+ study, 46% of the Roma women interviewed in Shumen reported that during pregnancy they had no health insurance. Bulgarian-Swiss Cooperation Programme surveys in five communities with a Roma majority paint a similar picture; in Montana municipality, approximately 12 of 31 pregnant women in the sample reported not having health insurance, while in Stolipinovo neighbourhood in the city of Plovdiv 3 in 4 pregnant women did not have health insurance.

There is a lack of accessible information in Roma communities regarding the available, albeit limited, opportunities to get free-of-charge pregnancy monitoring. A Bulgarian-Swiss Cooperation Programme survey in Nadezhda neighbourhood in Sliven shows that less than 40% of the local women were aware that each pregnant woman is entitled to medical care, half of the women without health insurance did not know whether they are entitled to free health services during pregnancy, and 17% were convinced they were not entitled to any services.

Under the National Programme for Improving Maternal and Child Health, in 2015 31 health consultancy centers for maternal and child health were created in all districts of the country to provide integrated services to parents, pregnant women, and children up to 18 years of age regarding their health, social risks, and psychological challenges. The centers offer active outreach to target groups and vulnerable clients, particularly with respect to early childhood intervention and prevention.

In addition to difficulties accessing healthcare during pregnancy, some Roma women report discrimination and segregation in maternity wards in public hospitals. RECI+ survey responses from the six focal Roma neighborhoods show that all the interviewed women gave birth in a hospital and every fifth woman was placed in a room with only Roma women when giving birth (every second woman in Sliven). Studies have also shown that many Roma women face racist remarks from health professionals concerning multiple births amongst the Roma, alleged abuse of the social welfare system, and/or unwillingness to find decent work and irresponsibility about their lives and the lives of their children. Although the European Committee of Social Rights has not yet found enough evidence that Roma women are routinely segregated in maternity wards, that...
entity has held Bulgaria responsible for failure to address Roma women’s inferior access to reproductive healthcare in public hospitals, specifically during pregnancy and childbirth.  

Health mediators in Bulgaria have the potential to help Roma women improve their health and access health services. Evaluation of projects supporting Roma health mediators show that these professionals play an important role by providing basic health education; raising awareness of the need for prenatal care, the right to free examination and care, and how Roma women can access these services; and promoting improved communication between Roma patients and healthcare practitioners. The role of the health mediators is important for ensuring that uninsured pregnant women receive counselling from a trained health provider on healthy lifestyle, breastfeeding, and other important matters during pregnancy. In addition, health mediators provide Roma women and their partners with information on contraceptive measures, family planning, domestic violence, and human trafficking prevention.  

Child health care

The Nurturing Care Framework highlights the importance of good health and nutrition for optimal child development, along with security and safety, opportunities for early learning, and responsive caregiving. In this context, healthcare and other national policies need to address children’s needs in a holistic manner that goes beyond treatment of medical conditions and rehabilitation to encompass care that monitors a child’s growth and development and provides counselling and support to help caregivers provide a nurturing environment.

According to the European Public Health Alliance, young children from socially-excluded Roma families are exposed to a number of adverse factors that influence their health, including persistent poverty, weak access to prenatal and postnatal care, poor housing conditions and unsafe environments, and poor nutrition and unhealthy lifestyles. Despite attention to the situation of Roma children in Bulgaria in past decades, research on their health status and access to health services remains very limited. One major challenge is lack of statistical data disaggregated by ethnicity, which makes quantitative data on the health status of Roma children in Bulgaria relatively scarce.

Analysis of 2017 EU-SILC data shows that children of Bulgarian origin have hardly any unmet need of medical examination or medical treatment (single cases in a sample of more than 3,000 children). Among Roma children, the share of children whose need for medical examination or treatment has not been met account for 7%, which supports experts’ understandings that Roma children are more exposed to the risk of being deprived of medical care when they need it. The main reason stated in the EU-SILC survey is the lack of financial means; other reasons include considerable geographical remoteness or lack of appropriate transport. The situation with access to dental care is similar.

In 2019, Association “Diverse and Equal” surveyed 375 respondents in five Roma neighborhoods and settlements in Bulgaria in the regions of Sofia and Pleven, revealing that 62% of interviewed parents stated that their children do not attend yearly dental checks, which should be covered by NHIF. In-depth interviews show that some children

212 European Public Health Alliance, Closing the Life Expectancy Gap. Respiratory, digestive, and infectious disease are among the most widespread and affect children; see Tomova, Health and the Roma Community.
213 EU-SILC Microdata 2018, author analysis.
had never been to a dentist and most of the parent participants had not been able to 
afford dental services for themselves in decades. Smaller settlements are unattractive 
for dental health professionals, which additionally hampers the access of disadvantaged 
communities to dental care.214

Unfortunately, higher levels of infant mortality amongst Roma children in Bulgaria have 
not decreased much over the Decade of Roma Inclusion.215 According to UNICEF, families 
living in poverty, including the Roma population, are at increased risk of higher infant 
mortality because they are more exposed to factors that affect pregnancy outcomes 
and the health of new-born infants, such as: low maternal educational levels and risky 
behaviours (e.g. tobacco smoking); poverty and unemployment; residence in rural 
areas and/or segregated neighbourhoods in poor, overcrowded housing conditions; and 
a large share of births by teenage mothers.216 Insufficient health promotion activities 
in Roma communities and difficulties accessing health care services, may lead to 
late identification of developmental difficulties or delayed diagnosis of conditions that 
contribute to complications later in life. This requires strengthening health promotion 
during the first 5 years of life, enhancing parents’ knowledge on health and child 
development, and encouraging families to regularly attend well-child visits and seek 
timely medical help when needed. Specific focus on early detection of the risk of 
developmental difficulties and early childhood intervention should be also strengthened 
to ensure that children have access to timely support for developing to their potential.

Table 9. Infant mortality rate, selected countries (deaths per 1,000 live births)

<table>
<thead>
<tr>
<th>Location</th>
<th>2010</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Union overall (27 countries)</td>
<td>4.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>9.4</td>
<td>5.8</td>
</tr>
<tr>
<td>Czechia</td>
<td>2.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Croatia</td>
<td>4.4</td>
<td>4.2</td>
</tr>
<tr>
<td>Hungary</td>
<td>5.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Slovenia</td>
<td>2.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Slovakia</td>
<td>5.7</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Source: 2020 Eurostat data, “Infant mortality rate” [searchable with dataset code TPS00027].

Adequate and balanced nutrition is one of the most important factors for children’s good 
health and development in the earliest years, and could be a powerful tool to reduce child 
mortality.217 In Bulgaria, only a small proportion of children are exclusively breastfed at five 
and six months. A 2016 National Centre of Public Health and Analyses survey shows that 
breastfeeding was initiated within the first hour after birth for only 9.9% of the studied 
children (versus 4.6% in 2007), despite international standards and recommendations. 
The proportion of children exclusively breastfed until four to six months of age is 21.7%, 
and only 44% of women continue breastfeeding after the sixth month.218 RECI+ research

215 Robert Kushen, ed., Roma Inclusion Index 2015 (Budapest, Hungary: Decade of Roma Inclusion Secretariat Foundation, 
2015), 18. See also Zeljko Jovanovic, “Why Europe’s ‘Roma Decade’ Didn’t Lead to Inclusion,” Open Society 
216 UNICEF, Situation Analysis.
217 To improve children’s general development and health status, and at the same time reduce child mortality, 
UNICEF and the World Health Organization adopted the Global Strategy for Infant and Young Child Feeding in 
results suggest that breastfeeding is more common among Roma women; in the neighborhoods studied, a majority of mothers had breastfed their child/ren, with the rate ranging from 77.1% for Shoumen to 100% for Montana.

No recent studies on child nutrition in Bulgaria are available, but National Centre of Public Health and Analyses data from 2007 points to high risk of iron-deficiency anaemia among children, particularly Roma children (61% of Roma children in the 6 to 11 age group). Related to higher risks of morbidity and delays in physical and cognitive development, anaemia is often caused by poor nutrition – and Roma children reportedly suffer from poor nutrition due to food insecurity and/or unbalanced diets. Therefore, screening and treatment for anaemia, and financial support for families to address the poverty that undermines food (and housing) security, must be part of efforts to support healthy development in these communities.

Adequate and healthy nutrition are essential for the healthy growth and development if children, as well as for learning outcomes. The nutrition of children depends on the socioeconomic status of the family, as well as the quality of caregiving. RECI+ findings show that a majority of children in the studied neighborhoods have a good diet, though differences can be observed in different locations. It was found that 73% of the children eat bread, cereals, or potatoes every day. In most of the neighborhood locations, children have regular access to fruit, vegetables, and food rich in animal protein; children in Iztok neighbourhood were an exception.

A potential risk in the studied groups overall may be regular access to and high consumption of “junk food” (i.e. food/drinks with high salt, fast carbohydrate, and fat content, such as carbonated drinks, pre-packaged salty snacks, sweets, and instant soups and broths). These are widely available “cheap calories” that provide affordable basic sustenance. Among RECI+ survey respondents, junk food consumption was most pronounced among those aged 32+ and those in households where income was average within the sample population but below the poverty line, and more likely among households with at least three children. Children like these options and parents often find it hard to refuse their children. Also, not all parents are aware of how serious a risk junk food is. Furthermore, mass advertising targeted at children turns consumption of junk food into a norm and even a matter of status. Against this background, parents sometimes fail to develop healthy eating habits in their children. In such cases, kindergartens can be valuable allies.

One of the national programming thrusts to improve nutrition in early childhood are “baby kitchens,” which provide daily meals at a subsidized price for children aged 10 to 36 months in accordance with national nutrition guidelines. However, most RECI+ survey respondents had never used baby kitchens and prefer to cook at home. One reason may be that Roma children start solid foods much earlier than the general population, and not as gradually as recommended, and thus start eating the common foods cooked in the family from a very early age.

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219 National Center of Public Health and Analyses, National Survey of Nutrition of Infants and Children in the Age Group from 1 to 5 Years and Rearing Them in the Family, 2009.
222 Baby kitchens are a Ministry of Health service under Ordinance No. 26 of 18 November 2008, for details see https://dv.parliament.bg/DVWeb/showMaterialDV.jsp?idMat=49098.
The reference point regarding healthy nutrition in the early years should be paediatricians and/or GPs in regular contacts with children and families for the purposes of monitoring child health and development. Yet, even if doctors and health services are available and accessible, the extent to which health promotion and support for early childhood development (including consulting the child and the parents about hygiene, encouraging developmental activities, adequate nutrition, breastfeeding and complementary feeding, and physical activity) are actually being provided remains questionable.

Lack of awareness and experience using health care services among many Roma adults might negatively influence their willingness and capacity to seek health services for children – and limited access to health care, including well-child care, has negative consequences on the health status of many Roma children. RECI+ interviews show that serious health issues are identified late and “by chance” in children, for instance, during medical check-ups carried out under a project or by a mobile team for social intervention (interview in the municipality of Tundzha).

“Children in smaller settlements grow up in exceptional absence of access to health, education, and social services. They don’t have any access to a speech therapist, a rehabilitator, medical treatment, etc.”

—RECI+ interview with a municipal official, 2019

The perceptions of Roma parents regarding the health of their children can also be influenced by their general attitudes towards health and engaging with health professionals. According to EU-SILC data for 2018, children in Bulgaria whose parents believe their health to be “decent,” “bad,” or “very bad” account for a very low share of people with children (1 to 2%). The situation is similar for Bulgarian Roma. What differs is that the latter are much more likely than the rest to choose the answer “good” instead of “very good” health for their children: the data reveal that 65% of Bulgarian Roma children (compared to 77% of ethnic majority children) enjoy very good health in their parents’ opinion, while 32% of the children have “good” health according to their parents (21% of the ethnic Bulgarian majority). Previous studies, however, show that 10% of Roma children between the ages of 0 and 9 have poor health, and 12.6% of the whole Roma population in the country suffers from chronic diseases, rates higher than the general population.

Available studies have also shown a higher rate of infectious diseases amongst Roma than the majority population, particularly in segregated communities where overbuilding, crowding, and lack of decent sanitation make it more difficult to maintain proper hygiene practices or limit contact with infected people. Roma in Bulgaria are especially vulnerable to outbreaks of measles; hepatitis A, B, and C; and tuberculosis. For a long time after the transition to democracy in Bulgaria, the coverage of Roma children in planned immunization schedules was significantly lower than the coverage of ethnic Bulgarian children. Nevertheless, immunization coverage has improved significantly, particularly after the big measles outbreak in 2009. A new vaccination campaign was undertaken in 2019 in response to new cases of measles. RECI+ survey findings are consistent with country coverage data: the immunization coverage of the population in Bulgaria was between 91.5% and 95.1% between 2012 and 2019, and,

224 Roma-specific EU-SILC microdata (RC010T general health) was provided to the RECI+ team by the National Statistical Institute.
227 In the middle of the 1990s, 18% of Roma households with children had no immunizations. In 2002, 68% of the Roma children in Bulgaria have all the recommended immunizations; 27% have some; and 5% have no immunizations at all. Tomova, Health and the Roma Community, 89–90.
228 This data was presented by the Minister of Health at the National Assembly in February 2019; see https://www.parliament.bg/pub/PK/334443954-06-328.pdf.
on average, 93.5% of the parents interviewed in Roma communities had had all the mandatory vaccines administered to their children.

“We all have the vaccines, they are useful. We have the mandatory vaccines because they really help.”

—RECI+ focus group with parents in a district city, 2019

The main threats continue to be enclaves of dire poverty and isolation without access to public services and the inability to follow the immunization and health status of children without a unique ID number. The likelihood of the unvaccinated cohort and the risk of infectious disease due to poor immunization coverage is uneven among the administrative districts and mostly concentrated in Sliven, Varna, Targovishte, and Haskovo – districts with substantially higher proportion of the Roma population than the country average, although low vaccination rates are seen also in districts with few Roma, such as Gabrovo.

Figure 7. District vaccination rates against diphtheria, tetanus, pertussis, poliomyelitis, and Hib with a Pentavalent vaccine, 2018

<table>
<thead>
<tr>
<th>District</th>
<th>Vaccinated (%)</th>
<th>Unvaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blagoevgrad</td>
<td>98.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Burgas</td>
<td>87.5</td>
<td>12.5</td>
</tr>
<tr>
<td>Varna</td>
<td>88.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Varna</td>
<td>98.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Vidin</td>
<td>95.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Vratsa</td>
<td>97.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Gabrovo</td>
<td>96.6</td>
<td>13.4</td>
</tr>
<tr>
<td>Dobrich</td>
<td>77.2</td>
<td>22.8</td>
</tr>
<tr>
<td>Kardzhali</td>
<td>90.2</td>
<td>9.8</td>
</tr>
<tr>
<td>Kyustendil</td>
<td>96.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Lovech</td>
<td>91.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Montana</td>
<td>97.7</td>
<td>2.3</td>
</tr>
<tr>
<td>Pazardzhik</td>
<td>96.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Pernik</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Pleven</td>
<td>93.6</td>
<td>6.4</td>
</tr>
</tbody>
</table>

Source: National Center of Public Health and Analyses

229 Data in Figure 7 was provided by the National Center of Public Health and Analyses in response to a special request by the authors.
### Figure 8. District vaccination rates against measles, parotitis, and rubella, 2018

<table>
<thead>
<tr>
<th>District</th>
<th>Vaccinated (%)</th>
<th>Unvaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blagoevgrad</td>
<td>94.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Burgas</td>
<td>93.4</td>
<td>6.6</td>
</tr>
<tr>
<td>Varna</td>
<td>84.0</td>
<td>16.0</td>
</tr>
<tr>
<td>Veliko Tarnovo</td>
<td>96.2</td>
<td>3.8</td>
</tr>
<tr>
<td>Vidin</td>
<td>91.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Vratsa</td>
<td>95.8</td>
<td>4.2</td>
</tr>
<tr>
<td>Gabrovo</td>
<td>93.1</td>
<td>6.9</td>
</tr>
<tr>
<td>Dobrich</td>
<td>85.7</td>
<td>14.3</td>
</tr>
<tr>
<td>Kardzhali</td>
<td>96.9</td>
<td>3.1</td>
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<td>Kyustendil</td>
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<td>3.3</td>
</tr>
<tr>
<td>Lovech</td>
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<td>7.6</td>
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<td>Montana</td>
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</tr>
</tbody>
</table>

**Source:** NCPHA

### Measures and initiatives to improve health care for Roma

The National Roma Integration Strategy, approved in 2012, states the intention of the government to remove health service access barriers for the Bulgarian Roma population. Numerous national and regional initiatives for the promotion of Roma health have been adopted, often in collaboration with civil society organizations. In partnership with municipal authorities, conditions are created to bring health care services closer to the Roma population, by, for example, equipping mobile laboratories and providing consultations in areas with high concentrations of Roma people. Screening programs for early diagnostics and disease prevention have also been developed within the regional Roma integration strategies (e.g., tuberculosis screening of the Roma population in Lovech, mobile mammogram screening and screening for heart and lung disease prevention in Montana). Some activities of the units for mobile healthcare services

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230 Data in Figure 8 was provided by the National Center of Public Health and Analyses in response to a special request by the authors.


directly target children. For instance, in 2015 895 children age 18 and younger received the complete spectrum of recommended immunizations and 1,548 pediatric examinations were conducted, resulting in 97 children being diagnosed and referred for further treatment.

A health mediation program introduced in 2001 led to the establishment of the National Network of Health Mediators in 2007. A total of 230 health mediators worked in 117 municipalities in Bulgaria in 2018. The network trains and supports Roma health workers to assist the most vulnerable groups in Bulgarian society. Health mediators are very skilled, understand the cultural differences of Roma communities, and have been able to establish functional connections with local medical staff. Their work on immunoprophylaxis and hygiene awareness is central to the prevention of infectious epidemics. At the same time, they often need to fight negative stereotypes and prejudices towards Roma people and provide not only health information, but also social work in Roma communities.

“General practitioners are often unwilling to register newly-born infants from the Roma families. Health mediators look for GPs and connect them with young parents.”

—RECI+ interview with a representative of the National Network of Health Mediators, 2019

Programs aimed at Roma inclusion, including health programs, are funded through EU and national funds, sometimes jointly. Examples include the European Economic Area and Norway Grants Programme (2009–2014), under which the Public Health Initiatives Programme in Bulgaria targeted socioeconomic disparities and territorial imbalances in child and mental health and access of the Roma population to quality health care. The Active Citizens Fund Bulgaria has provided Roma Health Scholarships under the Financial Mechanism of European Economic Area 2014–2020. In addition, international organizations and NGOs in Bulgaria aim to improve prenatal, postnatal, preventive, and early childhood care in disadvantaged communities.

233 Mobile healthcare services established under the PHARE 2006–2009 program included general check-up rooms, mammography, ultrasound, fluorography, pediatric and gynecologic offices, and mobile laboratories, usually offered in combination with lectures and informational materials for vulnerable and uninsured people.

234 Pamporov et al., Civil Society Monitoring Report, 40.


Examples of innovative health programs initiated by international organizations and NGOs

Between 2014 and 2018, UNICEF, in cooperation with the Ministry of Health, set up **Centers for Maternal and Child Health** in the municipalities of Shoumen and Sliven, providing home visit services to expectant parents and families with children under 3 years of age. The main goals were to improve young children’s health and development by providing information, advice, and support to caregivers; and to ensure early intervention when additional needs were identified (e.g. health and development issues, social support). The program reached about 70% of all the children in the target age range in the two regions with different levels of support depending on identified needs.238

Trust for Social Achievement’s **Nurse–Family Partnership Program** has provided home visits to vulnerable families in Roma-segregated neighborhoods in Sofia, training caregivers in baby care and offering emotional and social assistance, access to a “toy library,” breastfeeding support, medical check-ups, nutritional supplements, and contraceptives.239

The organization Medecins du Monde, the Bulgarian Association of Family Planning, and the Municipality of Sliven have been carrying out a project since 2014 focused on the reduction of maternal morbidity and mortality related to unwanted pregnancies. They provide medicine, medical examinations, awareness-raising campaigns, and shower facilities for pregnant women and new mothers in the Nadezhda district in Sliven who lack running water.240

Yet, despite the number of stakeholders working towards improved outcomes, and the innovative nature of many of these undertakings, results have not been entirely satisfactory in Bulgaria and many challenges remain. As stated by the World Health Organization, a comparatively large group of the population (individuals and families with low income, the undereducated, and the unemployed, including Roma) continue to face substantial barriers to health care access.241 Because improving the health and wellbeing of disadvantaged groups is inseparable from improving their socioeconomic status, many relevant measures involve a holistic, integrated approach.

**Bulgaria’s Social Services System**

Social welfare is a broad concept variously defined in different countries and institutional contexts. This analysis will focus on social security, cash, and in-kind transfers provided to families or households with children of preschool age;242 and social services, particularly services designed for children and their carers and families. This section includes an

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241 Dimova et al., *Bulgaria Health System Review*.
242 This includes all cash transfers, in-kind support, and services available to all children, including children of preschool age. We exclude old-age pensions from the analysis, though children could be living in households with elderly persons whose welfare critically depends on pension receipts, because there is little information on such cases and old-age pensions are a much rarer source of income in Roma communities due to widespread exclusion from the formal labor market and lower life expectancy.
overview of social protection and social services in Bulgaria, with a focus on services relevant for children of preschool age and their families. This section situates and provides context for the dynamic reforms that were conceived and/or took place in the 2016–2020 period of direct relevance to the inclusion of Roma children.

Organization of social services and child protection in Bulgaria

Under Bulgarian legislation coordinated by the Agency for Social Assistance, which falls under the Ministry of Labor and Social Policy, the national social service framework encompasses various activities to support beneficiaries so they can lead more independent lives, or support beneficiaries’ social inclusion.243 Within the Agency for Social Assistance are municipal-level territorial units called Social Assistance Directorates that are the natural point of coordination of state support for children and families, especially those eligible for social transfers and in need of social services. Social Assistance Directorate Child Protection Departments are responsible for implementing child protection measures, including provision of or referral to appropriate pedagogical, psychological, and legal assistance for parents or persons assigned parental functions; and the deployment of protection measures outside the biological family, such as children’s placement with relatives, in foster care, or in residential care, including specialized institutions. Child Protection Departments also work with families to prevent child abandonment and provide financial support and guidance for reintegrating children into their biological families.244 Performing these functions equitably, efficiently, and with good outreach is key to the successful inclusion of Roma children and their families. However, Child Protection Departments are known to be overwhelmed by huge caseloads and paperwork, and are often incapable of providing beneficiaries with sufficient contact time, Roma being a significant proportion of those beneficiaries.245

Responsible for policy planning and implementation at the national and regional levels, the State Agency for Child Protection provides guidelines to local Agency for Social Assistance Child Protection Departments and other government bodies, and inspects schools, kindergartens, nurseries, social service units, medical institutions, and Social Assistance Directorates.246 Finally, the State Agency for Child Protection develops criteria and standards for social services for children, including in the areas of assistance, support, and services in the family’s environment, and placement outside the biological family.247 Such standards critically determine the capacity and incentives of all public and private bodies involved with child protection to address specific needs and disadvantages, including those of the Roma children.

There is no publicly available data on the number of children in need of social services in Bulgaria, and no official statistics on the ethnic composition of the beneficiaries using social services for children. At the end of 2019, Bulgaria had about 2,200 registered social service providers, including entities in municipal ownership, businesses, and NGOs.248

243 See https://asp.government.bg/bg/deynosti/sotsialni-uslugi.
245 Surveys and analyses for the assessment of the results of the implementation of the National Child Protection Strategy in 2012 can be accessed at https://bit.ly/34DJpcP.
247 Standards for social services for children are defined by the Ordinance for the Criteria and Standards for Social Services for Children adopted in 2003 and amended many times, most recently in 2019.
248 The Open Data Portal is always being updated but available at https://data.egov.bg/organisation/datasets/resourceView/2a97b078-da71-4c3f-a307-1ba5b4fc952e.
At the end of 2018, 620 operating units in Bulgaria were providing delegated services for children or delivering social services that had children among their main beneficiaries.\textsuperscript{249} A single organization can manage more than one such unit. About 350 of the existing units focused on only children as primary beneficiaries, working worked with adults only as might benefit a child. The other units were targeting adults, as well, most often young adults with children. Common types of community-based social service units are listed here, with figures in brackets indicating the number of services across the whole country in 2018, when known:\textsuperscript{250}

- **Daycare centers for children and youth with disabilities [95]** are critically important sites assisting parents and carers to cope with challenging life situations and the burden of daily care for children with disabilities.

- **Centers for social rehabilitation and integration of children [52]** are community-based services working with children with special needs and various disabilities. Similar centers exist for adults.

- **Mother and baby units [13]** provide temporary accommodation for up to 6 months for pregnant women and mothers at risk of abandoning their children. This intervention aims to prevent that outcome by seeking to foster parental affection and assist young mothers with social, psychological, and legal counselling.

- **Centers for community support [136]**, the most widespread multipurpose social service units, provide various services to prevent school dropout, address challenging behaviour, prevent child abandonment, etc. These sites are designed to support families and children depending on local needs and possibilities. Children in institutions and foster families are among the typical clients of social support centers.

- **Family-type accommodation centers for children without disabilities** are small units providing residential care to children who have typically come from large institutions that have been closed, where Roma were known to be overrepresented.\textsuperscript{251} Located in living estates, these units resemble typical housing and provide a context as close as possible to the daily living patterns of a typical family with children. There are similar centers for children with disabilities.

### Funding of social protection and social services

Social services financing involves allocations from the state budget to municipalities. Wealthier municipalities\textsuperscript{252} usually allocate additional resources for service provision, a pattern that puts economically underdeveloped rural areas at significant disadvantage. The Bulgarian social system suffers a systematic lack of adequate social services in some regions, particularly rural areas. Surmisable from the unit numbers listed in the previous section, most community-based social services are unavailable in many municipalities, and even in many locales within municipalities that do have some coverage. Services available at the district level and clustered in populous urban areas can be similarly hard to reach for vulnerable and marginalised people. Even in big cities, for example, services are rarely situated within or in close proximity to segregated and physically isolated Roma neighbourhoods.

\textsuperscript{249} A unit in this case means a service at a specific location, not a specific service provider. The information was provided by special request from the Agency for Social Assistance.

\textsuperscript{250} See https://bit.ly/34Io3uE.


\textsuperscript{252} See http://bcnl.org/uploadfiles/documents/blacksea_docs/mechanizam_finan_40.pdf.
About 40% of Roma in Bulgaria live in rural areas in municipalities with some of the lowest per capita revenues in Bulgaria. Municipalities in the poorest North-Western region of Bulgaria, Northern Bulgaria, and some parts of Southern Bulgaria with a significant Roma population lack the necessary local-level financial resources to ensure sufficient availability of social services for vulnerable groups. Despite being responsible for assessing social service needs and drafting annual and 5-year social service delivery plans, municipalities lack the capacities, resources, and interest to develop and implement meaningful Roma inclusion strategies and programs, including social services.\(^{253}\)

Also problematic is the fact that Bulgaria’s per-case funding model (per unit of service capacity) tends to incentivize “cream skimming” (i.e. avoiding difficult cases and potentially discriminatory practices). This tendency is especially strong in situations of overload and burnout, which easily arise in social service contexts such as Child Protection Departments. There is a need for systemic review of how this may affect Roma – given that they are more likely to be overrepresented among challenging cases and have access to service provision that tends to be insufficient or overwhelmed.\(^{254}\)

### Roma-targeted measures to health and social services

In Bulgaria, the EU is by far the most important source of funding for policies and measures related to Roma integration. The main operational program funding social integration and operations explicitly targeting the Roma is the Human Resources Development Operational Program (HRD OP). With more than 350 million EUR allocated between 2014 and 2020, the Social Inclusion thematic priority is the second biggest within HRD OP (the total size of which is approximately 1 billion EUR).\(^{255}\) Other thematic priorities that bear some relevance to Roma integration are Sustainable & Quality Employment and Educational & Vocational Training.

Several schemes implemented under HRD OP Priority Axis 2 have specifically targeted vulnerable groups, with Roma communities among the main beneficiaries, including:

- **“Accept me 2015”** – This operation, targeting 1,281 Roma, supports children’s deinstitutionalization by continuing and building on the sustainable model of foster family care for children who are in specialized institutions, at risk, or with disabilities.

- **“Services for early childhood development”** – Initially developed under the Social Inclusion Project funded by the European Bank for Reconstruction and Development between 2008 and 2015, this operation, targeting 11,361 Roma, seeks to prevent social exclusion and reduce child poverty by investing in early childhood development and integrated social services for early childhood development for vulnerable groups of children up to age 7, children with disabilities and their families, and future parents.

- **“Active inclusion”** – 247 Roma. The operation supports expanding opportunities to improve the quality of life of people with disabilities including children and their families.

\(^{253}\) Pamporov et al., *Civil Society Monitoring Report.*  
\(^{254}\) Roma often face exclusion or access difficulties to services that are not overwhelmed, due to prejudice and discrimination, an issue related not so much to organization and funding as to service delivery standards (e.g. professional ethics, communication protocols) and related staff training.  
By 31 December 2018, the total number of persons covered by operations explicitly targeting the Roma reached 14,804 (up from 1,559 in 2018). Within HRD OP overall, targeted provision of health and social services to the Roma community in the 2014–2020 period amounted to 130 million BGN. Related programming aimed to promote social inclusion, combat poverty, and tackle discrimination. In March 2019, 48 joint municipal projects focused on social and health service inclusion were launched under the Social and Economic Integration operational program, with additional measures for improved access to education under the Science and Education for Smart Growth program.

Family and social policy

Bulgaria’s child and family policies are generous and comprehensive compared with other countries in the south-eastern European region, but do not reach many vulnerable and disadvantaged groups. Many of the benefits are targeted, tied to employment, or require contributions that further exclude those already alienated from mainstream employment. Only parents who work and pay social and health security contributions have access to the full package of maternal care and all related cash benefits. Persons who do not have a continuous record of formal employment and payment of social security and health contributions can only access a limited package of services and much smaller cash transfers.

Non-contributory benefits accessible to pregnant women and disadvantaged parents are generally low. In general, support for parenthood (mainly maternity) in Bulgaria is organized and based on contributions paid by working parents prior to pregnancy and childbirth. Non-contributory cash transfers and one-off allowances are also available, but do not match the support that can be acquired through social insurance. However, in 2017, 57.2% of poor Roma were unemployed or inactive, and those who are parents are much more likely to lack social and health insurance.256 In addition, although existing laws prohibit discrimination, eligibility determinations were sometimes found to be subjective.257

Child benefits

Access to child benefits is subject to a means test with rather high thresholds (up to 500 BGN or 256 EUR per family member, per month). Each family with children up to age 18 (or up to age 20 if still attending secondary school) and a monthly income of less than 400 BGN (205 EUR) is entitled to child benefits. Following a reform introduced in 2018, families in even higher income brackets (between 400 BGN and 500 BGN, i.e. between 205 EUR and 256 EUR per family member) began to receive 80% of the child benefit. Means tested one-off and monthly allowances are granted to mothers without social insurance before birth and rearing the child to age 1. Given the inclusive structure of child benefits, a lot of the available resources go to families with incomes well above the poverty line, so the neediest families do not benefit sufficiently from potential wealth redistribution.258

The amount of the allowance depends on the number of children in the family; for one child it is 40 BGN, for two children 90 BGN, three children 135 BGN, and four children 145 BGN. For every child after the fourth, the marginal benefit remains 20 BGN. While there is no proof that these incentives have any real impact, they have symbolic value.

258 Zahariev, European Social Policy Network Thematic Report.
Benefit levels are low and have only a very modest effect on boosting the income of families, especially those with one or two children. However, even for families with three or more children, the benefit is too low to significantly change consumption levels.  
Nevertheless, the Roma population is explicitly framed by some groups and media sources as having irresponsibly high birth rates, lack of care for their children, child abandonment, etc.

Maternity and paternity leave and cash transfers related to pregnancy and childbirth

Maternity leave in Bulgaria is 410 days, 45 of which are used before the birth. With the mother’s consent, when the child reaches 6 months, the leave can be transferred to the father for the rest of the period. During these 410 days, social security beneficiaries who have worked at least 12 months prior to taking the maternity leave are paid an allowance of 90 percent of their gross salary by the National Social Security Fund. At the end of maternity leave, mothers are entitled to parental leave to raise their child until age 2.  
The amount of allowance payable during this leave is 380 BGN, lower than the minimum monthly wage of 610 (as of 01 January 2020).

Mothers who did not participate actively in the labor market, as is often the case with Roma mothers, are entitled to social assistance during pregnancy, childbirth, and the first year of the child’s life. Payments for pregnancy and the first years are generally low. For example, pregnant women whose average monthly gross income per family member is equal to or lower than 450 BGN (230 EUR), are entitled to a lump-sum allowance of BGN 150 (77 EUR) paid from general taxation.

A one-off cash allowance is provided upon childbirth. Universal and non-contributory, the amount of these allowances reflects specific incentives to influence the preferred number of children in a family. As of 2019, the amounts are 250 BGN for a first child, 600 BGN for a second, 300 BGN for a third, and 200 BGN for any subsequent child. In addition to discouraging high birth rates among “marginalized groups,” arguments to support the legislation included positive framing about an intention to stimulate “responsible parenting.”

Families not entitled to receive maternity benefits and below a certain income threshold are provided with monthly benefits for raising a child up to age 1 (100 BGN per month in 2019). A special conditionality applies if the mother is under the age of 18. In this case, the benefit is provided in-kind based on an assessment of the needs of the child by the municipal Commission for Protection against Discrimination. This provision is part of a legislative package adopted in 2015 with the argument that it would stimulate responsible parenting. The 250 BGN cash allowance for first-grade students is a means-tested allowance provided to families with an average monthly per capita income of 450 BGN or less for the previous 12 months; it is intended for the purchase of the student’s basic necessities.

Sickness and maternity benefits in Bulgaria are provided by public social insurance schemes. The size of sickness benefit equals 80% of the average daily insurance income for the 18 months preceding the sickness. People who have a sick family

259 Gatenio Gabel, “Growing Divide.”
261 This leave can be transferred to the father or one of the grandparents who work under an employment contract and have social insurance.
262 These amendments were introduced in 2015. The full package of accompanying documentation reflecting the motives of the legislators is available at https://parliament.bg/bg/bills/ID/15370.
member, including a child, can get sick leave from work to care for relatives during hospital treatment or at home. This applies also to foster parents or family relatives other than parents who take care of the children – so long as the individual is an active participant in the formal labor market. Those self-employed and working in the informal economy, often the situation of working Roma, are not eligible. A more sustainable alternative to sick leave, the right to have a personal assistant is granted if a person has 90+% permanent disability or a child has 50+% reduced capacity for social adaptation; or in situations of adults or children released from specialized institutions for people with disabilities. Neither sick leave schemes in the context of long-term care, nor cash benefits designated for people in need of such care, adequately compensate the loss of income during parental leave to care for sick children or children with disabilities.

In 2019, the budget allocated for the social protection of persons with disabilities was 437 million BGN (223 million EUR), following an increase of 150 million BGN (77 million EUR) after long protests by mothers of children with disabilities. No disaggregated figures are available on social protection expenditure specifically for children with disabilities. Among the range of social protection instruments, expenditure on family policy is below the EU average (1.3% of GDP versus the EU average of 2.2%) and has a relatively low impact on reducing child poverty. In 2018, the Agency for Social Assistance supported, via monthly benefits and one-off allowances, a total of 34,518 persons and families. Social transfers to households in Bulgaria reduce the poverty risk among children by 15%.

Benefits aimed at reducing the risk of social exclusion do not target children but are highly relevant to families with children living in deep poverty. Two means-tested benefit schemes are part of the guaranteed minimum income (GMI) in Bulgaria: monthly social assistance allowances and heating allowances. Both benefit schemes are based on a so-called “differentiated minimum income,” the GMI multiplied by some factor: in 2019 from 66% to 165% for monthly social benefits and from 167% to 311% for the heating allowances.

In winter, heating allowances are essential to the ability of poor households to keep their homes adequately warm. This is a means-tested benefit and many Roma families tend to be eligible. The scheme for heating allowances contains some special provisions for children. Additionally, for the heating season 2018/2019, the Agency for Social Assistance paid allowances to 209,647 individuals/ households amounting to slightly less than 99 million BGN, an increase from 74.3 million BGN in 2017. In 2018, a household received 75 BGN (38 EUR per month) or 361 BGN (184 EUR) for the whole heating season.

While there is no information on the ethnic composition of the beneficiaries of the main GMI-related programs, monthly social benefits and heating allowances, based on the eligibility criteria and means tests, as well as the general profile of beneficiaries, we can assume this programming is very important for the wellbeing of many poor Roma families. Recent coverage and adequacy improvements are likely to have a positive impact on reducing poverty among the Roma, although outcomes data will only become available in one to two years’ time.

In the past few years, the social security system experienced for the first time in a decade a serious budget increase, and policy reform led to the introduction of automatic mechanisms for updating benefits, allowances, and eligibility criteria. In 2019, the

264 Art. 26 of the Law for Protection of the Child.
265 Details published in the State Gazette on 13 December 2018.
266 Bulgarian social security legislation does not use the term household, preferring instead persons and families.
267 Details published in the State Gazette on 13 December 2018.
268 In 2018, GMI increased to 75 BGN from 65 BGN after remaining unchanged for more than 10 years. In 2019, the GMI was 70 BGN (38 EUR).
government also introduced an official poverty line based on the EU definition of income poverty (i.e. the EU’s “at-risk-of-poverty” indicator) and began operationalizing rules for non-discretionary, automatic benefits and means test updates, including basic GMI amount (previously determined by the government) and heating allowance eligibility criteria.  

The poverty line for 2020 was estimated at 363 BGN (185.5 EUR) per month for a single-person household.

Protection policies and deinstitutionalization of children at risk

Children and young people entering care systems often have complex histories of abuse and disadvantage, and this can make them more vulnerable to individual abusers and organized groups. Abandonment of children continues to be driven by poverty, early school leaving, early marriage, and migration forced by adverse socioeconomic circumstances. According to data from the Social Assistance Agency, at the end of 2018 there were 10,700 children separated from their families. The yearly inflow of children into formal care (institutional and non-institutional) exceeds 2,000. At the end of 2018, 633 children (up to age 20) were still in institutional care in two types of institution.

Since the establishment of the State Agency for Child Protection in 2001, Bulgaria has been on a pathway to deinstitutionalize children. This process was streamlined in 2010 with the adoption of the National Strategy “Vision for deinstitutionalization of children in the Republic of Bulgaria,” which has led to closing down institutions and decreasing residential care by increasing the capacity for non-institutional care and support in the community. Deinstitutionalization of care is a social reform that brings fundamental change to the model of providing support to children whose families face difficulties in their care. Bulgaria’s childcare reform, including the process of deinstitutionalization of childcare and the steady expansion of community-based social services for children in lieu of institutional care, is often noted as a good example.

Presently, the majority of specialized homes for children deprived of parental care have been closed. Children released from institutions are placed with relatives, in foster care, or in family-type accommodation centers. A recent Disability Rights International report concluded that Bulgaria had replaced a system of large, old orphanages with newer, smaller buildings that continue to operate as institutions. According to Disability Rights International, these centers are neither small nor “family-type,” and contribute to the continued social isolation of children placed therein, who are exposed to “emotional neglect, inappropriate and potentially damaging models of behavior, and, in some cases, violence, bullying, and other forms of abuse that are common in institutions.” This would mean a lot of children identified as “deinstitutionalized” in official statistics are actually still residing in institutions; it is very likely that Roma continue to form the majority of those children.

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269 For details regarding the reform, including the methodology for calculation of the poverty line, see http://www.strategy.bg/PublicConsultations/View.aspx?lang=bg-BG&Id=4567.
272 Data provided by the Agency for Social Assistance in response to a request by Open Society Institute – Sofia Foundation.
273 See http://www.strategy.bg/FileHandler.ashx?fieldId=4326.
275 Rosenthal et al., Dead End for Children.
The full closure of all remaining institutions for children is part of a new Law on Social Services that was finally enacted on 1 July 2020, after several postponements due to a massive protest from ultra conservative and religious groups. Closing institutions while also strengthening community services at the municipal level could potentially improve the situation of many Roma children still residing (in disproportionate numbers) in institutions. Such developments would also prevent separation and be likely to improve the wellbeing of Roma and non-Roma children at risk of abandonment, living in poverty, or exposed to other risks. While this legislation is of critical importance for strengthening the inclusion of Roma children, it came under attack by ultraconservative movements fueled by fears that the law would lead to children being taken from families and social services taking strong action against “traditional” parenting practices.276

Despite recognizing that between 2010 and 2018 the number of children in institutions decreased 11 times, the 2018 annual report of the Bulgarian Helsinki Committee on Human Rights in Bulgaria concluded that the risk of children’s social exclusion of children, including children aged 0 to 3, remains, with children living in extreme poverty and children with disabilities facing the highest risk.277 Since September 2016, parents of children with disabilities have held numerous protests in Bulgaria, demanding reforms in state policies towards children with disabilities. In response, the government raised the amount of monthly allowances for children with disabilities to 930 BGN for children with 90+% disability, 450 BGN for children with 70–90% disability, and 350 BGN for children with 50-70% disability. When these children turn 18 years, however, they receive only a monthly pension of 130 BGN and a one-off allowance of 80 BGN – while their needs typically remain the same.

Prevention and early intervention policies and services for children and families at risk

Cooperation between services for young children and families, always been a challenge due to structural barriers, is critical to the ability of child development services to reach the most vulnerable children and provide services tailored to the specific needs and circumstances of each family. The way to integrated social services was charted in a World Bank analysis from 2013 (Figure 9).

The proliferation of social services in recent years could have been expected to increase opportunities for interaction between institutions, yet this did not often happen. Service fragmentation across sectors remains common, especially according to established sectoral boundaries between education social services and healthcare. Problems with coordination and coherence between different sectors arise both at the planning and service provision level.278

Attempts to integrate services for preschool children and families have been piloted since 2010 under different projects. A large Social Inclusion Project funded by a loan from the World Bank, for example, aimed specifically at fostering integrated service provision in early childhood. Carried out in 66 municipalities by the Ministry of Labor and Social Policy, the project sought to remove barriers to kindergarten and nursery enrollment, and support additional preparation for an equal start in school, as well as children’s health consultations and disease prevention activities. The Social Inclusion Project put special

276 It is worth noting that authoritative religious figures managed to mobilize opposition against the legislation in some Roma communities, also, though these figures played a marginal role within the overall movement.
277 Kachaunova et al., *Human Rights in Bulgaria in 2018*.
emphasis on support to children with disabilities, who were provided special pedagogical support to join the first grade. Rehabilitation services focused on intervention from as early as childbirth in specially-established rehabilitation centers with trained medical staff capable of offering parents counselling and training, including through mobile work.279

Figure 9. Essential interventions during different periods of young children’s development

What do parents and children need to develop healthfully?

<table>
<thead>
<tr>
<th>Parents/ Caregivers</th>
<th>Pregnant Women</th>
<th>Children</th>
<th>Transition to primary school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive parenting education</td>
<td>Birth registration</td>
<td>Birth</td>
<td>Age 2</td>
</tr>
<tr>
<td>Social and Child Protection</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enforced domestic violence laws, provisions in judicial system to protect young children, child welfare system, income supports

Parent education on child health and development

Health

Prenatal Care
- antenatal visits (at least 4)
- skilled attendants at delivery

Expanded program of immunization

Well-child visits (growth monitoring and promotion)

Nutrition

Breastfeeding promotion, complementary feeding, dietary diversity

Prenatal nutrition
- folic acid
- iron supplementation
- iodine

Exclusive breastfeeding until 6 months, complementary feeding to age 2

Vitamine A, iodine, iron

Early stimulation, importance of formal early learning

Education

Early stimulation at home or through quality child care

ECCE and preprimary education to promote school readiness

Home visiting programmes

Source: Bulgaria, Early Childhood Development, Saber Country Report, 2013280

Continuation of the Social Inclusion Project under the name “Early Childhood Development Services” was funded through the European Social Fund from 2015 to 2020. This measure offered 30 million BGN in grants to municipalities with the explicit requirement that the grants support the continuation of integrated services developed under the Social Inclusion Project for children from vulnerable groups up to age 7; 280

279 Frazer, Prevention and Early Intervention.
including future parents and children with disabilities and their families.\footnote{281} Again, 66 municipalities of the total 262 benefitted from this program, based on the identification of vulnerable groups in the child population; many of participating municipalities have high shares of the Bulgarian Roma population.

\footnote{A full program description and the full set of documents for applicants can be found at https://esf.bg/procedures/bg05m9op001-2-004-uslugi-za-ranno-detsko-razvitie/}
CHAPTER 3.
Early Childhood Education and Care

According to a definition elaborated by the European Commission, ECEC “refers to any regulated arrangement that provides education and care for children from birth to compulsory primary school age,” including “center and family day care, privately and publicly funded provision, preschool and pre-primary provision.”282 In Bulgaria, the backbone of ECEC includes nurseries and kindergartens, which are the essential focus of this section.

The European Quality Framework adopted in 2019 highlights the importance of recognizing that learning and education start from birth. The Framework further stress the importance of quality in ECEC provision: “High quality early childhood education and care is an essential foundation for all children’s successful lifelong learning, social integration, personal development and later employability. Research shows that high quality early childhood education and care benefits children’s cognitive, language and social development.”283

ECEC in the Bulgarian Context

Preschool education in Bulgaria is part of the formal education system. Accordingly, numerous regulatory documents, including, laws, ordinances, etc., are in place, setting rules for the provision of ECEC. The Preschool and School Education Act puts specific emphasis on cross-sectoral collaboration among social and educational services, in ECEC in particular, by defining additional support that will be granted to children in kindergartens from psychologists, social workers, and speech therapists. Collaboration between the health and education systems, however, remains limited under the new legislation. In ECEC, the only point of interaction between education and health envisaged by the law is joint preparation of an ordinance regulating the operation of nurseries.284 However, this ordinance remains in the form of a draft that was never adopted. Institutions in the system of preschool and school education must guarantee these principles by providing...

284 Per the Law on Preschool and School Education, enacted 13 October 2015 and in force since August 2016.
support for the personal development of the children, working jointly with state and local authorities and social service providers. A particularly important emphasis is to provide an appropriate physical, psychological, and social environment for the development of children's abilities and skills. Support for personal development is to be implemented in accordance with the individual educational needs of each child and take into account difficulties that might appear in the learning and inclusion process.

The goals, content, and pedagogical approaches of preschool education are oriented mainly to the holistic intellectual, emotional, social, spiritual–moral, and physical development and support of each child and each pupil in accordance with their age, needs, abilities, and interests. State standards for preschool education are regulated by law, with mandatory requirements for results, as well as for various conditions and processes necessary for their achievement.

The main focus of state educational standards for compulsory pre-primary education for children 5 to 6/7 years of age is school readiness, that is, creating the conditions for acquiring a set of competencies (knowledge, skills, and attitudes) necessary for the successful transition of the child to subsequent schooling. A special standard regulates the premise quality and equipment of kindergartens.

Bulgarian legislation, including standards in ECEC, do not refer explicitly to any vulnerable groups beyond children with disabilities or learning needs. Individual needs are discussed in general but never explicitly refer to cultural, ethnic, or social background, factors that are not mentioned or discussed beyond general principles in the Law on Preschool and School Education concerning mother tongue learning. In recent years, the Ministry of Education put some emphasis on training teachers in multicultural education and funded several training initiatives. In Bulgarian policy documents, the terms “intercultural” and “multicultural” education are used interchangeably, always referring to a specific approach or pedagogical technique rather than an overall founding principle or philosophy of education. Indeed, the Strategy for Integration of Children and Students from the Ethnic Minorities notes that “the intercultural approach has not yet become a fundament for planning and organizing education.”

Organization and funding of ECEC

Early childhood education and care is organized in two stages: ages 0 to 3 and ages 3/4 to primary school age (6/7). Preschool education in Bulgaria (for children aged 2/3 to 6/7) happens mainly in kindergarten settings, while the compulsory pre-primary education (for children aged 5 to 6/7) can be provided by primary schools, as well, if relevant conditions required by the state educational standards on preschool provision are met.

Most children in Bulgaria enroll in primary school at age 7, which is the mandatory age to start formal school. A few parents choose to send their children to school at the age of 6. ECEC services are provided primarily by the public sector. The Preschool and School Education Act mandates the provision of two years of compulsory, free preschool education for children 5 and 6 years of age in preparation for formal schooling.

Private provision in preschool education is quite limited; less than 3% of all children enrolled in 2020 were in private kindergartens. Private nurseries and kindergartens exist primarily in big cities. Centre and family day cares also exist as a form of private provision.
but remain unregulated by law and are not monitored or represented in any official statistics; these are very limited in scope. For this report, day care arrangements offered by social services are not considered part of the national ECEC system. These provisions are discussed in Chapter 2 in the context of social protection and social service provision.

Bulgaria is among the EU countries maintaining a split system with different settings and approaches to ECEC services for children up to age 3 and children aged 4 to 6/7. Bulgaria has both unitary/integrated and separate settings in terms of structures responsible for providing ECEC services. In practice, ECEC services can be delivered either in separate settings for these older and younger groupings of children, or in unitary/integrated settings catering for both age groups. However, some distinctions may be maintained between the two age groups, even in unitary/integrated settings. Although both age groups are present in unitary settings and these sites are under joint management, provision for younger and older children differs in terms of staff qualifications, curricula, and funding arrangements.

Responsibilities for ECEC are distributed across two public sectors. Generally, the regulations for services for children aged 0 to 3 are mandated by the Ministry of Health, whereas guidelines for children aged 3 to 7 are set by the Ministry of Education and Science. State and municipal budgets cover the essential costs of ECEC provision. The State is primarily responsible for the educational component, including staff salaries, training, preventive medicine, and safe and healthy working conditions. The municipality covers the additional costs of the maintenance of heating, lighting, and other supplies, as well as major repairs, medical care, and (to some extent) meals for children.

The nursery system traditionally puts stronger emphasis on child health and care and less on early stimulation and learning. In 2016, a step was taken to change the status quo in relation to nurseries. The new legislation regulating preschool and school education allowed nursery groups to be opened in kindergartens for children from 10 months to 3 years of age. If a nursery group is not available, children can be enrolled in a kindergarten group at age 2. In existing nurseries regulated by the Law on Healthcare, children can be admitted to nurseries from 3 months of age. Nursery groups in kindergartens are regulated jointly by the Ministry of Education and the Ministry of Health, unlike nurseries, which are guided operationally solely by the Ministry of Health. Despite reform undertakings, childcare at an early age is not yet fully integrated with early childhood education in Bulgaria, and there continues to be two different setting types and two different authorities regulating each setting.

National reform efforts in ECEC

In the second decade of the 21st century, several Bulgarian governments implemented reforms aimed at increasing participation in line with EU and national targets and improving the quality of ECEC. The main set of programs is built around a special initiative of the Ministry of Education to increase participation in compulsory preschool and school education and prevent early school leaving. So-called “coverage teams,” consisting

287 Children can remain in nurseries until the calendar year they complete 3 years, or they can start kindergarten the calendar year they complete 3 years. There are thus 3-year-olds in both settings, though most are in kindergartens.
288 Per Ordinance No. 26 of November 18, 2008 on Activities and Health Requirements for Nurseries and Children’s Kitchens.
289 Per Ordinance No. 5 from 3 June 2016 on Preschool Education.
290 Per Law on Preschools and School Education, Art. 57.
primarily of teachers but including some social workers, representatives of the police, and municipal experts, were established. Initially, coverage teams only worked at the beginning of each school year, but since 2019 their work occurs on a permanent basis. This initiative, supported by several ministries at the central level, involves cross-sectoral cooperation at the local level – which is not a typical feature of Bulgarian policy and did not happen seamlessly. Coverage teams’ work led to the formal reinsertion into the education system of tens of thousands of children, but also exposed weaknesses related to retention capacity.

In parallel, the Ministry of Education continued efforts to expand compulsory preschool education, which had been introduced in 2010. Since that time, there has been public debate on whether to make preschool compulsory from the age of 4. This proposal was initially part of the draft Law on Preschool and School Education adopted in 2015 but then withdrawn due to parent protests and disagreement among teachers as to the practicality of this measure. At the end of 2019, the Minister of Education cautiously announced plans to introduce compulsory kindergarten for the 4-year-old cohort from 2020, promising BGN 70 million of additional funding for municipalities with a shortage of kindergarten places, explicitly mentioning “unfounded fears that the state wants to take kids away from their families.”292 On several previous occasions, the idea of compulsory preschool from an early age has been met with determined opposition by ultraconservative and religious movements of parents and by faltering support from teachers and experts.293 In the draft legislation announced in February 2020, the start date was postponed until 2022, when most municipalities are expected to have rectified the shortage of places with additional support from the state.294

These debates shifted the focus to quality along with trying to further increase the enrollment rate.295 In the context of ECEC, the quality aspect was addressed by several policy measures, programs, and initiatives, including: 1) the 2017 adoption of a special National Program, “Development of pre-primary education”; 2) the “Succeed together” program to ensure children’s smooth transition from the family environment to the kindergarten and improve teachers’ interactions with kindergarten families; 3) projects covering kindergarten fees for disadvantaged families and additional hours of instruction in the Bulgarian language; 4) support for educational desegregation at the municipal level; and 5) support for the smooth transition between kindergarten and school by coordinated efforts, including joint lessons by preschool and primary school teachers.

A National Early Childhood Development Strategy was drafted in 2019 with the broad participation of NGOs, experts, representatives from academia, and international organizations. The process was led and hosted by the Ministry of Education and Science.296 The strategy proposed many important changes in the ECEC system, including changes to the provision of education and care in integrated settings. Yet, work on the strategy came to a standstill late in 2019, following significant protests against national strategic documents related to child protection and legislation concerning the provision of social services for children and families.297

292 See https://www.24chasa.bg/novini/article/7983637.
297 Opposition against the draft Law on Social Services, another pivotal document in the field of child protection, is discussed in more detail in Chapter 2.
Several religious and conservative groups had opposed numerous ECEC practices and
guidelines that were already in place, throughout 2019. During recent public debate on
a new National Child Strategy for 2019–2030, all the existing institutional child protection
infrastructures, as well as major NGOs protecting children’s rights and providing early
childhood services, were accused of opposing traditional family values and trying to
alienate and separate children from their parents. Given these patterns in recent
history, similar outcomes may befall the Early Childhood Development Strategy when
it is publicly announced. At the time this report was written, discussion of the National
Child Strategy, the document that will ground related policy documents and changes in
legislation, has been frozen and chances of its adoption are unclear.

Access and participation

Early childhood education coverage in Bulgaria is gradually expanding. Bulgarian
governments implemented several reforms in the second decade of the 21st century
to increase participation in preschool education. From 2015, coverage (in nurseries or
nursery groups in kindergartens) of children up to age 3 has increased steadily, albeit
at a slow pace (See Table 10). Despite increasing enrollment, Bulgaria still lags most
other European countries. Moreover, in the Bulgarian context, young children outside
kindergartens are actually those in greatest need of ECEC. In 2016, Bulgaria had the
second-largest socioeconomic gap in preschool enrollment within the EU. The data
reveals that only 42% of children from the poorest fifth of households attend preschool,
compared with 89% of their peers from the richest fifth. This structural inequality has
serious implication for Roma children, as Roma constitute a very significant proportion
of families living in poverty.

Table 10. Percentage of children aged 0 to 3 enrolled in nurseries and nursery groups
in kindergartens between 2011 and 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage (%)</td>
<td>15.2</td>
<td>15.5</td>
<td>15.6</td>
<td>15.8</td>
<td>16.2</td>
<td>16.4</td>
<td>16.6</td>
<td>16.6</td>
</tr>
</tbody>
</table>

Source: National Statistical Institute, 2019.

This steady growth came to a halt in 2018, which saw a reduction of about 1,500 children
attending nurseries and nursery groups at kindergartens, in comparison to 2017. The
following year, in 2019, 26,000 2-year-olds were in nurseries and another 6,000 children
under age 2 were enrolled in kindergartens in 2019; a cohort of about 60,000 was typical

298 Synod of the Bulgarian Orthodox Church, “An Official Position.” For journalistic analyses of the convergences
of propaganda, the industry of fake news, and conservative religious movements against the policy
infrastructure and values of modern child protection, see https://www.capital.bg/politika_i_ikonomika/
bulgaria/2019/10/18/3977824_isteriataza_strategia_zadeteto_s_nami_i_bog_i/ and https://www.
vsvobodnaevropa.bg/a/30205713.html. The latter article speaks specifically to propaganda spread in Roma
neighborhoods about children being taken away by social services that caused many Roma parents to withdraw
their children from school for several days in 2019, and the involvement of protestant pastors in those events.

299 As one example of critical response, an alternative child protection strategy proposal created in 2019 by the
conservative organization
A March for the Family can be found at https://www.family.bg/bg/2019/05/31/natsionalna-asotsiatsia-pohod-za-
semeystvto-predlaga-sazdavane-na-natsionalna-strategia-za-semeystvata-i-detsata/.

300 See https://www.ngodb.bg/bg/news/119307-красимиравеличковаголемият-риск-за-социалните-
услуги-da.html.

More than 60% were enrolled in separate nurseries, the rest were in nursery groups at kindergartens. The number of boys and girls was roughly equal. On the aggregate data level, despite significant growth, in 2019 Bulgaria was about 13 percentage points below the 33% EU target for centre-based ECEC coverage of children under 3 set by the Barcelona objectives.\footnote{Data details are available at National Statistical Institute’s section on health: https://www.nsi.bg/en/content/5553/health.} While no data detail the coverage of Roma children in the nursery system, enrollment is likely very low, given the low enrollment of Roma children in kindergartens.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure10}
\caption{Centre-based ECEC participation rates of children under 3 across Europe, 2017}
\end{figure}

Low demand for nurseries could be connected to family and social policies that focus on care at home and create incentives encouraging parents to look after their own children longer. Bulgaria, where maternity leaves overall are notably longer than European norms, very generous allowances (90% of the recipient’s wage) are provided during the first year of maternity leave. Mothers are also allowed 380 BGN during the second year, a policy that incentivizes mothers in low-wage segments of the labor market (disproportionately common among Roma women) to remain at home caring for their infants, rather than trying to access ECEC services.

\footnote{Per a report provided by the European Commission to the European Parliament, the Council, the European Economic and Social Committee, and the Committee of the Regions in Brussels, Belgium on 8 May 2018.}
For poor parents, unaffordable kindergarten fees are another reason for low participation. There is very strong evidence that fees are a significant obstacle, particularly in Roma communities. Experimental evidence from Bulgaria suggests that removing kindergarten fees reduces by half the number of Roma children not enrolled in kindergarten – and increases their attendance by about 20%.304

Cultural norms and family values are also factors causing some families not to enroll their children in ECEC. RECI+ survey findings show that among the children not enrolled in ECEC (approximately one-third of all children in the survey), the predominant reason (2/3 of the cases) is the parent’s belief the child is too young to attend nursery or kindergarten. The second and third most common reasons (accounting for 15% of the cases)? Parents can provide childcare at home, and the child wants to stay home.

Children 2 years of age can attend kindergartens in Bulgaria but availability is low. After the 2016 legislative change allowing children who reach age 2 to enroll in kindergartens, the enrollment rate for this age group increased significantly. In 2017, only 83.9% of children between age 4 and 5/6 attended kindergarten. This was about 10 percentage points below the EU average and 16 percentage points below the EU’s 95% attendance rate target. One contributing factor is the low enrollment rate of 4-year-old children (only 75.7% in 2017). Despite the fact that preschool education is compulsory, kindergarten enrollment of 6-year-old children in both kindergartens and schools was about 92% (up to 8% being already enrolled in Grade 1).305

Reasons for the negative trend in enrollment are not entirely clear, as robust analysis is missing. Some experts link this negative change with a pattern of dramatic educational infrastructure closure. During the 2010–2016 period, 304 kindergartens across the country (14%) were closed and children redirected to the nearest facility. Villages where Roma are concentrated have been particularly affected by this process, where a large share of

304 Huillery et al., Supporting Disadvantaged Children.
305 Per Eurostat data on “Pupils aged between 4 years old and the starting age of compulsory education, by sex - as % of the population of the corresponding age group” [searchable with dataset code educ_uoe_enra10], 2019.
children must now travel to kindergarten every day. At the same time, urban ghettos also suffer disproportionately from a lack of free places at kindergartens.\textsuperscript{307} Certainly, some of the children counted as not enrolled in kindergartens or schools have simply moved abroad with their parents or carers, as noted in conclusions from a Ministry of Education initiative to find and integrate into the system compulsory preschool and school dropouts, as well as children who never attended.\textsuperscript{308}

District-level data from 2019 and 2020 show significant territorial disparities in enrollment rates. At the level of the 28 districts, disparities in kindergarten enrollment rates are discernible, and can be explained by lower enrollment in areas with higher proportions of children from vulnerable groups. The typical example is the region of Sliven, which has a large proportion of Roma and the lowest kindergarten enrollment rate in Bulgaria (64.8%, compared to a national average of 78.4%). That said, some districts with a high proportion of Roma, such as Montana, have a kindergarten enrollment rate closer to the national average (76.5%).\textsuperscript{309}

Although there are no official data on ethnic disparities in kindergarten enrollments, various studies by international organizations suggest that enrollment of Roma children is significantly lower than for the majority population. A 2012 World Bank study concluded that, at a national level, approximately half of Roma children aged 3 to 6 were not attending kindergarten (55%).\textsuperscript{310} In 2016, EU-MIDIS II survey data showed an increase still well below national levels: only 66% of Roma children between 4 and 5/6 were attending kindergarten. A 2017 World Bank survey conducted in 236 settlements that yielded data close to being nationally representative registered similar results, 68% of Roma children were reported as attending kindergarten.\textsuperscript{311}

However, RECI+ survey data suggests that the enrollment of Roma children aged 3 to 6 in kindergartens in recent years could be lower, as the rate captured was 45% in the communities included in the survey. The most frequently reported reason for non-enrollment, mentioned by 40% of parents, was unaffordability. The second most frequent reason (29%) was someone available at home to care for the child.

**Shortage of kindergarten places and geographic accessibility of ECEC services**

Despite national law guaranteeing free pre-primary education, a chronic shortage of ECEC places is particularly evident in big cities, including the capital, and in rural areas. Though the kindergarten place shortage in the three most populous cities, especially Sofia, seems to have decreased in the last five years, it continues to be a problem.

National Statistical Institute data show that in 2018 only 17.3% of nurseries had any remaining capacity, and a similar pattern characterizes the kindergarten level. Many kindergartens are already overcrowded, and 28 of Bulgaria’s 265 municipalities have thousands of unregistered children and long kindergarten waiting lists. Among these are the large cities of Sofia, Plovdiv, Varna, and Bourgas, which cover about 40% of the national population (see Figure 12); another 14 municipalities are at or quite near

\textsuperscript{307} Vandekerckhove et al., *Role and Place of ECEC*.

\textsuperscript{308} See https://www.mon.bg/bg/news/2924.


\textsuperscript{310} World Bank, *Toward an Equal Start*.

full kindergarten capacity. National Statistical Institute data show that the group net enrollment rate of 3- to 6-year-olds in kindergartens was 78.4% in 2018/19, for the country on average. Whereas full coverage would require the number of children registered in kindergartens to increase by more than 60,000, the free capacity of kindergartens is more than four times lower.\textsuperscript{312} Without major and rapid expansion of nurseries and kindergartens, it is not possible to significantly increase enrollment, even if measures such as fee waivers are introduced to reduce access barriers. Furthermore, even a municipal-level surplus does not preclude the possibility of specific settlements in which ECEC services are insufficient or unavailable altogether.

*Figure 12. Shortage of kindergarten places in Sofia, Plovdiv, and Varna from 2015 to 2020*

<table>
<thead>
<tr>
<th>Year</th>
<th>Sofia</th>
<th>Plovdiv</th>
<th>Varna</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015–2016</td>
<td>1,180</td>
<td>1,239</td>
<td>2,157</td>
</tr>
<tr>
<td>2016–2017</td>
<td>1,737</td>
<td>1,239</td>
<td>1,737</td>
</tr>
<tr>
<td>2017–2018</td>
<td>924</td>
<td>141</td>
<td>141</td>
</tr>
<tr>
<td>2018–2019</td>
<td>1,106</td>
<td>2,121</td>
<td>1,106</td>
</tr>
<tr>
<td>2019–2020</td>
<td>1,737</td>
<td>878</td>
<td>1,413</td>
</tr>
</tbody>
</table>

Source: Author calculations based on National Statistical Institute data.\textsuperscript{313}

In this context, measures to waive kindergarten fees should be accompanied by public investments to expand the existing ECEC infrastructure and set up of new kindergartens. Recruiting additional staff may also become a serious challenge, especially if staff-to-child ratios increase to improve quality. Nurseries and kindergartens are especially lacking and deficient in rural areas where service delivery is difficult in the absence of special subsidies. Generally, the smaller and younger the children, the more difficult it is to transport them far from their homes to participate in ECEC. A dispersed child population thus requires flexible arrangements for small groups – and qualified staff are not easily available in (or amendable to) many such circumstances.

Access to nursery services is particularly difficult in rural areas; at the end of 2017, only 2,000 children were attending nurseries operating in villages. In 6 of the 28 districts in Bulgaria – Gabrovo, Dobrich, Kardjali, Silven, Targovishte, and Shumen – not a single village had a nursery.\textsuperscript{314} It should be noted that, according to the 2011 Census, while the share of Roma in Bulgaria was 4.9%, Roma aged 0 to 9 represented approximately 21%
316 Vandekerckhove et al., Role and Place of ECEC.
317 This pattern was communicated during a RECI+ focus group with Roma parents from a district city.
318 Huillery et al., Supporting Disadvantaged Children.
319 World Bank, Toward an Equal Start.
While the average household can usually cover kindergarten fees without unbearable budgetary strain, the situation is different for poor households. “The monthly costs for two children in an average household amount to less than 17% of the costs in total, but the costs for households with 2 children under the poverty line320 for whom families have to pay a kindergarten fee without preferential treatment, amount to about half the size of the costs for food and thus become the second largest costs commensurate with the housing costs.”321 That study underlines that the burden is even heavier on families with three and more children, a reality confirmed by RECI+ field work.

“The family has two to three children. 30 BGN per each would be 90 BGN; that would be impossible for them because they don’t work.”

—RECI+ focus group with parents, Tundzha, 2019

Bulgaria’s potential to improve access to preschool education by cutting or waiving kindergarten fees has been confirmed by World Bank researchers, who found that “free access to a kindergarten significantly increased kindergarten registration and attendance, reducing by half the proportion of children that are not registered, and increasing by about 20% the daily attendance rate.”322 Indeed, municipal social policies to significantly reduce or allow exemptions for kindergarten fees do have a positive effect on kindergarten coverage, especially for children in the mandatory preschool groups. However, municipalities that have waived their kindergarten fees are still too limited in number; as of 2017, only 5% had waived these fees, and another 5% were waiving fees only for children in the mandatory two-year preschool education groups.

In addition to fees, poorer parents struggle with additional expenses of transport, medical tests, clothes, shoes, and other direct, indirect, regular, and occasional costs. The total cost of preschool education accounts for more than half of the monthly social allowance of the lowest income groups (those with income at or below 200 BGN per capita per month); 35% of families from this group fail to enroll their children in kindergarten.323 Because such costs are not part of the regulated fee structure, municipalities find it difficult to develop differentiation policies.

EU-MIDIS II data show that in 2016, 86% of Roma aged 15+ lived under the poverty line, a ratio that increased to 91% for Roma younger than 15. These data show that a majority of Roma children enrolled in kindergartens live below the poverty line. While material deprivation among children, which has a strong impact on educational opportunities and outcomes, has considerably decreased in the last six years, Table 11 points to the extent to which children across Bulgaria face real difficulties securing the basic preconditions for equal access to education, including sufficient clothes and shoes, books, and money for school celebrations and trips. It is for these reasons that World Bank researchers concluded that “the best strategy to increase kindergarten participation among children from disadvantaged areas in Bulgaria is thus to remove kindergarten fees for parents and other hidden costs.”324

320 National Statistical Institute data shared with the authors suggest that in 2017, 9 in 10 Roma households with this profile were poor.
322 Huillery et al., Supporting Disadvantaged Children, 42. The survey used a randomized control trial among households with children aged 3 to 5 living in 236 poor settlements across Bulgaria that have predominantly the same ethnic composition as the population overall.
323 Huillery et al., Supporting Disadvantaged Children.
324 Ibid.
Table 11. Percentages of Bulgarian children experiencing material deprivation, 2013–2018

<table>
<thead>
<tr>
<th>Dimension of material deprivation</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in school trips, activities, and celebrations that must be paid for</td>
<td>40.4</td>
<td>44.0</td>
<td>40.7</td>
<td>37.0</td>
<td>34.2</td>
<td>31.3</td>
</tr>
<tr>
<td>Books appropriate for children’s age (excluding textbooks and learning aids)</td>
<td>43.5</td>
<td>41.2</td>
<td>35.7</td>
<td>31.7</td>
<td>26.5</td>
<td>24.2</td>
</tr>
<tr>
<td>Buying two pairs of appropriately sized shoes for the relevant season and/or all seasons</td>
<td>50.5</td>
<td>46.0</td>
<td>40.0</td>
<td>35.8</td>
<td>31.1</td>
<td>26.2</td>
</tr>
<tr>
<td>Buying children new clothes</td>
<td>34.9</td>
<td>33.2</td>
<td>28.8</td>
<td>24.9</td>
<td>20.9</td>
<td>17.5</td>
</tr>
</tbody>
</table>

Source: National Statistical Institute Poverty and Social Inclusion Indicators.

Penalties to reduce compulsory preschool and school absenteeism

With respect to linking child allowance payments to kindergarten attendance, Bulgaria first introduced some behavioural conditions (compulsory immunisation and school attendance) to the Child Allowance program in 2002. Although the effects of the program were never subject to rigorous assessment, similar programming in countries in Central and Eastern Europe have proven unsuccessful in achieving the goal of improved school attendance.325 Furthermore, pursuant to the Decision of the European Committee of Social Rights on the case of the Equal Rights Trust v. the Republic of Bulgaria, amendments binding child benefits to school attendance and restricting access to family allowances were found to violate the European Social Charter and be racially discriminatory and discriminatory against women.326

In April 2019, amendments were introduced to the Family Allowances Act whereby the “child allowance” is automatically withdrawn following any month in which a child exceeds five unexcused absences from school. Though ultimately rejected, an even more radical proposal was put forward in Parliament to link payments of all social benefits with regular kindergarten attendance for children from the mandatory preschool age group. Through the current, more restrictive amendments, legislators seek to avoid being blamed of European Social Charter violation by returning related funds to schools and kindergartens, which have the right to use those funds to support children at their discretion.

Based on RECI+ interviews with experts and schools, this approach will not create the right incentive for school attendance. Without exception, experts at local and central government levels did not support these penalties, though some agree in principle with the idea of penalties being imposed on parents. Some school and kindergarten head teachers agreed that revocation of family allowances will not lead to the desired outcomes.

“It’s a pity to rely on penalties. Other methods, not penalties might work. It’s necessary to show support first. What I do is try to sensitize parents as parents, wake them up to their responsibility to the child.”

—RECI+ interview with a social worker, 2019

A recent Amalipe Centre for Interethnic Dialogue and Tolerance survey of 303 school head teachers shows that the proposal to suspend monthly child benefits for a period of 12 months in any case of five absences without valid grounds stirred controversy among educators. The same survey reveals that a majority of parents in the survey did not support the proposal: more than 63% of disagreed, 16% agreed, and 19% believed the penalty should be for a period longer than 12 months.327

Segregation in early years education

There is no comprehensive assessment of the extent of segregation based on ethnicity in nurseries and kindergartens in Bulgaria. Since these types of facilities tend to be located much closer to the homes of enrolled children than sites of subsequent schooling, ECEC settings likely reflect and reproduce existing patterns of residential ethnic segregation, with nurseries and kindergartens located in settlements inhabited exclusively or primarily by Roma families having very few or no majority Bulgarian children. This is, indeed, the pattern in many rural areas: there are few or no ethnic Bulgarian children and most schools in rural areas are attended only by ethnic Roma, Turkish, or Muslim Bulgarians.328 In urban areas, residential and school segregation have also, in many cases, been impacted by “white flight.” Though segregation into separate classes or buildings is prohibited by law, monitoring and enforcement are an ongoing challenge.329 Given this context, the European Commission’s Education and Training Monitor 2018 report concluded that, “notwithstanding efforts to increase participation rates and reduce dropping out, significant challenges remain in promoting ethnically-mixed schools and desegregation measures.”330

The 2016 EU Agency for Fundamental Rights survey showed that about 27% of Roma children were attending entirely Roma schools, and 60% were attending predominantly Roma schools (29% in a Roma-only class). These figures were close to the rates for Slovakia and Hungary (61-62%). In 2019, the Ministry of Education and Science launched a national program for desegregation in education with a budget of 1 million BGN, allocated for the school year 2019/2020.331

One official dataset produced by the Ministry of Education also hints at the overall level of segregation in ECEC settings, excluding preschool classes located within schools. Designed to assess the share of vulnerable students in schools so additional funding could be directed towards their support, the related indicators seek to situate parents’ education levels and social status, a good proxy for social and ethnic segregation (which overlap significantly across Bulgaria). Based on this data, Table 12 shows the 30 municipalities in Bulgaria with the highest internal differentiation of kindergarten parents’ education levels; these are mostly medium-sized municipalities with a significant Roma population.

There are many small municipalities and even more small settlements across Bulgaria, in which there is little internal differentiation because most parents and students are from a disadvantaged background. Usually, in such places, the nearest facilities with a more diverse social, educational, and ethnic composition are distant enough to make desegregation impossible, as the daily commute would be impractical and/or undesirable, especially for younger children. In such settings, it is very important to invest in high-quality local facilities and provide resources for communication and joint

328 Pamporov et al., Civil Society Monitoring Report.
329 Ibid.
331 See https://www.mon.bg/upload/18575/Pr_NPrograma17_obshhini_310119.pdf.
extracurricular activities that include educational travel for learning and socializing, which can and should involve parents.

Table 12. Municipalities with the highest standard deviation of average scores of kindergarten parents’ education

<table>
<thead>
<tr>
<th>Comparative ranking</th>
<th>Municipality</th>
<th>District</th>
<th>Average</th>
<th>Standard deviation</th>
<th>Lower bound</th>
<th>Upper bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ivailovgrad</td>
<td>Haskovo</td>
<td>4.439158</td>
<td>0.780622</td>
<td>2.9081</td>
<td>5.970216</td>
</tr>
<tr>
<td>2</td>
<td>Simeonovgrad</td>
<td>Haskovo</td>
<td>4.044735</td>
<td>0.626497</td>
<td>2.815967</td>
<td>5.273503</td>
</tr>
<tr>
<td>3</td>
<td>Siivo Pole</td>
<td>Ruse</td>
<td>4.334837</td>
<td>0.516543</td>
<td>3.321726</td>
<td>5.347949</td>
</tr>
<tr>
<td>4</td>
<td>Malko Tarnovo</td>
<td>Burgas</td>
<td>3.938636</td>
<td>0.568818</td>
<td>2.944598</td>
<td>4.932674</td>
</tr>
<tr>
<td>5</td>
<td>Dve Mogili</td>
<td>Ruse</td>
<td>4.242285</td>
<td>0.471099</td>
<td>3.318304</td>
<td>5.166265</td>
</tr>
<tr>
<td>6</td>
<td>Byala</td>
<td>Ruse</td>
<td>4.686957</td>
<td>0.445664</td>
<td>3.812862</td>
<td>5.561052</td>
</tr>
<tr>
<td>7</td>
<td>Lukovit</td>
<td>Lovech</td>
<td>4.106203</td>
<td>0.441273</td>
<td>3.24072</td>
<td>4.971686</td>
</tr>
<tr>
<td>8</td>
<td>Pravets</td>
<td>Sofia-district</td>
<td>4.461246</td>
<td>0.439898</td>
<td>3.600246</td>
<td>5.322247</td>
</tr>
<tr>
<td>9</td>
<td>Ugarchin</td>
<td>Lovech</td>
<td>4.072635</td>
<td>0.427365</td>
<td>3.234431</td>
<td>4.910839</td>
</tr>
<tr>
<td>10</td>
<td>Krivodol</td>
<td>Vratsa</td>
<td>4.251983</td>
<td>0.414683</td>
<td>3.438654</td>
<td>5.065313</td>
</tr>
<tr>
<td>11</td>
<td>Bratsigovo</td>
<td>Pazardzhik</td>
<td>4.481311</td>
<td>0.410458</td>
<td>3.676266</td>
<td>5.286355</td>
</tr>
<tr>
<td>12</td>
<td>Sredets</td>
<td>Burgas</td>
<td>3.435246</td>
<td>0.40859</td>
<td>2.633865</td>
<td>4.236627</td>
</tr>
<tr>
<td>13</td>
<td>Avren</td>
<td>Varna</td>
<td>4.556547</td>
<td>0.395833</td>
<td>3.780187</td>
<td>5.332907</td>
</tr>
<tr>
<td>14</td>
<td>Chirpan</td>
<td>Stara Zagora</td>
<td>4.432252</td>
<td>0.391309</td>
<td>3.664766</td>
<td>5.199739</td>
</tr>
<tr>
<td>15</td>
<td>Kavarna</td>
<td>Dobrich</td>
<td>4.06725</td>
<td>0.390676</td>
<td>3.301004</td>
<td>4.833496</td>
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<tr>
<td>16</td>
<td>Peshtera</td>
<td>Pazardzhik</td>
<td>4.73001</td>
<td>0.390574</td>
<td>3.963965</td>
<td>5.496055</td>
</tr>
<tr>
<td>17</td>
<td>Topolovgrad</td>
<td>Haskovo</td>
<td>4.37663</td>
<td>0.389451</td>
<td>3.612788</td>
<td>5.140472</td>
</tr>
<tr>
<td>18</td>
<td>Samokov</td>
<td>Sofia-district</td>
<td>4.871191</td>
<td>0.381281</td>
<td>4.123373</td>
<td>5.619009</td>
</tr>
<tr>
<td>19</td>
<td>Dolni chiflik</td>
<td>Varna</td>
<td>3.462832</td>
<td>0.37742</td>
<td>2.722586</td>
<td>4.203079</td>
</tr>
<tr>
<td>20</td>
<td>Provadiya</td>
<td>Varna</td>
<td>4.174817</td>
<td>0.364597</td>
<td>3.459722</td>
<td>4.889913</td>
</tr>
<tr>
<td>21</td>
<td>Polski Trambesh</td>
<td>Veliko Tarnovo</td>
<td>4.32997</td>
<td>0.356282</td>
<td>3.631184</td>
<td>5.028756</td>
</tr>
<tr>
<td>22</td>
<td>Tervel</td>
<td>Dobrich</td>
<td>3.910024</td>
<td>0.349304</td>
<td>3.224924</td>
<td>4.595124</td>
</tr>
<tr>
<td>23</td>
<td>Saedinenie</td>
<td>Plovdiv</td>
<td>4.745026</td>
<td>0.339356</td>
<td>4.079436</td>
<td>5.410615</td>
</tr>
<tr>
<td>24</td>
<td>Gulyantsi</td>
<td>Pleven</td>
<td>4.30984</td>
<td>0.336577</td>
<td>3.6497</td>
<td>4.969979</td>
</tr>
<tr>
<td>25</td>
<td>Tsarevo</td>
<td>Burgas</td>
<td>4.707265</td>
<td>0.318377</td>
<td>4.082823</td>
<td>5.331706</td>
</tr>
<tr>
<td>26</td>
<td>Dimitrovgrad</td>
<td>Haskovo</td>
<td>4.634686</td>
<td>0.317398</td>
<td>4.012163</td>
<td>5.257209</td>
</tr>
<tr>
<td>27</td>
<td>Silistra</td>
<td>Silistra</td>
<td>4.768007</td>
<td>0.315227</td>
<td>4.149742</td>
<td>5.386272</td>
</tr>
<tr>
<td>28</td>
<td>Kameno</td>
<td>Burgas</td>
<td>4.05514</td>
<td>0.310507</td>
<td>3.437208</td>
<td>4.673071</td>
</tr>
<tr>
<td>29</td>
<td>Tvarditsa</td>
<td>Sliven</td>
<td>3.604344</td>
<td>0.314603</td>
<td>2.987304</td>
<td>4.221385</td>
</tr>
<tr>
<td>30</td>
<td>Radnevo</td>
<td>Stara Zagora</td>
<td>4.527476</td>
<td>0.312663</td>
<td>3.914241</td>
<td>5.140712</td>
</tr>
</tbody>
</table>

Source: Ministry of Education and Science.332

332 This information is stored in the National e-Information System of the Ministry of Education and Science; see https://am.mon.bg/.
Educational achievements

This section discusses educational outcomes of Roma and non-Roma children that have been linked to ECEC (or preschool) attendance. Numerous international studies robustly document the benefits of high-quality early education for disadvantaged children. Related evidence consistently shows that such opportunities lead to short-term skills development, long-term gains in academic achievement, employment, and earnings, and reduced special education placements and crime.333 At the same time, evidence shows that low-quality ECEC can have negative consequences for the development of children.334

The community (and/or family circumstances) in which children grow, including the home learning environment, continue to affect children’s education and life outcomes over time. One reason disadvantaged Roma children often enter primary school with gaps in development is because they more often experience low-quality ECEC settings and low-quality practices related to their transition to school.335 Studies have shown that Bulgarian Roma children aged 5 and 6 lag substantially behind non-Roma children in terms of achieving basic early learning standards. A 2011 survey found that only 50% of Roma children were able to identify at least ten letters in the alphabet, in comparison to 94% of their non-Roma peers living nearby. Similarly, 94% of non-Roma children knew the numbers 1 to 10, whereas only 61% of Roma children had mastered this skill.336

While no comprehensive studies in Bulgaria have assessed the impact of preschool education on later academic performance or the risk of dropping out or repeating grades, some observations are available based on retrospective information collected by the Programme for International Student Assessment. In 2015, the PISA reading scores of 15-year-old Bulgarian students who attended kindergarten for less than two years were 14% lower than the scores of their peers who attended kindergarten for 3 to 4 years. This knowledge gap was measured as equivalent to a year-and-a-half of school learning. However, 15-year-olds who had dropped out of school (which the average school student does before the end of the second term of 7th grade in Bulgaria337) were not tested, and because large portions of Bulgaria’s lowest-performing students were not part of the test sample, the results appear better than they actually are. Importantly, though, among the 15-year-old pupils in the sample who had attended kindergarten less than two years, 39% reported a mother tongue different from the official language (the national average for 15-year-old pupils in the sample was 23%).338

The ability of education systems to ensure the progress of students of any background is crucial. Additional work with students who come from disadvantaged backgrounds tends to deliver significant added value. Amalipe Centre for Interethnic Dialogue and Tolerance developed a brief comparative review of results from two successive waves of PISA testing in 2015 and 2018, and results in reading and mathematics of students whose mother tongue was not Bulgarian, including the Turkish and Roma student cohorts, actually increased by 8 and 15 points, respectively. A decrease was observed

336 World Bank, Toward an Equal Start, 33.
337 UNICEF, Situation Analysis, 71.
among non-Bulgarian mother tongue students in the sample only in the natural sciences, whereas scores among first-language Bulgarian-speaking students decreased across the board, most significantly in reading and natural sciences. While Roma students still lagged behind Bulgarian mother tongue students, their comparative success in this time period is to be celebrated, though they clearly started from much a lower baseline test score average, due to educational and social disadvantage accumulated through many years, across boundaries and between generations.

Figure 13. Comparative scores in reading, mathematics, and natural sciences for students with Bulgarian and other mother tongue languages

![Figure 13](image-url)


Quality of education

Some evidence suggests that ECEC attendance may not necessarily lead to better developmental outcomes for all disadvantaged Roma children, given the low quality of some such settings. For example, one World Bank study showed mixed results in terms of improved cognitive and noncognitive skills and abilities of Roma children after one year attending kindergarten, compared to their peers who had remained at home.

Many aspects of quality in preschool education can influence the chances of vulnerable children to keep pace with their peers in developing essential age-by-age skills. Some structural aspects of quality, including staff-to-child ratio, tend to require substantial public investment. Currently, the number of children in a daily nursery group in nurseries should be 8 to 16, and nursery groups in kindergartens should have 8 to 18 children. Kindergarten full-day groups should have 12 to 23 children.

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341 Huillery et al., Supporting Disadvantaged Children.
344 See https://www.mon.bg/bg/59.
Another key aspect of quality is the curriculum, which the most recent version of the EU’s ECEC Quality Framework specifies must be “planned within an open framework which acknowledges and addresses the diverse interests and needs of children in a holistic manner.”\textsuperscript{345} While this can only be achieved if each child’s cultural, linguistic, and social background is valued and fully integrated into the learning experience, multiculturalism has not been embraced in the curriculum or overall ECEC environment in Bulgaria. Roma culture, history, and language are particularly absent from the curriculum.

Process quality has incredibly important consequences for the chances of Roma children to participate and benefit from ECEC services. According to EU’s ECEC Quality Framework, process quality looks at practice within an ECEC setting, and “often includes the role of play within the curriculum; relationships between ECEC providers and children’s families; relationships and interactions between staff and children, and among children; the extent to which care and education is provided in an integrated way; the involvement of parents in the work of the ECEC setting and the day-to-day pedagogic practice of staff within an ECEC context.”\textsuperscript{346} Process quality is influenced strongly by the availability of highly qualified pedagogical staff. With respect to the balance needed between theory and practice, the EU’s ECEC Quality Framework states, “It is also an asset if education programs prepare staff for working collectively and for enhancing reflective competences. Such programs can benefit from training staff to work with linguistically and culturally diverse groups, from minority, migrant and low-income families.”\textsuperscript{347}

In pre-primary education in Bulgaria, half of the teaching force is at least 50 years of age, as is the case across the education system overall.\textsuperscript{348} Many teachers are not sufficiently prepared to teach mixed-ability classes and groups. OECD Teaching and Learning International Survey data from 2018 show that although 42% of teachers in Bulgaria were trained to teach in mixed-ability settings as part of their formal teacher education or training, only 37% of teachers reported feeling prepared to teach in such settings when they finished their studies.\textsuperscript{349}

Skills for teaching in multicultural settings were not previously part of the standard university teacher training curriculum, so attempts to rectify this gap in recent years have taken the form of in-service training provision. The fact that the staff of many ECEC institutions do not have systematic competence training or tutoring to work in multi-ethnic environments makes it very challenging to overcome stereotypes and bia in day-to-day professional practice. Furthermore, teachers, head teachers, other educators, students, and some members of civil society organizations place the need to build capacity for multi-ethnic environment leadership towards the bottom of the list of competencies indispensable for contemporary teachers in the classroom.\textsuperscript{350} Other complications relate to the content and quality of proposed trainings, and the need for additional tailored support. The subject of working effectively in a multi-ethnic environment is intertwined with the acquisition of general psychological and pedagogical skills such as teaching Bulgarian as an additional language, empathy, communication

\textsuperscript{345} European Commission, \textit{Proposal for Key Principles.}

\textsuperscript{346} Ibid.


\textsuperscript{348} European Commission, \textit{Education and Training Monitor 2019.}

\textsuperscript{349} See OECD, “Results from TALIS 2018: Country Note: Bulgaria,” https://www.oecd.org/countries/bulgaria/TALIS2018_CN_BGR.pdf, 2019. While these data do not relate to preschool teachers, there is reason to expect similar results because the pathways of teacher education are similar.

\textsuperscript{350} See Boncho Gospodinov, “Analysis of the system for training of teachers in higher education in the Republic of Bulgaria”, in the National study of the system for training of teachers in higher education and comparative analysis of the system for maintaining qualifications and career development in Bulgaria (European Union and other countries. Sofia: Sofia University ‘St. Kliment Ohridski, 2016).
and feedback, building relations based on mutual respect, overcoming prejudice, and the treatment of people with low social and economic status. There is, however, a positive (though slow) trend evidenced by increasing interest in intercultural education in the initial training of teachers at the university level; in some of the leading universities in Bulgaria such coursework has evolved from optional to compulsory.351

One of the main challenges in the ECEC system relates to “existing attitudes that prevent engagement with the clients, parents and colleagues.”352 Teachers generally have little motivation to work with children of Roma origin. Some teachers sent to homogenous Roma schools report feeling they are “in exile.”353 Negative attitudes towards Roma from other students and their parents often contribute to Roma pupils feeling personally and socially rejected, and even teachers who do not share mainstream prejudiced attitudes are not always able to effectively managed prejudice-based conflicts.354

World Bank findings show that while the removal of kindergarten fees had positive impacts on attendance and participation, there was no consistent and significant improvement in students’ literacy, motor, or socioemotional skills. These results suggest that measures aimed at improving access need to be complemented by policies dedicated to raising the quality of ECEC. Furthermore, children from disadvantaged groups, especially minority children, may need additional support to successfully adapt to and benefit from the opportunities kindergartens can offer. The ethnic, linguistic, and cultural identities of these children need to be affirmed through the curriculum and reflected in teaching practice.

Poor command of the official language by children whose mother tongue was not Bulgarian was identified as a key factor leading children to drop out of school in a 2013 UNICEF survey on school non-enrollment phenomena.355 In 2016, the Ministry of Education issued a special ordinance requiring that special conditions be created for acquisition of the Bulgarian literary language by children and students for whom it is not a mother tongue,356 including supplementary lessons in the Bulgarian language. In 2017, the Ordinance on Inclusive Education envisaged additional modules in the Bulgarian language for children who do not speak Bulgarian well, up to 10 hours per week.357 However, these additional modules are compulsory only for children in the preparatory groups for compulsory pre-primary education in kindergartens and schools, as children attending kindergarten may be left without additional language support.

The available evidence calls for thorough review of preschool program quality and implementation. Roma children continue to be faced with substantial educational inequalities that affect their learning outcomes.

354 Ibid.
356 Roma are explicitly mentioned as an example of a large ethnic minority group with citizenship in Bulgaria.
357 Bulgarian pedagogical practice uses the term “pedagogical situation” to describe a learning episode of up to 30 minutes during preschool classes or up to 20 minutes with smaller children.
Active participation of parents in early learning

Parents play a crucial role in the optimal development of their children. Parents are their children’s first educators, and active and meaningful parental involvement in early childhood education can extend the experiences a child has inside the classroom to actual patterns and occurrences in the home. When Roma families are accepted and properly supported, Roma parents do send their children to kindergartens. Contrary to widespread prejudicial beliefs that “Roma do not value education,” a high proportion of Roma parents show strong appreciation for ECEC services and very positive attitudes towards staff in kindergartens. On this matter, there is negligible difference between Roma parents and parents of other children enrolled in preschool education, according to a World Bank survey showing that 9 of 10 Roma parents of children in kindergartens are satisfied, with only 1 in 10 partially or totally dissatisfied with the preschool institution.

While we cannot be sure of the extent to which high levels of satisfaction among Roma parents are due to high quality service or low expectations, such a high rate of satisfaction is a good result and solid basis for productive communication. That said, a Roma parent’s positive attitude is not always reciprocated by ECEC staff. Many Roma parents who participated in the RECI+ study shared experiences of discrimination within society in general, but also in ECEC services specifically. A negative atmosphere grounded in discrimination appeared in the accounts of some Roma parents who left Bulgaria and settled elsewhere, described as a key motivating factor for the departure.

RECI+ survey data show that a lot of Roma parents interact intensively with their small children; 75–85% of the parents in the sample had played with, sung to, or taken their child/ren out for a walk in the three days prior to the survey. More limited were such parent–child activities as reading books and drawing. In addition to patterns of adult illiteracy, many Roma parents cannot afford to buy books, paints, or other materials/toys to use at home. Survey data show that in the six focal neighborhoods 50-75% of parent respondents with at least one child under age 8 revealed that no one in their household had read or leafed through a book with the child in the three days prior to the survey.

Several factors, in combination, shed light on these findings. One relates to lack of finances and very limited household budgets. Another, more specifically related to reading, is that in some of the focal communities, including Rozino, more than 90% of parents speak to their child in Romani, their own mother tongue – these parents may not know Bulgarian well or read it at all. It may also be the case that in some Roma households and communities storytelling largely replaces reading as a way parents and children interact. Researchers have shown that Roma children are exposed to rich oral histories and learn the Romani language through songs, fairy tales, jokes, etc., and also by taking an active role in family and community life.

In recent years, Roma education mediators have become increasingly numerous in primary schools and kindergartens. The Centre for Educational Integration of Children and Students from Ethnic Minorities, under the auspices of the Ministry of Education, developed a special job description for this work, and the occupation obtained official

358 Bulgaria’s National Audit Office revealed that in the 2014 to 2016 assessment period, 98% of all parents reported being satisfied with the care and attention provided at their child’s Sofia City kindergarten, and less than 12% had recommendations for improvement; this data was not disaggregated by ethnicity. See Audit Report No. 0300100317, Enhance Quality and Access to Preschool Education, for the Period 01 Jan 2014 to 31 Dec 2016, adopted by National Audit Office Decision No. 367, dated 14 September 2018, pages 103–104.

359 World Bank, Toward an Equal Start, 31.

recognition after a set of duties and standard job description were approved.\footnote{See \url{http://coiduem.mon.bg/2018/02/01/длъжностна-характеристика-образова/}.} Hugely beneficial, education mediators focus on reaching out to vulnerable families with children, particularly those from the age groups that need to attend mandatory preschool.

Education mediators are tasked with organizing and carrying out activities to ensure the regular attendance at school and kindergarten, and the full participation of children and students in the educational process, as well as providing services to engage parents and local communities in the educational and social life of children and pupils. In the past few years, education mediators became part of pivotal projects funded by the EU.\footnote{See \url{http://amalipe.com/index.php?nav=news&id=3575&lang=2}.} In 2019, about 720 education mediators were appointed using funding from the EU Social Fund; 200 non-pedagogical staff members were offered training, among them were an unspecified number of education mediators.\footnote{Per pages 15–16 of the 2019 Annual Activity Report of the Centre for Educational Integration of Children and Students from Ethnic Minorities.} Despite these initial steps, there is still no systemic approach to pre- and in-service training for education mediators, and even Roma mediators well-embedded in their communities sometimes lack the essential professional skills needed to carry out their tasks efficiently.

Services supporting parents of preschool children to address specific challenges or improve their parenting skills (counselling for future parents, guidance on caring for a baby, introducing complementary foods, etc.), have also been quite underdeveloped and deficient, especially for disadvantaged parents. A market for such services has also started to develop in the biggest cities, indicating that even well-off and educated parents need support. However, most of these services are fee-based and generally unavailable in smaller cities and towns, let alone in rural regions. Even in big cities, pricing for such services is unaffordable for lower income groups.

International studies and learnings from REF’s successful “A Good Start” program (implemented in Macedonia, Hungary, Romania, and Slovakia) show that programs providing parental support (whether in the form of classes focused on parenting or enrollment support) are successful in breaking down barriers to education and health for young Roma children. In addition, parents who are more knowledgeable about education and care tend to perceive and pursue improved relations with kindergarten staff.

Since 2012, UNICEF Bulgaria supported the implementation of a support program for parents of children aged 0 to 4, consisting of 14 thematically-related workshops. All the cities covered in 2019 (Pleven, Plovdiv, Sliven, Asenovgrad, Kardzhali, Gotse Delchev, and Montan) have significant Roma populations. The workshops allow parents to share experiences related to the opportunities and needs of young children in the integrated domains of social, emotional, and cognitive development; explore effective communication and building a positive relationship with the child; and learn the benefits of offering incentives for positive behavior and strategies to handle challenging behavior.\footnote{See \url{https://www.unicef.org/bulgaria/%D0%B8%D1%81%D1%82%D0%BE%D1%80%D0%B8%D0%B8%D0%B5%D1%81%D0%B5%D0%BD%D0%BE%D1%82%D0%BD%D1%82%D0%B8-%D1%80%D0%BD%D1%81%D0%BE%D1%82%D0%BB%D0%B8-%D0%BD%D0%B7%D0%B0-%D0%BE%D0%B4%D0%BD%D0%BB%D0%B8-%D0%BD%D0%BF%D0%BE%D1%87%D0%BD%D0%BE%D1%85%D0%BD%00}. Some NGOs also offer training and counselling for parents as points of entry for reaching more vulnerable communities.\footnote{D. Kostov, “Working with Parents of Roma Children”, \url{http://romaeducation.com/bg/intercultural-education/working-with-parents-bg/675-rabota-s-roditeli-na-romski-detzi%20%D1%8C}, n.d.}
In 2019, the Ministry of Education launched the national “Succeed Together” program, which strives to ensure the smooth transition of children from their family environments to the kindergarten setting by improving how teachers interact with the parent community. The program aims to promote “supportive, welcoming, safe, multicultural, interactive environments” in kindergartens. It should be noted that Bulgarian schools and kindergartens have a tradition and tendency to interact with parents in group settings; individual, targeted interactions are less emphasized, in part because preschool teachers have little child-free time to engage in more individual-level activities. The concept of parent community being promoted by the Ministry of Education may supplement the work of educational mediators, who tend to spend most of their time working with families and engage in group interactions with parents occasionally, as well, for example, during information campaigns.

366 European Commission, “National Reforms.”
CHAPTER 4.
Provision, Policy, and Practice Challenges to Be Addressed

This penultimate chapter attempts to prioritize key systemic challenges relevant to policy makers in Bulgaria, given data and findings detailed in previous chapters that highlight the urgent need for disadvantaged and vulnerable communities, including Roma communities, to become better included in and served by existing policies and provisions aimed at early childhood care in the domains of health, education, and social care for children under age 9 and their families. Despite all previous efforts, lamentable aspects of the current situation have far-reaching implications with respect to failures to honor citizens’ constitutional rights and internationally-legislated human rights.

Addressing problematic outcomes and patterns will inevitably require both refinement of and changes to policies, provision, and practice. The authors hope the proactive identification, in this chapter, of particularly urgent (and potentially high-impact) priorities might guide the change agendas of authorities responsible for the education, health, and welfare of the nation and all of its citizens. Based on the data and findings presented in previous chapters, five factors are particularly important to address:

Gaps between National and Local Policy Responses and Related Implementation

Bulgaria has made recent progress, particularly around the process on developing a new Early Childhood Development Strategy, the new Social Services Act, to advance early years service provision and take an integrated approach to supporting early childhood development and the inclusion of vulnerable groups, especially Roma. Government efforts to support children and families have focused on preventing child abandonment, early intervention, and support and care in family or close-to-family environments.

Coupled with the nationwide deinstitutionalization process has been a steady rise in the number of community-based social services for children and their parents/carers, as alternatives to institutional care. Examples include mother and baby units, centres for community support, centres for social rehabilitation and integration, day care centres for children with disabilities, etc.
Protection Act are also implemented in a family environment, granting assistance to parents (pedagogical, psychological and legal) regarding problems with child-rearing and referring parents to relevant social services and/or educational institutions according to the individual needs and strengths of the child. A pilot model of complex social and employment support services provision has been introduced as a cooperative undertaking of the Agency for Social Assistance and National Employment Agency. The Social Inclusion Project developed new types of services for children and families in 66 municipalities, integrating social, health, and education services to support risk prevention and school readiness.

Yet, despite these efforts, gaps between policy and implementation remain. The available evidence on implementation indicates that ECEC, health, and social care policies adopted in recent years are not implemented as envisioned, and do not always achieve the intended outcomes. Challenges associated with policy implementation gaps range from inefficient and problematic policies to lack of resources, ineffective governance and sector-based fragmentation of services, and lack of data for monitoring and evaluation. Furthermore, insufficient political will, commitment, and public support, as well as discrimination, stereotypes, and prejudice, impede implementation. As a result, many children and families who have disadvantaged backgrounds, particularly Roma, continue to experience unequal access to quality ECEC, health, and social services.

Policy inefficiency

Adoption of the National Roma Integration Strategy (NRIS) was an important step forward and set the social and economical inclusion of Roma amongst the political priorities on the government’s agenda. Among the main concerns of the strategy are equal access to quality inclusive education and the need to improve parents’ participation. Nevertheless, the NRIS did not propose any new policies or programs for Roma integration or improvements to monitoring and evaluation mechanisms.

Obstacles to policy implementation occur from the start, as policies and strategies are often developed without analysis of the practical conditions and capacity to implement them, and without ensuring the necessary support from different actors. Furthermore, there is insufficient support to ECEC, health, and social care service staff to assume the new roles they are being entrusted with.

The new Preschool and School Education Act aimed to introduce principles of inclusiveness and equality to ECEC institutions and schools. Yet, despite efforts to ensure inclusive, multicultural education, the curriculum and teachers remain inadequately adapted to deliver on this goal. Another example of an implementation gap was the introduction of two years of compulsory, free preschool for every child, with no assurance that all municipalities could/would guarantee enough spaces and abolish all fees. Fees, hidden costs, and discrimination continue to hinder many disadvantaged children’s access to quality ECEC. As a result, children who would likely benefit the most from quality ECEC are left out. Similar situations occur with health and social care services.

369 The Social Inclusion Project was implemented by the Ministry of Labor and Social Policy with a loan from the World Bank from 2010 through 2015. Municipalities that developed services under the project could then secure EU funds under Early Childhood Development Services programming through 2020.
370 Pamporov et al., Civil Society Monitoring Report, 11.
Insufficient ECEC, health, and social service capacities severely inhibit effective implementation of legislative and policy measures. For example, insufficient numbers of family-based centres and community centres are a serious obstacle to implementing the holistic approach to early childhood development services promoted by the government in recent years. Shortages of professionals for ECEC, health, and social care services, and their inadequate support and training represent another obstacle. As discussed in Chapter 3, screening for learning difficulties at kindergarten entry was introduced to ensure that children’s educational needs are identified early and addressed through support for personal development, if needed. Although staff in every kindergarten are trained to perform the screening, there are not enough specialists in the kindergartens to ensure subsequent support.

Some policies that were well thought through and debated, such as the Early Childhood Development Strategy, continue to have many defenders among academics, experts, politicians, and various interest and religious groups, and have fared well, overall, in the forum of public opinion. On the other hand, policies such as conditional cash transfer were adopted without appropriate impact assessment and despite strong criticism from local and European organizations. RECI+ researchers found that linking child allowances with regular preschool and school attendance has not positively impacted the preschool enrollment and participation of the most vulnerable groups.

Rather than a penalty, successful programs in other countries use incentives to promote attendance and create an atmosphere of respect and regard for personal dignity.371 In Bulgaria, legislative amendments start with the presumption that beneficiaries are irresponsible and amoral in nature, so a third party needs to manage their child benefits for them. The Bulgarian approach focuses on the penalty dimension, with political forces bidding as to who will offer the toughest penalty. As a result, beneficiaries of monthly social benefits are even further stigmatized. It is important that social benefits programs rely on the capacity of beneficiaries to make responsible decisions and empower them to do so, thus showing them respect. Rewards and penalties have a different moral meaning and provoke responses in a different way.

Insufficient funding

Gaps in implementation of the relevant ECD policies for vulnerable groups and Roma are not only due to inefficient planning and lack of vision around the complexity of issues affecting the most marginalized, but also relate directly to insufficient funding, in many cases. Since adoption of the NRIS, significantly more funding was directed towards Roma integration from EU programs, European Economic Area Grants, and Swiss Contribution funds. Yet, the success of the NRIS Action Plan was limited by the lack of funding for most of the present activities, which have created constraints around the design of new actions.372

One major problem relates to inadequate resources for the implementation of new legislative and policy measures. There is a notable lack of coordination, both horizontally (between and within ministries) and vertically (between ministries and local government) with regard to co-financing to ensure that all children have equal access to services. Given the decentralised system and devolved competences of local governments

372 Ibid.
with different fiscal capacities, Roma children are often excluded. At local and regional
levels, municipalities are expected to build new kindergartens and nurseries and expand
existing ones to address the demand for ECEC services, but not all have sufficient funds.
Early years inclusion of Roma children is also a matter of municipal priority, and is simply
not a priority in all regions. The fact that only a small percentage of municipalities have
waived kindergarten fees illustrates the very different approaches and outcomes at the
municipal level.

EU and other international projects and local NGO initiatives are very helpful for
introducing new services (e.g. the Social Inclusion Project), but they provide short-term
funding, which undermines project sustainability and limits the replication and scaling
opportunities for practices that prove to be successful.

Service segmentation and lack of cross-sectoral collaboration

Despite efforts to adopt an integrated approach to early childhood services,
Bulgaria still lacks a single political body to set priorities, design policies, and regulate
cross-institutional cooperation in the area of early childhood development, particularly
for children under 8 years of age. RECI+ identified the need for better coordination of
the stakeholders engaged in health, education, and social policies. For example, social
services managed by municipalities for the further inclusion of children in mainstream
educational settings and safe transition to kindergartens and preschool (e.g. centers for
community support, centers for rehabilitation and social integration, and mother and
baby units).

At the policy level, continuation of the government’s effort to draft the Early Childhood
Development Strategy (initiated at the end of 2018) is very important for developing
new forms of collaboration with a clear model for inter-agency cooperation between
ECEC, social, and health services and local authorities. Such an outcome will be crucial
for establishing universally-affordable and accessible services and creating a common
understanding and collaborative approach across key sectors.

Lack of data for monitoring and evaluation

One of the most fundamental system-level barriers to effective implementation is
lack of data, including reliable ethnic data. Because such data is not collected, it is not
possible to objectively determine the impact of recent legislative and policy changes
on the actual participation of Roma children in preschool education, care programs, and
services. Available data often come from international sources and are not followed up
with newer data over time. Anonymous and secure ethnic data are crucial for evaluating
and monitoring the impact of national ECEC, health, and social policies and measures
aimed at improved access, participation, and outcomes for Roma children. The lack of
ethnic data ultimately limits the possibilities of the relevant bodies to monitor cases of
discrimination and segregation practices in ECEC, health, and social care services.

A further challenge regarding policy implementation relates to the lack of uniform
monitoring and evaluation of the quality of services, pilot initiatives, and projects related
to early childhood development. While analyses of ECD initiatives such as the Trust for
Social Achievement’s Nurse–Family Partnership Program – Bulgaria373 and the World

373 See https://socialachievement.org/en/what-we-do/funded-projects/FF/nurse-family-partnership-program-
bulgaria/.
Bank’s study on kindergarten attendance, “Springboard for School Readiness,” can be further used to adapt and design early childhood policies, tailor-made measures for Roma families and children require ethnically-disaggregated data (within the framework of rather restrictive policies for personal data protection). The availability of ethnically-dissaggregated data would allow adequate monitoring, analysis, and planning of policy initiatives.

**Unequal Access to ECEC, Health Care, and Social Care**

Bulgaria, like all EU member states, has services and policies in place to meet the needs of young children and their families in the areas of ECEC, health, and social care. However, reaching, including, and engaging Roma communities and other disadvantaged groups remain a challenge. Structural and systemic barriers, family financial difficulties, geographic and social isolation, and lack of appropriate information and support for parents all disproportionately affect the Roma population. Unequal access to services is a persistent issue in all three key sectors with relevance for early childhood development.

**ECEC**

Children from disadvantaged groups and ethnic minorities, particularly the Roma, continue to have lower enrollment rates than the overall population. Although the ECEC enrollment of Roma children increases during the compulsory two years of preschool, this demographic is already in a disadvantaged position with regards to future learning outcomes.

RECI+ survey data confirm that ECEC services for children in the earliest years (0 to 3 years) are limited, particularly for Roma. Children under 3 who attend nursery or kindergarten are an exception. With such limited access to ECEC for the youngest children, increasing the provision of high-quality, flexible, and affordable services, especially for children from disadvantaged and vulnerable families, remains one of the main challenges for the Bulgarian government.

The attendance rate of Roma in ECEC settings increases with the age of the child. However, the overall participation rate for children aged 4 to compulsory school age has been declining since 2014, despite government efforts such as the introduction of two compulsory years of preschool education in kindergartens. Evidence shows that Roma children are more likely to attend kindergarten for a shorter period, in comparison to their peers.

RECI+ survey data show significant regional differences in the enrollment of Roma children. While only small numbers of Roma children under age 3 are enrolled in nurseries or kindergartens in Kystendil, Montana, and Plovdiv regions, participation of Roma children in Sliven, Shoumen, and Yambol regions is at the level of the national average (16.2% in 2018).

376 See Chapter 3 regarding 2015 PISA data showing that reading literacy at age 15 was 14% lower for Bulgarian children who had attended kindergarten less than two years, compared to their peers who attended kindergarten for three to four years.
377 Results for each neighborhood are representative for the community studied in that neighborhood.
Table 13. Responses to the RECI+ survey question about whether respondents’ children were enrolled in a nursery/kindergarten/preschool group

<table>
<thead>
<tr>
<th>Region</th>
<th>Kyustendil</th>
<th>Montana</th>
<th>Plovdiv</th>
<th>Sliven</th>
<th>Shoumen</th>
<th>Yambol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age group</td>
<td>Under 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11.8%</td>
<td>8.3%</td>
<td>0%</td>
<td>22.2%</td>
<td>21.7%</td>
<td>23.5%</td>
</tr>
<tr>
<td>No</td>
<td>88.2%</td>
<td>91.7%</td>
<td>100%</td>
<td>77.8%</td>
<td>78.3%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age group</td>
<td>3/4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>57.9%</td>
<td>76.2%</td>
<td>69.2%</td>
<td>93.3%</td>
<td>82.4%</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>42.1%</td>
<td>23.8%</td>
<td>30.8%</td>
<td>6.7%</td>
<td>17.6%</td>
<td>0%</td>
</tr>
<tr>
<td>Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Age group</td>
<td>5/6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>83.3%</td>
<td>96.3%</td>
<td>85.7%</td>
<td>76.2%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>16.7%</td>
<td>3.7%</td>
<td>14.3%</td>
<td>23.8%</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: RECI+ Survey, Question 5.

Yambol/Tundzha municipality stands out in the survey with practically universal enrollment of children from age 4. Tundzha municipality is considered an example of good practice, with strong leadership, political will, and commitment by the local authority, which has adopted a number of relevant measures such as waiving fees, free meals and transport, and mobile social services, and also fosters close collaboration with local stakeholders and NGOs. This municipality strives to ensure conditions for universal access to and affordability of kindergartens, and to provide additional services through centres and on a project basis. Kindergarten is considered a portal to the community, through which other services can be delivered.378

Another structural challenge preventing greater expansion of ECEC services is insufficient public funding for ECEC. Many municipalities cannot afford to completely waive kindergarten fees or support underprivileged families to facilitate access to ECEC facilities. Without sufficient financial resources from the state to local authorities to implement national policies, and without effective state control and monitoring of implementation at regional/local levels, it is not possible to ensure equal access to ECEC across regions and socioeconomic status – especially to reach the most disadvantaged young children and their families, particularly Roma.

Indirect/hidden costs related to ECEC have strong negative effect on the participation of Roma children. Rates of material deprivation are still very high in Bulgaria, particularly among Roma children.379 The hardships many Roma families face, including lack of money, homelessness/eviction, poor housing, lack of simple sanitation facilities, and toxic living and poor learning environments, make it very difficult, even impossible, to ensure basic preconditions for participation in ECEC settings. Many Roma parents cannot afford the associated expenses of decent clothes and shoes, school materials, and money for school trips, celebrations, additional courses, etc.

“[Parents] first mention the lack of money to send their children to school: ‘we do not have clothes for them, we do not have shoes for them, we cannot afford to pay for a kindergarten.’ These are the reasons in the first place.”

—RECI+ interview with a municipal employee, 2019

378 Vandekerckhove et al., Role and Place of ECEC.
379 According to 2018 National Statistical Institute data, 71.1% of Roma children suffered from material deprivation; this rate was 31.6% for Turkish children and 15.9% for Bulgarian children.
Given inequalities in parenting skills and knowledge about the benefits of ECEC for young children and how the system and services work, there is dire need to link ECEC services with family support and parenting programs for disadvantaged groups, such as the Roma. Many Roma parents have a low education level and poor literacy skills; some do not speak Bulgarian. The inavailability of well-communicated and understandable information, awareness raising, and support for using administrative services pose additional barriers for equal access to preschool education for Roma children. Furthermore, the technicalities of the admission procedures can be difficult, and electronic application requirements may be a serious challenge for families without a device, internet access, and/or basic computer skills.

The social exclusion of Roma families, which is rooted in institutional and societal prejudice and discrimination, is an ever-present key cause of inequality in ECEC service access. Harmful attitudes of superiority frequently cause Roma children to experience illegal institutional rejection and ethnically-segregated environments. As described in Chapter 1, some school officials publicly state that Roma children are not admitted to their institutions. Fear of discriminatory treatment may be also a reason some Roma parents do not enroll their child/ren in a particular preschool institution.

“Apart from the objective barriers to ECEC services (monthly fee, lack of funds, etc.), there is a psychological barrier that your child will be ignored, humiliated, and marginalised.”

—RECI+ interview with a NGO expert, 2019

Health

Two of the main reasons for the poorer health status of Roma in comparison to the general population are hampered access to health care and unhealthy living environments. Inequalities stem from a range of factors, including gaps in health insurance coverage, the burden of high out-of-pocket payments, insufficient availability of services, and difficulties reaching the most vulnerable and excluded groups. These structural and systemic barriers continue to persist, despite government efforts to improve access to healthcare in the past few years.

Young children’s health is strongly related to the health of their mothers. Among the Roma women who participated in the RECI+ study, 60% reported being uninsured during pregnancy, which denied them access to quality prenatal care and counselling during this critical period of child development. This problem is extremely severe in the most marginalised Roma communities.

High out-of-pocket payments for health care in Bulgaria have a disproportionate impact on access to health for the most vulnerable and disadvantaged groups. A majority of Roma families are low-income, which makes it even more difficult to cover travel costs to access medical and pharmaceutical services or prescription medicines for their children.

Discrimination and negative attitudes on the part of health professionals are further factors contributing to unequal access to health care. RECI+ data pointed to evidence of general practitioners refusing to register Roma babies in their practice and obstetricians refusing to perform the statutory free examination for health-uninsured pregnant women. Prejudiced attitudes manifest as provider bias stop some parents from seeking and gaining medical attention for their children.
“The Roma face serious discrimination across the country. Bulgarians are not ready to accept a Roma on equal terms to work with them. I’m saying this because I’ve worked on TB and HIV and AIDS prevention. I’ve worked with speech therapists, social workers, and doctors. Bulgarians have to change their attitude to the Roma. They keep their distance, believe that we are not good for anything but throwing away the rubbish bins.”

—RECI+ interview with a health mediatior, 2019

Another factor hampering the use of health care services is a lack of attention by professional personnel in providing enough explanation to Roma parents. Equally, the lack of accessible and understandable information on medical care (e.g. free-of-charge examinations for uninsured pregnant women, vaccinations, free access to health care for children), as well as on child health and healthy lifestyle, immunizations, nutrition, and stimulating child development, constrain access to health care and professional guidance and support for responsive caregiving.

Social services

Structural and systemic barriers, as well as discrimination that many Roma face in all areas of social and economic life, undermine equal access to effective quality social services. Specific challenges include discrimination against Roma by social service workers, discretionary decisions that determine access to social assistance programs, and the implementation of legislation and policies that make Roma ineligible for regular social assistance. Uneven territorial distribution often makes social services difficult to access when such amenities are not proximate to Roma neighborhoods. There is also evidence of communication issues between social service staff and Roma, and a lack of information about social services in Roma communities.

The integrated approach to early childhood development applied in Bulgaria has included provision of social services to children and their families. While such measures support social inclusion and participation in ECEC, there are no official data on the ethnic composition of beneficiaries. Furthermore, although these services are needed by vulnerable families, Roma still face significant difficulties accessing them. Huge caseloads and burdensome administrative work prevent Child Protection Departments from dedicating sufficient contact time to their clients, among whom Roma are a significant proportion. Outreach to Roma communities is often insufficient, or not frequent enough, to reach all families in need and ensure adequate support depending on their needs. Moreover, many families lack appropriate and up-to-date information on how to access certain services. In addition, the existing per-case funding mechanism results in a disincentive to handle time-consuming cases. Discrimination and prejudice at the professional and operational levels can be another barrier to service access, even without excessive workloads and/or funding complications and limitations.

As a majority of Roma parents are not officially employed, they lack social insurance and cannot benefit from maternity/parenthood leaves and payments. Although Roma mothers who don’t participate actively in the labour market are entitled to income support during pregnancy and childbirth, these payments are very low and cannot meet the basic needs of the mother and baby, particularly for the most disadvantaged groups.

As mentioned, child benefits in Bulgaria are linked to children’s mandatory schooling attendance. While this conditional cash transfer is sometimes pointed out as an example of good practice for encouraging ECEC access, it has been a very controversial measure.
Based on the available evidence, some organizations and the authors of this RECI+ Report consider the measure unnecessarily punitive and counter-productive in terms of reducing poverty, ensuring educational continuity, and ensuring family and child wellbeing. ECEC participation barriers increase the likelihood children from disadvantaged groups, particularly Roma children, will drop out prematurely, an outcome that causes their families to lose the allowance. Eurochild cautioned against using conditional cash transfers as a tool for reducing the gap in educational outcomes between the Roma and non-Roma populations: “Absenteeism is caused by low income, insufficient supply of services (poor quality instruction, lack of accessibility, overcrowding and lack of resources) and discrimination. School enrollment and attendance incentives should be applied only when such supply-side problems have been solved and when quality and quantity of education provision is improved.”

Insufficient Service Availability for Roma Families with Young Children

ECEC services

The Bulgarian government has focused on expanding the compulsory years in ECEC, and now faces the challenge of insufficient availability of accessible ECEC settings, including child day care, kindergartens, and schools for primary education. General facilities are area-based and need to be sufficiently available in all local communities. Municipalities are supposed to play a central role in funding and providing ECEC and social services, and organizing comprehensive and integrated early years support, but local authorities often lack funds and expertise to ensure these services are available to all, particularly to disadvantaged groups.

The availability of ECEC institutions within easy-to-reach distances is very important for enrollment, especially for the youngest age group of 0 to 3 years, when it is more problematic to arrange long daily to-and-fro trips for the children. Bulgarian Roma are in a significantly disadvantaged position, as the majority live in isolated and/or segregated settlements or rural areas that tend to lack nurseries and kindergartens in close proximity, which raises the costs associated with transport.

“Few families do not take their children to a kindergarten not because of the fee but because of the fact that one of the neighbourhoods is about 2 km away from the kindergarten.”

—RECI+ focus group with parents, 2019

Nursery groups are available in some kindergartens but there are not enough places. Ironically, despite the fact that there is sufficient kindergarten capacity nationally, every year many children remain out of the ECEC system because kindergartens in several municipalities are not able to meet demand. This is particularly true for big cities and the capital. Many kindergartens are overcrowded in these locations and cannot provide enough places or ensure sufficient staff and quality.


The lack of sufficient numbers of nurseries and kindergartens, particularly in areas where Roma families live, increases the need for alternative forms of care in the early years. Although family-based care and community centres are forms of provision particularly useful for some families with children under age 4, it is important to recognize that these contexts can foster social isolation and ossify social exclusion. Where possible, Roma children need to be with all other children in professional nurseries or kindergartens in accordance with their age. However, not all municipalities have developed these types of alternative services. Even NGOs working in some Roma neighbourhoods do not have the capacity to reach all the parents and their children.

The introduction of new, differentiated standards for the size of kindergarten groups could be considered, specifying the appropriate ratio of children to teachers in kindergartens. These standards should provide for smaller-sized groups when the group includes children with special educational needs.

The availability and accessibility of information on ECEC options provided to parents varies. Evidence gathered for this report indicates that the information Roma parents receive is generally limited, not easily accessible, and often not available at all.

Last, but not least, it is extremely important to note that very few services support parents with accurate information, childcare support, and advice on issues such as feeding, diet and nutrition, responsive caregiving, and providing proper care and stimulation for early learning – resources that become especially important when ECEC services are not available. The absence of all these services represents a major challenge to ensure that appropriate provision is made available for all citizens in compliance with the law. Parenting support is a major component of the Nurturing Care Framework developed by UNICEF, the World Bank Group, and the World Health Organization.

Health services

The shortage of human resources in the health care system in Bulgaria has a negative impact on Roma communities, particularly in rural areas and small settlements, some of which lack general practitioners, pediatricians, and nurses. Visiting nurses and health care professionals have proven to be effective and helpful to new parents, especially in disadvantaged communities. However, such services tend to be organized only in isolated places and are usually international initiatives (UNICEF, Trust for Social Achievement, etc.) rather than statutory services and provisions that are universally available to all. The limited health services available for pregnant women with no health insurance represents a significant challenge to the health of Roma mothers and children, as does the limited availability of pharmacies in close proximity to Roma communities. Restricted access to drugs is a very negative factor impacting the health status of children during the early years, and the inaccessibility of pharmacies and insufficient availability of free prescription drugs for children are notable barriers to healthcare for low-income groups, particularly the Roma.

Linking healthcare services to ECEC institutions and schools is a good practice for monitoring children's health and access to services, especially in smaller settlements. Nevertheless, dental care is not available in kindergartens or schools, and smaller preschool facilities need to share nurses with other facilities, limiting the access to health care services by vulnerable children.

382 UNICEF et al., Nurturing Care.
383 Per Ministry of Health Regulation 3 of 2000, a nurse in a kindergarten needs to be responsible for 60 children.
Social services

As a result of childcare reform and the deinstitutionalization of childcare over the last decade, community-based social services for children have become more common. At the same time, the number of specialized institutions for children has been declining. It is a concern that children with disabilities are placed in institutional care before they reach age 4, very often during their first year; this cohort of children is clearly among the most vulnerable.384

The government has begun to adopt more family-oriented approaches in their social policies and promote the establishment of community-based social services that provide different (social, pedagogical, psychological, medical, etc.) supports to parents (e.g. mother and baby units, centres for community support, centres for social rehabilitation and integration, day care centres for children with disabilities, etc.). Access to sites and services, including counselling for parents (home visits, patronage, infant care, breastfeeding advice, early stimulation, etc.), is very important in disadvantaged communities, yet such opportunities are not present in all municipalities. The access of Roma children and families to social services is dependent on availability in close proximity to the community. Families in small rural municipalities and rural areas in larger, more urbanized municipalities have no easy access to such services. Furthermore, some services, particularly those targeting young children and their families, are donor/NGO funded, rather than guaranteed through universal policy and service provision.

While integrated services and intervention programs for young children and their families need to be available and easily accessible for children and families from vulnerable and disadvantaged groups, such as Roma, there are major problems in areas with a high concentration of socially-disadvantaged families, where available services do not always reach those most in need of support. The array of available services is often scattered, non-transparent, and not coherent with the needs of local communities. In addition, services in these areas have often insufficient capacity (money and human resources) to meet families’ complex needs.

Because municipalities have the discretion to decide according to the needs of local communities, the funds they have available, the competencies available, etc., the needs of vulnerable groups are not always prioritized at the local level, especially when needed services are very expensive and poor municipalities just cannot afford them. The lack of social services is more marked in rural areas, where many Roma live, and even in the larger towns and cities Roma neighborhoods are normally isolated and far from needed services, placing a lot of Roma children and their parents in a structurally disadvantaged position. Despite progress in recent years, many municipalities still lack integrated services that are tailor-made for Roma families and their communities. Very few have developed outreach/mobile social services, which can be particularly beneficial to socially-excluded people, especially the Roma.

As mentioned, children with disabilities are particularly vulnerable. Children in poor families are at heightened risk for disabilities and chronic health problems, and related care can impose substantial costs on families. Lack of easy access to a center for the social rehabilitation and integration of children with disabilities represents an additional burden and stress for low-income families who need these services, and a serious threat to the wellbeing and educational outcomes of their children. In Bulgaria, children with disabilities, especially children from ethnic minorities, including Roma, are disproportionally at risk of receiving poor quality formal primary and secondary education.

– or none at all. Indeed, the lack of services to support parents of children with disabilities can lead to abandonment, especially for children from families living in poverty and facing financial difficulties. While the possibility for Roma parents to use community-based mother and baby units is very important to prevent the separation of children from their families, there were only 13 such units in Bulgaria in 2018.

Poor living conditions are another challenge for Roma families with young children from a disadvantaged background. Affordable housing and social accommodation are basically unavailable for impoverished vulnerable groups, which makes the situation more critical for a vast majority of the Roma, who are often also subject to evictions and the demolitions of their homes.

**Insufficient Quality of ECEC, Health, and Social Services hinders the Inclusion of Disadvantaged Groups, Particularly Roma**

International research on early childhood education and care puts great emphasis on the need to improve quality along with efforts to increase participation, as evidence has shown that provision must be of high quality for children to benefit from ECEC. Because there are such strong links between high-quality ECEC services and children’s development and learning, improving ECEC quality is one a key recommendation from the EU and many international organizations and local NGOs to support equity, prevent school failure, and benefit disadvantaged learners. Bulgaria now faces new challenges related to improving the quality of ECEC provisions while ensuring coverage for all children.

Several changes have been introduced in the past decade to raise ECEC quality in Bulgaria. However, the key pillars of high-quality educational services – inclusive curricula, well prepared staff, adequate organization, and sufficient funding – has not yet been established for all children, especially for Roma children, children of different ethnic and social backgrounds, and children with different capabilities (physical and intellectual). Chapter 3 highlighted the lack of resources (financial, material, and human) to tackle discrimination and address holistically the needs of these groups of children during early childhood. Teachers’ low expectations towards Roma children and families, limited teacher training in multicultural education, incompatibilities between traditional teaching strategies and Roma learning styles, and teachers’ lack of competency in second language acquisition are just a few of the many difficulties Roma children face in accessing quality ECEC.

It is important that inclusive and multicultural education be universally accepted as an essential educational principle, rather than a topic taught in socially or ethnically mixed environments. Furthermore, the introduction of new, differentiated standards for the student-to-teacher ratio of kindergarten groups could be considered as a measure to improve quality, especially if these standards provide for smaller-sized groups being entrusted to a teacher when a group includes children with special educational needs.

The Ministry of Education took steps to support Roma children who start nursery or kindergarten with little or no knowledge of Bulgarian. However, despite these efforts and the trend towards more inclusive education since the adoption of the Preschool


and School Act of 2015, educational programs in Bulgaria are mostly intended for homogeneous groups. The curriculum is not readily adapted to teaching classes of children with diverse backgrounds and needs, and a child in the ECEC system who does not speak Bulgarian does not receive organized support in Bulgarian language development until age 5 or 6.\(^{387}\) As a consequence, an important window of opportunity for educational and social integration will likely be missed or compromised for this child, with long-lasting negative effects, including greater likelihood of early dropout. More broadly, the care provided to children in nurseries does not sufficiently focus on promoting learning, and adequate mechanisms are not in place to identify and respond to special developmental needs children might have.

In addition to problems with curricular quality, many ECEC professionals lack the skills for work in diverse environments. Staff do not have the necessary cultural awareness training to effectively work and connect with children from vulnerable and disadvantaged groups, particularly with children whose mother tongue is not Bulgarian. According to TALIS 2018 data, an average of only 37% of teachers felt prepared to teach mixed-ability classes, in which students differ in ability, motivation, needs, interests, language skills, styles of learning, and/or experiences, etc. when they finished their studies.\(^{388}\) Teaching in a multicultural environment was recently introduced for teacher and support staff educational curricula. However, Bulgaria’s existing teachers can only receive this training as in-service experience, a learning context that cannot equal the pre-service experience of systematic training with supervision. This a great hurdle in the way of overcoming existing stereotypes in day-to-day professional practice – there is much work to do to make widespread the perspective that multicultural skills are an indispensable capacity for modern-day teachers and crucial for overcoming conflicts and mistrust between students, parents, and staff who are and are not Roma – conflicts that disrupt constructive dynamics within and beyond the classroom walls. Despite several donor-funded initiatives (mainly from EU and international funds) to introduce education mediators and teaching assistants of Roma origin, who speak the language of Roma children, these professionals are still too few in number and there is a need to develop appropriate training programs for them.

Another very serious ECEC quality challenge is the overall dearth of professionals with expertise related to working with children who have special needs. Due to organizational and funding limitations, kindergartens typically lack adequate numbers of educational psychologists and speech therapists, precluding appropriate follow-up after early screening programs point to learning difficulties. This has negative effects on many Roma children who need additional support for learning.

All the above-mentioned factors are in the way of inclusive early childhood learning environments. At the same time, and as shown in previous chapters, the segregated environments in which many Roma children learn are frequently of inferior quality and deny them the opportunity to communicate and engage with children of non-Roma background, relational experiences that are very important for Roma and non-Roma children alike to develop foundational skills that support socialization and integration. As illustrated in Chapter 3, teachers in marginalized settings feel less motivated and unsupported, feelings that negatively affect the quality of their teaching.\(^{389}\)

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387 The 2017 Ordinance on Inclusive Education requires additional language education for children who do not speak Bulgarian. Yet, it applies only to children in compulsory preschool, a very late stage for learning the language. Such undertakings should start much earlier in the curriculum.

388 OECD, "Results from TALIS 2018."

389 See Chapter 3 regarding evidence of teachers reporting they felt they were being sent to "exile" when assigned to homogenous Roma schools.
Any changes related to increasing quality in the domain of ECEC must be supported to be implemented successfully. At the political level, adoption of the National Early Childhood Development Strategy remains a challenge, and successful endorsement is important to ensure sufficient public support. A core component of operationalization will be the development of quality standards for ECD and norms of cross-sectoral cooperation. Children from disadvantaged backgrounds, such as Roma, benefit most when ECEC services are closely linked to health, social, and employment policies.

Previous chapters identified and situated various complex factors influencing access to quality health care for Roma. While the Bulgarian government has embarked on efforts to reform the health system in the past years, obstacles to quality health care for many young Roma children and families remain significant. Furthermore, the available evidence highlights implementation obstacles that are preventing achievement of the government’s proclaimed intentions to promote integrated services with strong family-based approaches. There is a need to integrate a holistic approach into social work practice, especially when working with children and families from disadvantaged groups, such as Roma, and children and youth with disabilities. At present, families are not sufficiently included in service design decisions, which too-often create, or are unable to prevent, dependence on support. There is strong need for new types of services that empower the community and take families out of disadvantaged positionalities.

Health consultancy centers focused on the health of mothers and children were established with the explicit aim to guarantee access to high quality care and provide advice for pregnant women and mothers, particularly those from vulnerable groups. However, there is still no unified methodology for quality assurance of the work of those centers, nor any quality and monitoring system in place to ensure the enforcement of high service standards. Information campaigns carried out by health consultancy centers often use outdated paper materials and struggle to reach the vulnerable groups and individuals most in need. Previous chapters identified a need for improved adherence to good practice standards (including non-discrimination) in the provision of health services to Roma by universal health care services and health professionals. There is dire lack of tailored health services acceptable to Roma communities and meeting the specific needs of Roma children and families. One successful practice, the home visiting service piloted in Shoumen and Sliven with UNICEF support, addresses the whole family and caring environment of the children and facilitates access to information related to child-rearing and health, social, and education services. The Ministry of Health expressed willingness to multiply the program in all 28 districts of Bulgaria, but this has not yet happened.

For many years, the social system has suffered from insufficient staff, case overload, and staff turnover, patterns that disproportionately impact vulnerable and disadvantaged children and families who need more support. Furthermore, social workers’ competencies must be improved if these professionals are to respond to the needs of individual children. There is need for a new social work role: collaborator, advocate, team member, and family resource.

As evidenced in Chapter 2, a disproportionate number of Roma children are still residing in child-care institutions, which were heavily criticized by Disability Rights International in a 2019 report showing that children in such contexts are exposed to abuse, neglect, and social isolation. Well-coordinated social services that might replace these settings and prevent child abandonment and health and developmental risks in the early ages are
not in place. The new Social Services Act (in force as of July 2020) aims to expand and further strengthen community-based services for the support of children and families. Closing more institutions and fostering community services at the municipal level would be very beneficial for the many Roma children still residing in these places.

There is an ongoing need to ensure and increase political and public support for the new legislation, which entails a better distribution of social services in accordance with the needs of local communities. Consultation with and the active involvement of Roma communities during processes of defining such local-level needs and demands, and subsequently designing appropriate local services, is essential.

Proposed legislation also plans for the creation of an agency to oversee the quality of social services, through, among other strategies, evaluating and accrediting all service providers. This would be very welcome, as there is an urgent need to develop high quality standards for social services to advance the inclusion of Roma children and improve the wellbeing of all the children. This is an opportunity to establish ethical standards and communication protocols that will infuse ethnic and cultural sensitivity into (and through) the social service system.

Need for the Active Participation and Involvement of Families and the Broader Community in Children’s Early Development

Parents and carers are the primary providers of nurturing care for children. They meet the basic needs of children, but also provide interaction, affection, stimulation, and learning experiences that lay the foundations for lifelong health and development. Parents are the first and most critical educators of their children, as learning starts even before the time of their birth. When the child is old enough to engage with formal preschool education, parents should play an active role of participation and cooperation with the ECEC setting.

As recognized in the European Quality Framework for ECEC, parents should play this role with confidence and skill, and the state should provide aid in that process should support be necessary.\(^{390}\) The related expectation is that preschool institutions should engage purposefully with parents in the context of seeing education as a shared responsibility. According to the Bulgarian Law on Preschool and School Education, parents are participants in the education process along with children and teachers,\(^{391}\) and their role is especially important when children need additional support for their personal development.\(^{392}\) The Roma Integration Strategy for the 2012 to 2020 period also recognized the importance of involving parents in education and ECD services for improving the care and protection of children. Active parent engagement can facilitate a smooth transition from home- to school-based learning and help resolve learning problems at later stages. However, as highlighted in previous chapters, “partnership” between Roma families and ECEC institutions must be based on equal respect and understanding that is not patronizing but supports families to help them provide good care and a nurturing home environment for their children.

The crushing impacts of poverty, discrimination, and social exclusion pose numerous policy challenges in relation to the quality of professional engagement with marginalized Roma communities in Bulgaria. Policy responses must be designed and justified in ways

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\(^{390}\) European Commission, *Proposal for Key Principles*.

\(^{391}\) Bulgarian Ministry of Science and Education, *Pre-school and School Education Act.*, Article 2.2.

\(^{392}\) Ibid., Article 188.5.
that mitigate the damaging structural circumstances faced by so many members of these communities, particularly children, without blaming the victims.

Due to their difficult situation and disadvantaged position, some Roma parents from marginalized communities may need comprehensive support aimed at providing good health care, adequate nutrition, and clothes; ensuring safety; and promoting positive emotional interaction in the context of the child’s ethnic and cultural identity. Assistance may also be required to guide and support parents in stimulating their child/ren’s interest in education and learning. Established as part of the social sector, some integrated services with trained medical staff are offering parents counselling and training, including through outreach in the community.393 UNICEF Bulgaria and some NGOs offer training and counselling for parents from vulnerable communities through home visits and workshops with a focus on the needs of young children, including health, emotional, social, and cognitive needs. However, services supporting parents from disadvantaged communities on matters such as caring for the baby, breastfeeding and weaning, attention and stimulation of the child, health promotion, etc. are seriously underdeveloped at the national level. The few existing services are insufficient to adequately meet the demand of all Roma parents. The quality of provision is thus further compromised by insufficient supply.

In addition, supporting services for families must be designed and delivered in ways that are accessible for Roma families. They need to be based on and facilitate effective and respectful communication between Roma communities and health, social, and education professionals. RECI+ research findings show that this is not always the case. In this context, quality of provision improvements require cultural and language barriers being overcome through proper training of those who work with vulnerable groups. Quality of communication and inter-personal professional relationships can be enhanced through mediation, facilitated by the appointment of mediators of Roma background.

The lower educational level of Roma parents represents another challenge for support of their children’s learning. Educational opportunities for many Roma young people have been narrowed due to social exclusion, poverty, lack of available provision, and, in some cases, early marriage with premature teenage parental responsibilities. The ongoing policy challenge is to address these realities and ensure sufficient and quality catch-up opportunities and the effective organization of such offerings. Very few literacy programs and educational opportunities are available for parents who have not completed their studies. Existing forms of “evening school” are available only in several large district cities, and inappropriately timed/scheduled for mothers who are young (often under 18 years) or their partners, who are often in the same or next age group. In addition, there are no options for young mothers to complete their education without being separated from their newly-born babies or young children; as time passes, their chances to advance their own schooling decrease.

Nevertheless, Roma parents’ participation in the education and development of their babies and young children has been promoted in recent decades by a wide range of innovative initiatives (mainly organized by NGOs or supported by European funding) such as home-based services to young and future Roma parents that aim to support practices of nurturing care in the home. Another good example was the 2019/20 initiative for improving kindergarten teachers’ interactions with parents under the national “Succeed Together” program of the Ministry of Education. However, these positive and encouraging developments are undermined by the inability of the state to scale successful programming in a context of insufficient funding and professional shortages, including shortages of teachers and nurses.

393 Frazer, Prevention and Early Intervention.
In conclusion, even the many good practices that have begun to emerge in the past years to facilitate and support the participation of Roma parents in the care and education of their young children have not been scaled up or institutionalized in ways that will make such undertakings widespread and sustainable. It is up to different municipalities and local Roma organizations to implement such initiatives, a piecemeal approach that cannot cover the needs of all the Roma communities throughout the country. The new Social Services Act does have strong potential to expand support to parents through services that increase knowledge, information, and skills for parenting.

Gender Inequality and Gender Gaps Insufficiently Addressed by Policies

Gender inequality is a key part of unequal access to health services. Research has documented that Roma women often suffer triple discrimination: for being Roma, for being poor, and for being female. Roma women are extremely vulnerable, as they are often exposed to greater social exclusion than Roma men, and to greater segregation than the women of the majority population. Early pregnancies contribute to high levels of illiteracy and low levels of education among Roma girls and women. Their access to information, prenatal care, and postnatal care and support is often quite limited. Young Roma girls are particularly vulnerable, as traditional roles, values, and social responsibilities to the family often deprive them of education at an early age. Early childbearing also involves higher risk for the girls and their children; young mothers need additional support and guidance for responsive caregiving.
CHAPTER 5.
Conclusions and Recommendations

Conclusions

This RECI+ Report acknowledges and endorses Roma children as rights-holders who are (equally) valuable pieces of Bulgaria’s cultural heritage and society, and must receive enhanced opportunities to develop to their full potential on equal terms with all other children. The report’s findings conclude that, despite the numerous efforts of the government and other national institutions, to address the human rights issues and stark injustices which are evident in relation to the socioeconomic situation of the majority of Bulgarian Roma citizens, only limited progress has been made. The efforts to ensure that all Roma children and their families benefit from quality support for early child development, still encounter more barriers. These barriers are over-arched by the seemingly insurmountable challenges of human rights, poverty reduction, housing and environmental conditions, segregation and public prejudice and discrimination. All these barriers are systemic, structural, and practical in character. They result in putting thousands of young Roma children in Bulgaria in a severely disadvantaged and unequal position to succeed later in life and which undermines their ability and entitlement to contribute with dignity and respect to their communities and Bulgarian society as a whole.

Taking into account the complex situation of Roma as evidenced in the previous chapters of this report, improving the care for Roma children in early childhood, requires a multidimensional approach, involving different public systems and policies rooted in early childhood development and social inclusion. In the light of this prescription, the recommendations are individually addressed to all the possible key players in the delivery of integrated policies.

As part of the RECI+ process, the research team organized a national consultation once the research evidence had been formulated. This was shared for comment and discussion with national stakeholders, including representatives of relevant ministries, institutions, agencies, and NGOs. The consultation was held for two half-day sessions on 26 May 2020. In total, 28 participants attended within the form of a webinar meeting on account of the constraints of COVID-19. As a result of these informed discussions, and based on the evidence in the report, this RECI+ study has drafted a list of recommendations to respond to the many identified policy challenges which Roma children face during the critically important period of their early childhood.
The recommendations aim to complement the ongoing government work related to the development of an early childhood development strategy, introduction of a new law on social services and strengthening the quality framework of early childhood education and care services following the key principles and recommendations of the European Commission. Despite the report's focuses on Roma children in the early years, the recommendations, if implemented, should contribute to the better health, welfare, and education of all Bulgarian children and their families.

**Recommendations**

**National/policy level recommendations**

Strategies and policies for early childhood development and social inclusion need to be considered as part of wider national efforts to protect the rights of all children, eliminate poverty, improve housing conditions, and eliminate segregation and public prejudice and discrimination towards Roma.

1. **Recognize and address early childhood development (ECD) and social inclusion as national policy priorities.**

   Recommendations for all government departments and relevant national institutions and agencies:

   a) Programs, policies, and practices must **promote and respect the rights of the child**.

   b) Programs, policies, and practices targeting Roma communities must **focus on poverty reduction**, including concerted national and local action to improve housing and living conditions to ensure children's health, safety, and wellbeing.

   c) Concerted efforts should be made to **ensure that all relevant laws against prejudice and discrimination are respected by all citizens, and that victims are protected**.

   d) To address gaps and maximize efficiency and impact, **a comprehensive national ECD strategy should be developed to promote a more holistic approach across the social, health, and education sectors with a strong equity focus and measures to reduce inequalities in child development**. Under a single and coherent framework underpinned by a clear vision and principles, the proposed national ECD strategy should:

   - envisage structural and operational mechanisms to guide policies and services that ensure the smooth transition of individual children through relevant services and systems;

   - establish a cross-sectoral mechanism for coordination, with systems in place to ensure a qualified ECD workforce, service quality, ongoing monitoring and evaluation, accountability, and financial sustainability;

   - be responsive to the needs of Roma children and other children in disadvantaged circumstances, including children with different language backgrounds and physical and intellectual abilities;

   - encourage and provide a framework for parental/community participation and consultation in the development and implementation of local policies and interventions, including the involvement of Roma parents and community members at every stage of the process;
• expand the support provided through measures of child protection and facilitate the development of policies that strengthen the resources of families to provide nurturing care for children during early childhood; and
• be complemented by the establishment of a strategy monitoring body that includes ECEC experts and NGOs, including Roma NGOs and Roma professionals.

2. Improve data collection, including ethnically disaggregated data, to inform the design of evidence-based policies for early childhood.

Recommendations for the National Statistical Institute and all government departments, relevant national institutions, and agencies:

a) Establish a system for gathering objective statistical data on Roma communities (and, separately, all other ethnic minorities), especially Roma children.

b) Create a system to collect data disaggregated by ethnicity on enrollment in and utilisation of relevant ECD services (ECEC, health care, social services) to assess the extent to which Roma are being served.

c) Create a system for gathering feedback from parents about their experiences with ECD services, their expectations, and the quality aspects they value most.

d) Regularly collect and publicly share information on key childhood development indicators, disaggregated by social-economic status and ethnicity.

3. Improve overall quality of early childhood development services, including by ensuring qualified human resources in the systems providing care and services for young children.

Recommendations for the Ministry of Education and Science, all teacher training institutions, and all relevant regulatory bodies and agencies:

a) To ensure inclusive, high-quality ECD services, all professionals working in ECD-focused sectors – from head teachers and teacher assistants to psychologists, special educators, speech therapists, audiologists, health professionals, social workers, and mediators, etc. – must strengthen their competencies for working with multicultural and diverse groups and managing and deconstructing ethnic bias, stereotypes, and race prejudice.

• This can be done through the development of upper secondary school, post-secondary, and university programs and qualification courses focused specifically on these attitudes, awareness, knowledge, and skills needed for work in a multicultural environment, and the management of ethnic bias, including the deconstruction of stereotypes and race prejudice.

b) To support Roma inclusion, more qualified ECD professionals of Roma background are needed.

• Schemes, including scholarship programs and employment opportunities, should be developed to encourage young Roma to pursue careers as teachers, doctors, and other health and social care professionals and counselors. Roma professionals provide good role models for Roma children and young people and contribute to the positive image of Roma amongst students and other service professionals and their client populations.

c) Education mediation, now an officially recognized profession, could serve as a springboard to many highly qualified professions in education, health, and social work. The government should thus continue the development of mediator training programs with a strong focus on raising the quality of service, status of the profession, and minimum qualifications to practice.
4. Ensure financial and strategic support for socioeconomic analyses and research on the national-level returns on ECD investment for the most disadvantaged groups.

Recommendations for the Ministry of Finance and all other government departments, relevant national research institutions, and agencies:

a) The government must better understand and estimate the social, cultural, and economic benefits of equitable access to high quality services in early childhood, including the impacts of equitable access children’s wellbeing and the well-becoming of children, families, and communities.

- Research and policy-oriented analyses should be used by the government to inform policy developments and communicate the justifications for important policy reforms and initiatives to the broader society, including the rationale for increasing investment in ECD to bring Bulgaria in line with the EU ECD investment average.

b) The government should adopt a pro-equity resource allocation policy that explicitly focuses on the most vulnerable.

c) In geographically isolated locations where integration is impossible, careful planning should be undertaken with active involvement from civil society to ensure that infrastructural and other investments do not exacerbate segregation.

- Special attention should be paid to providing infrastructure in the poorest, least-developed micro-regions and geographically isolated areas, to balance regional differences.

ECEC recommendations

1. Increase the access of Roma children to nurseries and kindergartens.

Recommendations for the Ministries of Education and Science, Labor and Social Policy, Health, and Finance; the State Agency for Child Protection and Agency for Social Assistance; all municipalities; preschool institutions; and NGOs:

a) Participation in ECEC should be expanded and supported by the government and all municipalities in parallel with efforts to improve the quality of existing services and ensure sensitivity and responsiveness to the diverse needs of children and families.

b) To overcome financial barriers to equal access to ECEC, nursery fees should be removed, at least for the poorest families, in every municipality.

c) While the preferable alternative is to make public kindergarten and nursery participation free for all children from age 0 to the end of preschool, the following conditions are crucial to reduce financial barriers to equal access to ECEC, at minimum:

- ALL families (not only low-income and disadvantaged groups) should be exempt from kindergarten fees, given that the two-year preschool period is compulsory; and

- nursery fees should be removed, at least for the poorest families, in all municipalities.
d) The government should pursue measures to increase participation in ECEC from an early age, either by pursuing its plans to introduce a mandatory preschool education year at age 4 (announced with the draft budget law in December 2019) or putting in place more incentives and reassurances for parents, particularly parents of the most vulnerable children, to enroll their children at younger ages.

e) To improve ECEC service availability in smaller municipalities and rural areas, funds in the state budget allocated for kindergarten construction in the next three years should target ECEC infrastructure investments in villages with high numbers of vulnerable young children.394

- While all measures must be taken to ensure, to every reasonable extent possible, diverse learning communities, in situations where segregation is unavoidable (e.g. in settlements inhabited primarily by Roma) investments must be characterized by added accountability to ensure the highest quality care (e.g. through quality leadership, staffing, training, buildings, equipment, and resources).

f) Flexible forms of organization for early education and care in resource-poor communities should be considered and encouraged.


Recommendations for the Ministries of Education and Science, Labor and Social Policy, and Health; the State Agency for Child Protection and Agency for Social Assistance; all municipalities; preschool institutions; and NGOs:

a) Encourage intercultural education and the celebration of linguistic diversity in ECEC and revise the standard for preschool education to ensure that respect for diversity in the broad sense is reflected accordingly.

- While intercultural education has been introduced in schools as part of civic education, the intercultural perspective needs to be more evident in ECEC services. Such norms might be established as a conditional priority for major EU fund operational programs with systemic impact.

- The following objectives should be made clear: the provision of appropriate resources and teaching and learning strategies to preserve the cultural identity of Roma children in preschool settings, and create positive images of, and positive attitudes towards, different ethnic groups and minorities, and diversity in general.

- Roma culture and identity should be acknowledged and promoted in the preschool system through inclusion of Roma language and traditions in kindergarten activities and celebrations.

- Existing good examples in kindergartens should be identified and multiplied.

- Kindergartens – and authors of the learning materials and resources used therein – should be encouraged to ensure that teaching and learning materials/manuals promote respectful understandings of cultural diversity, and also facilitate teaching groups of children with different levels of attainment.

- Support for learning Bulgarian language in kindergartens should be also provided to Roma children.

394 In such contexts, some children are not attending preschool at all; those who do are being transported to another settlement or enroll for preschool groups in schools.
b) **Strengthen teachers’ competencies to communicate with and fully engage Roma parents in the life and work of the institution and education of their children.**

- University programs for educators should focus on the skills needed to work with multi-linguistic classes/groups. An addition to the training curriculum should be coursework on teaching Bulgarian as an additional language.
- ECEC institutions should value parents as equal partners in the education process. Teachers may be supported by, but not solely rely on, Roma mediators and teaching assistants in this process.

c) **Universally adopt and scale up the commendable pioneering model developed by Roma Mediators** as a routine part of the professional repertoire of kindergarten and school skills and responsibilities linked to nurturing home-school relationships and meaningful parental engagement.

d) **The Ministry of Education and Science should recommend the use of EU Operational Program funds to ensure sufficient ratios of mediators in kindergarten settings, with an eye to their qualifications and financial sustainability.**

**Healthcare system recommendations**

Recommendations for Ministry of Health, Ministry of Finance, and all other relevant government departments, national institutions, and agencies:

1. **Establish a comprehensive cross-sectoral approach** that includes targeted measures in the healthcare system to address the social determinants of health affecting the wellbeing of Roma children and contributing to higher levels of infant mortality, morbidity, chronic illness/disease, and disabilities in adulthood.

2. **Provide access for every pregnant woman, despite her health insurance status, to a full package of care around pregnancy and birth.**

   - Early child development begins with conception, and access to quality prenatal care will ensure that all children have a healthy start in life. This is critically important for marginalized and impoverished Roma families.

3. **Reduce out-of-pocket cash payments for health care by introducing a program ensuring free medicines for all children under age 4.**

   - This can be done by revising the existing free medication list, which is very limited, to create an extensive list of medicines that will be provided free-of-charge for any child under age 4 upon receipt of a prescription.

4. **Address the national shortage of pediatricians by incentivizing medical students to specialize in pediatrics and developing professional courses to increase general practitioners’ qualifications and skills for work with children, including knowledge and expertise on standards of health, child development and nutrition of children in the early years.**

5. **Overcome the irregular distribution and lack of medical professionals in smaller municipalities and rural areas by creating stronger incentives for general practitioners to work in small/marginalized communities.** Mechanisms for covering the transportation costs of the most vulnerable children to facilitate their access to health care should also be considered.
6. Enhance the role of health mediators and provide quality training for work with Roma communities, expanding these professionals’ professional scope of work and clearly defining expectations around their cooperation with stakeholders in all areas of ECD.

7. Create a national program for families and parenting, including home visits to support parents’ provision of nurturing care to their children, build parents’ knowledge and skills, and ensure vaccination program compliance.
   - As a starting point, the government should implement the planned introduction of home visiting services in all regions of the country, as envisaged in the updated plan for implementation of the National Strategy “Vision for Deinstitutionalization of Children in Bulgaria.”
   - Programming should be strongly guided by and aim to scale pilot initiative best practices (e.g. UNICEF’s successful model of support for parents and children under age 4 in Shoumen and Sliven, as implemented between 2014 and 2018).395

Social services and social assistance recommendations

Recommendations for the Ministry of Labor and Social Policy and other relevant government departments, national institutions, and agencies:

1. Initiate an impact assessment of existing social service policy, provision, and practice to improve the effectiveness of social services, taking into account differences in/for different communities, including Roma.

2. Seek the involvement of the local community when defining demand and service design in situations where identified ineffective services merit reform.

3. Ensure that newly designed/reformed social services are financially sustainable and flexible so they can be adapted to the needs of every local community, including Roma communities.

4. Establish mechanisms to thoroughly train social workers and hold them accountable through monitoring and evaluation of their professional work to ensure high quality provision.

5. Allocate public funding to scale up successful public social services, including early childhood intervention services for children with developmental difficulties and disabilities to ensure availability wherever services are needed.

6. Reshape the system of benefits linked to kindergarten/school attendance in ways that encourage and reward ECEC participation, rather than punish non-participants.
   - Implementation of such policies should refrain from the application of punitive measures that deprive vulnerable families of essential resources.
   - Family benefit level calculations should capture the extra and hidden costs associated with preschool attendance.

7. Ensure that social services include specialists equipped to work intensively with young people who are establishing families early in their lives, including those involved in under-age marriages/partnerships.

395 For a description of the UNICEF model, see https://uni.cf/33F6bBl.


National Network for Children. “Healthcare Mediators are Key to Prevention, their Work Needs to be Regulated” https://nmd.bg/%d0%b7%d0%b4%d1%80%d0%b0%d0%b2%d0%bd%d0%b8%d1%82%d0%b5-%d0%bc%d0%b5%d0%b4%d0%b8%d0%b9%d0%b0%d1%87%d0%be%d0%b2%d0%b8%d0%bd%d0%b7%d0%b0%d0%b6%d1%82%d0%b1%d1%80%d0%b8%d1%81%d0%b0%d0%bb%d1%8e%d1%87%d0%be%d0%b2%d0%b8%d0%b6%d0%b7%d0%b0%d0%b6%d0%b0%d1%80%d0%be/, 2018.


Yosifov, Yordan, Vesela Banova, Lyubomir Zhupunov, Anneta Marinova, Tatiana Kotseya, E. Dimitrova, Stanislava Moraliyska-Nikolova, Kalina Ilieva, and Elitsa Gerganova. Legislative Framework for Early Childhood Development in Bulgaria: Opportunities and Challenges. https://www.detebg.org/wp-content/uploads/2017/04/%D0%9D%D0%BE%D1%80%D0%BC%D0%B0%D1%82%D0%B8%D0%B2%D0%BD%D0%B0-%D1%80%D0%BC%D0%BA%D0%B0-%E2%80%93-%D0%A0%D0%94%D0%A0-1.pdf, 2017.


The empirical research design of the 2019 RECI+ study in Bulgaria relies on a triangulation of mixed data gathering methods and case study approach. The first foot of the quantitative methodology was based on multiple case judgmental sampling. The second foot of the quantitative study consisted of applying a randomized study of primary caregivers of children living in each of the neighborhoods (cases). The qualitative sampling was based on stakeholder analysis and applied a maximum variety principle in representing the typology of stakeholders.

1. Selection of research sites

A selection grid (see Appendix 2) was designed by preliminary judgmental case sampling according to the following methodological and theoretical requirements:

- Regional diversity of the selected neighborhoods
- Balance between rural and urban settlements accounting for the dispersity of the total Roma population in Bulgaria
- A maximum variety of Roma subgroups (patois, religious affiliation)
- Settlements that are spatially segregated and settlements that are not
- Covering public services related to ECD:
  - Access to free kindergarten
  - Educational segregation
  - Access to social services
  - Access to healthcare
  - Access to decent household conditions
- Maximum variety in key demographic indicators with respect to ECD:
  - Total fertility rate
  - Infant mortality rate
  - Kindergarten group enrollment rate
  - Unemployment rate
- Estimated Roma population size at the settlement P≥3000 (which theoretically guarantees at last 60 households with children aged 0 to 6)
- Availability of a local person ready to be a host to two students for participatory action research
2. Quantitative study

A random walk procedure was applied in each of the case study neighborhoods and screening selection procedure for main caregiver in the households with children under age 7. If more than one child met the selection criteria within a household, “the closest birthday” random selection procedure was applied. The primary caregiver of that child (so long as that person’s age was over 18) was selected to answer the survey. The final sample consists of 360 main caregivers (6x60); each sub sample is representative for its settlement.

The quantitative questionnaire had a modular structure around the following topics:

<table>
<thead>
<tr>
<th>Module</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Physical access/remoteness of kindergarten</td>
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<td></td>
<td>Kindergarten attendance</td>
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<tr>
<td></td>
<td>Satisfaction with kindergarten services</td>
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<td></td>
<td>Caregiver-child activities</td>
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<tr>
<td></td>
<td>All costs of kindergarten attendance</td>
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<tr>
<td>Healthcare</td>
<td>Access to information</td>
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<td></td>
<td>Access to general practitioner</td>
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<td></td>
<td>Chronic decease status</td>
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<td>Immunization status</td>
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<td></td>
<td>ER awareness and access</td>
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<td></td>
<td>Social capital with regard of the healthcare</td>
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<tr>
<td>Pregnancy</td>
<td>Insurance status</td>
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<tr>
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<td>Healthcare check-ups</td>
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<td>Delivery place and ethnic setting</td>
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<td></td>
<td>Weight of the baby</td>
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<td></td>
<td>Breastfeeding</td>
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<tr>
<td>Nutrition</td>
<td>Awareness</td>
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<td>Public baby food service</td>
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<td></td>
<td>Vitamin D use</td>
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<td></td>
<td>Nutrition regime</td>
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<tr>
<td></td>
<td>Hygiene</td>
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<tr>
<td>Living condition and well being</td>
<td>Quality of neighborhood’s infrastructure</td>
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<tr>
<td></td>
<td>Heating</td>
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<tr>
<td></td>
<td>Household appliances</td>
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<tr>
<td></td>
<td>Income</td>
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<tr>
<td>Household</td>
<td>Household composition</td>
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<tr>
<td></td>
<td>Socio-demographic status</td>
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<td></td>
<td>Ideal life-cycle attitudes</td>
</tr>
<tr>
<td></td>
<td>Romani patios test</td>
</tr>
</tbody>
</table>

396 A random route or a random walk is a procedure used in sociological surveys. Interviewers are assigned with a starting location and a certain walking rule, according to which they choose the households they would interview. When the predefined number of households is achieved (60 per location in the RECI+ survey), the route ends.
3. Qualitative study

The qualitative study consisted of three elements: classical case study approach based on in-depth expert interviews and focused groups with parents; experimental playgroup design with children aged 4 to 6 attending kindergarten in the neighborhood; and participatory action research on early childhood development.

In each of the selected neighborhoods, five expert interviews were conducted. All researchers selected the types of experts depending on availability and the experts’ importance to/for the local community. Evaluation of their importance was based on preliminary knowledge coming from the communities and was dynamic. That is, if, during the fieldwork, an important stakeholder was identified, that individual could be interviewed. In each location, one focused group discussion with parents of young children was conducted. Seven interviews with national stakeholders were conducted, 37 face-to-face interviews in total.

<table>
<thead>
<tr>
<th></th>
<th>Kyustendil</th>
<th>Montana</th>
<th>Rozino</th>
<th>Shumen</th>
<th>Sliven</th>
<th>Tundza</th>
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<tbody>
<tr>
<td>KG head teacher</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
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<tr>
<td>Municipal officer</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>NGO activist</td>
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<td>International stakeholders</td>
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<table>
<thead>
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<th>National</th>
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</thead>
<tbody>
<tr>
<td>Ministry of Education and Science, Center for Educational Integration of Children and Students from Ethnic Minorities</td>
</tr>
<tr>
<td>National Network of Health Mediators, UNICEF</td>
</tr>
<tr>
<td>Ministry of Labour and Social Policy</td>
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<tr>
<td>Association Roditeli, Za nashite detsa</td>
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<tr>
<td>UNICEF</td>
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</tbody>
</table>

The tool for the playgroup with children, elaborated to best suit the cognitive development of 4- to 6-year-old children and respect their psychological and physical comfort, included three situational scenarios related to healthcare, food and nutrition, and education in kindergarten, as illustrated in the table below. The study setting included 8 to 22 children (varying in the different neighborhoods) and the local context was accounted for (to avoid children's frustration or fear, or selection or non-selection).
Module | Topics
--- | ---
**Icebreaker** | Child interaction and identity  
Knowledge about animals  
Knowledge about basic professional occupations

**Child is sick game** | Who cares for the child at home?  
Who drives/takes the child to the doctor?  
What happens in the waiting room?  
Roles of the doctor and nurse  
Basic medical tools usage  
Prescription and pharmacy

**Shopping game** | Recognition of food and beverages  
Food used at home (and favorite food)  
Recognition and use of money (coins and paper)  
Recognition and use of scale and measures  
Shopping etiquette (customer/shop assistant interaction)

**Kindergarten game** | Who drives/takes the child to the kindergarten?  
Who welcomes the child in the kindergarten (the role of the nurse)?  
Role of the teacher  
Teaching content  
Food in the kindergarten

Direct participation research in the neighborhoods, based on the urgent anthropology approach, combined active direct observation, informal interviews, mental mapping, and dialect mapping. After a methodological training, Romany and non-Romany students spent a week in the selected neighborhoods, living in a house within the Romany neighborhoods. Each student received a detailed template structure for their report and research notes, briefly presented in the table below. The students were encouraged to take as many pictures as possible, without invading the privacy of the local people, and record as many examples of local patois as possible (based on the Romani distinguished in the works of Yaron Matrass).

Module | Topics | Sub-topics
--- | --- | ---
**Social environment** | Location and borders  
General description of the neighborhood  
Micro zones and stratification  
Noisy zone  
Dirty zone  
Smelly zone  
Zone Addictions  
Zone Commercial sex work  
Shanty town  
VIP zone  
Emigrants zone  
Public places  
Private places  
Children's room
The linguistic tool for defining the language patois and the cultural sub-group of the participants in the survey was based on five sentences:

Тук ние ядем хляб и пием вода.  
Here we eat bread and drink water.

Той дойде при нас и донесе риба и ракия.  
He came to us and brought fish and grappa.

Малката ми дъщеря ще сготви ядене с яйце.  
My little daughter will cook a dish with an egg.

Вуйчо, баба и големият ми внук, ще съберат семейството, за да направим сватба.  
My maternal uncle, my grandmother, and my grandson will gather the family to have a wedding.

Бог да ни пази и да даде добра година на мъжете, на жените и на всеки дом!  
God save us and to give a good year to the men, women, and every home!
APPENDIX 2.
Selection Grid of the Six RECI+ Study Locations
### SAMPLE GRID for “multiple case sampling”

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Region</th>
<th>Quarter</th>
<th>Region</th>
<th>Subgroups (mother tongue/patois)</th>
<th>Religion</th>
<th>Spatial segregation</th>
<th>Targeted policies/projects</th>
<th>Population size</th>
<th>PAR access</th>
<th>TFR</th>
<th>IMR</th>
<th>KGER</th>
<th>UER</th>
</tr>
</thead>
<tbody>
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<td>Kosharnik</td>
<td>BG312</td>
<td>S</td>
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<td>BAR, PUK</td>
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<td>1.65 9.8 77.7 9.7</td>
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<tr>
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<td>Quarter</td>
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<td>PAR access</td>
<td>Population size</td>
<td>Healthcare access</td>
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<td>Living conditions (housing/access…)</td>
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<td>Region</td>
<td>R/U/S/M</td>
<td>Subgroups (mother tongue/patois)</td>
<td>Religion</td>
<td>Spatial segregation</td>
<td>Living conditions (housing/access...)</td>
<td>KG fee</td>
<td>Educational segregation</td>
<td>Healthcare access</td>
<td>Population size</td>
<td>PAR access</td>
<td>TFR</td>
<td>IMR</td>
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<td>Rozino</td>
<td>BG421</td>
<td>R</td>
<td>Millet-TR, Burgudzhii-BE, GreyPigeons-BG</td>
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<td>BG423</td>
<td>U</td>
<td>Millet-TR, Sepetdzii-BE, Kalaydzhi-WO, Zagundzi-BM</td>
<td>Luk</td>
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<td>BG344</td>
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<td>Millet-TR, Horakhane-BE, Laho-WO, Gradeski-BM</td>
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<td>Quarter</td>
<td>Region</td>
<td>R/U/S/M</td>
<td>Subgroups (mother tongue/patois)</td>
<td>Religion</td>
<td>Spatial segregation</td>
<td>Targeted policies/projects</td>
<td>Population size</td>
<td>TFR</td>
<td>IMR</td>
<td>KGER</td>
<td>UER</td>
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<td>M</td>
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Notes:  
PAR=participatory action research  
TFR = total fertility rate  
IMR = infant mortality rate  
KGER= kindergarten group enrollment rate  
UER = unemployment rate  
R/U/S/M = rural/urban/suburban/metropolitan  
Mother tongue: BG – Bulgarian, TR – Turkish, RO – Romanian  
Patois of Romanes: BW – BalkanWestern, BE-BalkanEastern, WO-WallachianSouth, WN-WallachianNord, BM-BalkanMixture (or –zis dialects)  