



**НАЦИОНАЛЕН АЛИАНС ЗА  
СОЦИАЛНА ОТГОВОРНОСТ**

представител на EASPD за България

**Analysis of the Situation**  
**Related to the Early Childhood**  
**Intervention Services**  
**in Bulgaria**



**Authors:**

**Svetla Grigorova**, Director of Care for Children with Disabilities Foundation –  
Gabrovo

**Ekaterina Kostova**, Complex of Social Services for Children and Families –  
Plovdiv

**Nedka Vasileva-Petrova**, Director of Complex of Social Services for Children  
and Families – Plovdiv

**Special thanks for their contributions to all survey participants as well as to:**

**Eleonora Petrova**, Project Coordinator, Agency for Social Assistance – Ruse

**Atanaska Boneva**, Consultant-Coordinator, National Alliance for Social  
Responsibility

**Ilina Cholakova**, Coordinator of the Social Assistants for Children with Special  
Educational Needs Service, Agency for Social Development “Vision” – Varna



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## **1. Brief summary of the report**

This report has been prepared to illustrate the current situation of early childhood intervention services in Bulgaria and it has been elaborated under the ECI Agora project funded by the Velux Foundations. The findings presented are based on the Developmental Systems Model of Guralnick (2005) of an early intervention system. The report includes two types of analyses – a desk research about the existing legislation on early intervention services in Bulgaria and qualitative data analyses based on the results of questionnaires disseminated among service providers in the education, social service and health care sectors as well as among parents of children with disabilities.

## **2. Introduction**

### **2.1. Brief information about the project, its goals and objectives**

The ECI Agora project: Developing ECI Services Through Participation & Co-production led by the European Association of Service Providers for Persons with Disabilities (EASPD) is an innovative pilot initiative taking place in 5 Central and Eastern European countries (Hungary, Slovakia, Poland, Romania and Bulgaria), which aims at overcoming the challenges related to the implementation of effective early childhood intervention services for children with disabilities.

The objectives of the project are to:

- ✓ create appropriate conditions for uniting all interested parties in order that high quality services for early childhood intervention are provided;
- ✓ develop practical guidelines for introducing changes to the social system by improving the legislative frameworks on European, national and/or regional levels;
- ✓ give examples which could be implemented by other European countries as well as among other groups of children with special needs or at risk (e.g. Roma children or children of migrants).

### **2.2. Goals and objectives of the research**

The goals and objectives of the present paper are to:

- ✓ provide information on the normative regulations regarding early childhood intervention services in Bulgaria;
- ✓ present the implementation of early childhood intervention services in the education, social service and health care sectors in Bulgaria;
- ✓ illustrate the point of view of parents of children with disabilities regarding the implementation of early childhood intervention services in the country;
- ✓ draw conclusions about the existing situation and give recommendations for improvement.

## **3. Methodology**

### **3.1. Description of the methods used in the research**

The current analysis is based on a desk research including various sources of literature, which can be found in the bibliography of the present report, about the legal situation of early intervention services in Bulgaria as well as on questionnaires disseminated among specialists from 3 sectors: education, social services and health care. Furthermore, a questionnaire was distributed among parents of children with disabilities. The questionnaires were based on the same domains so that a qualitative analysis of the answers given could be made, and namely:

- ✓ screening and referral;
- ✓ eligibility;



- ✓ follow-up/monitoring;
- ✓ access point for early childhood intervention services;
- ✓ interdisciplinary assessment;
- ✓ assessment of potential stress factors;
- ✓ development and implementation of an individual plan for providing early childhood intervention services;
- ✓ monitoring and evaluation of the results of the implementation of the plan;
- ✓ planning of transitions to new settings;
- ✓ policy, legislation and financial resources;
- ✓ personnel training.

### **3.2. Procedure (how the respondents were recruited, inclusion/exclusion criteria, how the participants were interviewed, ethical consideration, how the data has been analysed)**

The questionnaire aimed at service providers was sent via e-mail to member organisations of National Alliance for Social Responsibility (NASO) from throughout the whole country, which were selected based on their profile and contacted in advance in order to give their consent to participate in the survey. The parents of children with disabilities were chosen randomly and contacted in person by social service specialists at the premises of a service aimed at children with disabilities, based in the city of Varna, Bulgaria. Those who gave their consent to fill in the questionnaire/conduct an interview with a social service specialist were also asked to sign a consent form for participation in the ECI Agora project survey.

The data provided by both parties was included in two qualitative analyses, the results of which are summarised in the present report.

### **3.3. Participants (how many participants, brief background information about the participants)**

The survey conducted involved 3 mothers of children with special needs. Two of them are about 40 years old. There is no information about the age of the third mother.

- ✓ Age and sex of their children – two boys and one girl, aged between 3 years and 10 months and 5 years.
- ✓ Conditions of the children – hyperactivity with attention deficit and speech disorder; Down syndrome; spina bifida.
- ✓ Education and socio-economic status of the respondents – two of the parents have higher education, one parent has a secondary education degree; two of the parents work and no information is provided about the third one.

Furthermore, the results of 10 questionnaires filled in by service provider specialists were taken into consideration when writing the present report.

- ✓ 4 specialists from the sector of education participated (kindergarten №38 “Margaritka” – city of Varna, and 3 nurseries based in the city of Vratsa – nursery №2, nursery №5 “Balgarcheta”, nursery №6 “Prikazka”). All of the respondents indicated that they were directors of the educational settings involved in the survey. 2 of the nurseries’ directors had a Bachelor’s degree and 1 had a Master’s degree. None of them indicated anything about their professional background. The director of the kindergarten stated that he/she had a Master’s degree in Pre-school Pedagogy and a Master’s degree in Management of Education as well as that he/she had 23 years of professional experience. As to the experience with early childhood intervention services, the directors of the nurseries indicated that none of them had any experience in the field and the director of the kindergarten did not mention anything about it.



- ✓ 3 specialists from the sector of social services got involved (Complex of Social Services for Children and Families – city of Plovdiv, Social Support Centre – city of Belene and Centre for Social Rehabilitation and Integration – city of Lovech). All of the respondents involved were directors of the services included in the survey. They all had a Master's degree. The director of the Complex in Plovdiv explained that he/she had a professional experience in the field of child protection and the implementation of measures for protection of children at risk, in the monitoring of the system for child protection as well as in the provision of social services for children and families. The director of the Social Support Centre in Belene had 4 years of experience in social services, whereby the director of the CSRI in Lovech had 12 years of experience in the provision and management of social services. Only the director of the Complex in Plovdiv stated that he/she had 1 year and 3 months of experience with early childhood intervention services.
- ✓ 3 professionals from integrated social and health care services took part in the survey as well (Community Centre – city of Stara Zagora, Complex for Health Care and Social Services – city of Targovishte and Family-type Accommodation Centre for Children and Youth with Disabilities who are in need of a constant medical care – city of Plovdiv). No information was provided about the current position, educational and professional background, the years of experience with early childhood intervention services of the respondents from Stara Zagora and Plovdiv. Only the respondent from Targovishte indicated that he/she was a director of the service, had a Master's degree in Social Management and a Master's degree in Public Administration, 13 years of experience in social services and 3 years of experience with early childhood intervention services acquired within projects under the Human Resources Development Operational Programme.

## 4. Results of the desk research

### 4.1. General overview of the early childhood intervention services in Bulgaria

In 1999, with the establishment of the Law on Health Care Institutions, the commitments of the health care sector to supporting early childhood intervention were legally regulated. These commitments are related to:

- ✓ monitoring and provision of medical care during pregnancy and maternity;
- ✓ monitoring, control and taking care of the physical and mental development of persons under 18 years of age;
- ✓ carrying out health promotion and prevention activities, including prophylactic examinations and immunisations.

The health care services are among the first ones to recognise the need for early diagnosis and for referring families to an individual approach of solving the existing problem. At around the same time, the necessity of creating social services aimed at children from 3 to 18 years of age arises. The idea is that, after a proper diagnosis by a health care service, the children are referred to a relevant social service, which continues working with them in an individual and specialised manner together with the support of psychologists, speech therapists, rehabilitators and special pedagogues. At a later stage and after the process of deinstitutionalisation, which has begun in 2010, the need for including the parents in training programmes during the pregnancy, after the birth of the child, during the early development of the child, as well as for the provision of high quality childcare for working parents and free pre-school education with access to appropriate training programmes and infrastructure is taken into account. Since then, the variety of social services aimed at early childhood intervention provision has increased, whereby also a Law on Social Services together with its subordinate acts is to be adopted in 2020. According to this law, each municipality will be obliged to set up a number



of services guaranteeing the full development of children between 0 and 18 years of age as well as of adults up to a deep old age.

At the present time, however, there is no statistics and an official register of the families in need of early intervention services. With regard to the social services and the education services, i.e. nurseries and kindergartens, such exist in each bigger city of the country. The social service providers offering early childhood intervention services for children aged between 3 and 6 years are based in the municipal cities, whereby in each municipality at least two services of this kind exist. Since 2016, when the Regulation on Inclusive Education was adopted, in each nursery and kindergarten, whenever a problem has arisen, the child has been referred to a team of specialists, who examine the child and its family, make an assessment of the condition of the child and prepare a plan for its development. In the health care sector, the general practitioners are supposed to perform prophylactic examinations, which could report indicators of problems in the development of a particular child, and then refer it to a specialised hospital for screening and diagnosis. There is no official data neither about the number of such hospitals in Bulgaria, nor about the number of services for early intervention in the sectors of social affairs and education. To sum up, currently, there is no coherent system in the country for screening and early intervention services for children and their families, which makes the cross-sectoral work more difficult and slows down the impact of the specialists' work.

#### **4.1.1. Essence of early childhood intervention**

Early childhood intervention is a multidisciplinary and a coordinated service, closely related to the development of children in between birth and three years of age, for whom developmental concerns exist. Good support during the first three years of a child's life is vital to guarantee good health, physical and intellectual development and social skills. This is even more important for children with disabilities. Early intervention services can help children reach their full potential. Early intervention is a system of professional services for very young children with developmental disadvantages, disabilities, atypical behaviour, social and emotional difficulties, or for young children who are likely to be lagging behind before going to school. The services are based on the families' priorities and the children's needs, and are provided in their natural environment, including their home, nursery, kindergarten, play group, and other places where kids without disabilities are also going to.

Early intervention is defined as providing support to families of babies and young children as well as providing access to available resources with the main goal of improving the children's development and the families' lives. It responds to the need of preventing the abandonment of children born with disabilities at the earliest possible age. The child is assisted in all areas of its development, while, at the same time, its parents are also gaining knowledge and developing skills to understand and encourage their child's development.

#### **4.1.2. What is early childhood intervention?**

Early intervention contributes to the early identification of risks for the child's health and development and to taking early measures, if needed. It provides services to children and their families in order to reduce the effects of the disability. Early intervention seeks to influence existing developmental problems as well as to prevent the emergence of new ones. The main approach used is the family-oriented one, which is innovative for Bulgaria and focuses not only on the child, but on the whole family. Parents have the opportunity, in partnership with a specialist, to define the priorities in the development of their child and to work together to achieve their goals in terms of improving the child's condition and creating a supportive environment.





## 4.2. Screening and referral

Good practice standards in early childhood intervention require diagnosis and research on health, motor, cognitive and socio-communicative development, the level of adaptive skills and, in general, the resources of the child and the family. The screening, early targeting, detailed assessment, early behavioural and interactive interventions (socio-communicative rehabilitation and specialised training outside the health care system, namely social and educational services) are proven to be effective. Routine screening makes the work of professionals easier, shortens the path of children and their families to specialised care, which is crucial for the further behaviour of the child's relatives and the future child's development in general.

An appropriate and correct approach to clear and modern criteria and early identification helps families to overcome stress and stigma.

A screening system for early childhood intervention was elaborated in Bulgaria a few years ago. Its main purpose is to help psychologists, pedagogues, pediatricians and general practitioners to quickly and easily navigate on the condition of the child and, if necessary, to set up a diagnose earlier and start an adequate therapy.

Screening includes a toolbox that identifies the risk of slowing down the child's development at an early age and encourages parents to participate in the intervention process. Screening associated with early childhood intervention is applied by health care, educational and social institutions.

### 4.2.1. In the field of health care

**Centre for Comprehensive Services for Children with Disabilities and Chronic Diseases.** It performs the following activities:

- ✓ screening, early diagnosis, treatment and medical and psychosocial rehabilitation;
- ✓ long-term treatment and rehabilitation of children with disabilities and severe chronic diseases and training of their parents on how to take care of their children within the family environment;
- ✓ visits by medical specialists to provide specific care for children with disabilities and severe chronic diseases in the family environment and in social services of a residential type;
- ✓ provision of a specialised palliative care for children in a specialised hospital for rehabilitation of child cerebral palsy.

The Centre provides services to children aged between 0 and 6 years. Although it is a health institution, psychological, logopedic and pedagogical rehabilitation activities are provided as well. Within the National Programme for Improvement of Maternal and Child Health 2014-2020, it is foreseen that legislative changes will be made for the legal regulation of the **Health and Counseling Centres for Maternal and Child Health**, and their activities will be organised on a functional basis. This type of services provides a set of activities, including mobile work within the family environment. Visits to a general practitioner by a single child are not limited, but the health service is currently provided from a medical perspective only. The referral for using the above mentioned services is done by the general practitioner taking care of the child.

### 4.2.2. In the field of social services

**Day Care Centres for Children with Disabilities aged from 0 to 18 years, Centre for Early Intervention of Disabilities** performing the following activities:



- ✓ screening, individual work with children with the involvement of the parents, therapeutic and rehabilitation work by a physiotherapist/rehabilitator;
- ✓ individual logopedic work by a speech therapist. During the individual sessions, the goal is to form and develop the communication skills, stimulate the linguistic development, enrich the impressive and expressive speech, enhance the connected and grammatically correct speech of the child;
- ✓ individual work with a psychologist – includes psycho-diagnosis and therapy;
- ✓ communication groups led by a speech therapist. The main purpose of the groups is to facilitate the child-child and adult-child communication;
- ✓ parents' trainings – they can take place in the form of thematic information meetings. The training programme is based on topics that concern parents;
- ✓ home visits – mobile services are provided by a multidisciplinary team within the child's natural environment. The focus of the visits is to support the family in implementing the recommended strategies that support the learning and development of the child in its everyday life.

Families are referred to using these social services by the Social Assistance Directorate and specifically by the Department for Child Protection.

#### 4.2.3. In the field of education (in particular, nurseries and kindergartens)

The screening tools used are:

- ✓ preventive examinations;
- ✓ questionnaires;
- ✓ rating scale for assessing a child's development (Developmental Profile 3), which is a tool for assessing the development of children aged from 0 to 13 years. It is developed in accordance with the IDEA standard and it is used for screening assessment of the child's needs for special education. The scale can be administered as a questionnaire or in the form of a structured interview with a parent;
- ✓ Wechsler Intelligence Scale for Children ([WISC-IV](#)). After the **Wechsler Intelligence Scale for Children** was published, a great progress in assessing children with special educational needs and attention deficits has been made. In the new version of the Wechsler test, subtests are made, which are used to evaluate the capacity of the working memory;
- ✓ rating scale for assessing the Attention Deficit Hyperactivity Disorder (ADHD) and the Comorbid Conditions ([Conners 3](#)). **Conners 3** is a rating scale for assessing the ADHD. At the same time, it is used to assess disorders causing opposition, challenging and destructive behaviour;
- ✓ Childhood Autism rating scale ([CARS2](#)). Since its development up to the present time, **CARS** has been the most widely used autism assessment tool. It is particularly effective in distinguishing autism from intellectual disability and also in distinguishing moderate from severe autism. The form for assessment used by a specialist contains 15 sections and requires observation of the child's behaviour. The form for assessment used by parents contains 36 questions and it is the same for both versions of the scale;
- ✓ **Denver Developmental Screening Test (DENVER II)** for early childhood intervention is the revised and updated version of the Denver Deduction Screening Test, DDST (1967). Both are designed for use by doctors, teachers, professionals who monitor the development of infants and children up to pre-school age. The main purpose of DENVER II is to be used exclusively as a means for screening and early detection, not for diagnosing;



- ✓ **Parenting Stress Index (PSI-4)** estimates the level of stress in the parent-child system. The authors define the concept of “parenting stress” as a collection of processes that leads to negative psychological and physiological responses resulting from the parents’ attempts to cope with parenting requirements. PSI-4 is a self-assessment questionnaire and contains 120 questions, which should be answered individually by parents of children aged 0 to 13 years (12 years and 11 months).

Not all of the above mentioned screening tools are used at every nursery and kindergarten. The specialists decide on the spot which the most suitable tool is according to the individual characteristics of the child. All of the tools listed are types of routine screening methods.

Children who do not attend a nursery and/or a kindergarten could undergo a routine screening performed by general practitioners. If the latter detect a problem in the child’s development, they could refer the family to specialised hospitals for screening and diagnosis.

Criteria for referring and access to early intervention services include the submission of information about a child with a disability, the risk of abandonment by its parents or the risk of a slowed down development. A functioning “notification system” is required within the respective municipality including all parties and institutions (as well as organisations and individuals) who are in contact with children in their early age. This system should also provide information to the families and the community to facilitate their access to the services.

Possible sources of referral are:

- ✓ self-declarations by the family - parents, relatives;
- ✓ medical establishments, such as gynecological hospitals, maternity wards, etc.;
- ✓ general practitioners, pediatricians, neurologists and other medical specialists;
- ✓ children’s facilities - nurseries and kindergartens;
- ✓ Social Assistance Directorates;
- ✓ Child Protection Departments;
- ✓ families who have already used or are using early intervention services and others.

Some of the sources of referral listed above, e.g. the general practitioners, the nurseries and the kindergartens, are involved in the screening process as well.

The access to services of early intervention should be as open and effortless as possible. In contrast to most existing services for children with disabilities, it is not necessary for the child to be diagnosed or certified by the Territorial Expert Medical Commission or a Medical Advisory Committee in order to be able to use early intervention services. Thus, parents are given the opportunity to seek help without fear that their child would be diagnosed or labelled at such an early age. Due to the fast development of children during the first years of their lives, every month is significant and early intervention is of a crucial importance. The lack of a diagnosis does not exclude consultations with medical professionals, research and screening. They all form part of the assessment of the child’s condition and the planning of the follow-up intervention. Supporting families in this process is also one of the roles of early intervention.

The promotion activities are very important for the referral to early intervention services.

Within the screening and referral process, the following should be taken into account:

- ✓ difficulties in the physical, cognitive, linguistic, social, sensory, emotional, creative development of the child compared to children of the same age group;
- ✓ presence of risk factors and circumstances in the child’s environment;
- ✓ presence of chronic diseases that obstruct the learning abilities of the child.

The referral to early intervention services is usually done by the Social Assistance Directorate and more specifically by the Child Protection Department at the respective municipality after conducting a study of the needs of the child through conversations with the parents, and the provision of medical documents for the conducted tests and examinations by specialised medical centres.



However, families have the right and the opportunity to self-declare themselves as users of early intervention services as well. When they self-declare themselves as users via a phone call, a letter or an e-mail, it is necessary that they provide information about the name and the age of the child, the name of the parent, who has suggested the use of the service, what the parent's concerns are as well as their address and phone number. The person, who has been contacted, gives brief information about the service and explains the next steps. Then, a leading specialist is chosen to get in contact with the family and make the first visit. The leading specialist at this stage is chosen on the grounds of the stated need of the parents. For example, if they have stated a speech problem, the specialist is a speech therapist. If a behavioural problem has been pointed out, a psychologist is chosen, etc. Within a week, the specialist should make the first telephone contact with the family. During the phone call, he/she presents himself/herself and suggests a date and a time for a home visit. The time should be convenient for both parents and in accordance with the child's day-to-day schedule. It is good to plan the visit in near terms as parents prefer having the first meeting conducted as soon as possible.

During the visit, the specialist usually does the following:

- ✓ presents himself/herself to the parents, the child and other family members who may be present. He/she describes his/her experience in working with children and families;
- ✓ assures the parents that the information they share will remain confidential and will not be shared with other services or professionals without their consent (Declaration of Consent for Processing Personal Data);
- ✓ asks questions about their concerns regarding their child. Examines existing medical or other documentation related to the child's condition;
- ✓ fills in a social survey;
- ✓ provides the family with information, which may include a brochure, a data sheet describing the service, the users' rights and responsibilities. If necessary, provides information in a greater detail;
- ✓ expectations are shared. The specialist explains the parents their leading role in the development of their child and the importance of their active participation in all service activities. The parents also share their expectations of the services, attitudes and priorities for the child and their own needs;
- ✓ the specialist offers other services, which may be relevant, as well;
- ✓ the specialist asks the parents whether they want to use the social service. He/she gives the parents a questionnaire, whereby the filled-in information is discussed at the next home visit;
- ✓ the specialist completes a home visit form and leaves a copy to the family. The form describes what has happened during the home visit and it contains ideas for activities that have been discussed with the parents;
- ✓ a date and a time for the next visit are set or a timeframe of the home visits is specified.

### 4.3. Eligibility

The eligibility criteria for using early childhood intervention services are:

- ✓ age of the child: 0-3 years or 3-6 years;
- ✓ disability or risk of developing a disability;
- ✓ risk of abandonment and placement in an institution;
- ✓ delay in one or several areas of development – cognitive, motor, speech, social, emotional;
- ✓ place of residence – the family should live within the municipality where the service is provided.

Note: For the 0-3 years of age group, it is recommended that the services are provided primarily in a domestic environment. Services for children up to the age of 6 years are provided when there is



no other appropriate service for the children in the community or in case of a later established need as well as with the consent of a team of specialists.

The following criteria are used for “children at risk” and “children with disabilities”:

Children at risk of a developmental delay are:

- ✓ children with an identified delay in one or more areas of development;
- ✓ children at risk of delays, including premature babies, low birth weight babies and those with complications around birth;
- ✓ children at risk due to biological or genetic factors;
- ✓ children at risk of development delays due to environmental factors: socially disadvantaged families, low formal education, domestic violence, etc.

“Disabled” children are those who have a diagnosed condition or disorder, which limits their functioning in one or more areas of their development.

The eligibility to early childhood intervention services is determined by the relevant state and municipal structures.

In the field of health care, the eligibility is determined under the legislation of the Ministry of Health Care. Children and families are referred by general practitioners after going through the screening process to:

- ✓ a Centre for Comprehensive Services for Children with Disabilities and Chronic Diseases;
- ✓ Health and Counseling Centres for Maternal and Child Health.

In the field of education, the Regulation on Inclusive Education for testing children and families is implemented, and early intervention services are provided, if developmental issues are identified, within early childhood intervention projects at nurseries and kindergartens.

In the field of social services, children and their parents are referred by the Child Protection Department, which forms part of the Social Assistance Directorate of the respective municipality. After assessing the condition and reviewing the medical history, if necessary, the families are referred to early intervention services at:

- ✓ Day Care Centres for Children with Disabilities from 0 to 6 years or from 0 to 18 years;
- ✓ a Centre for Early Intervention of Disabilities;
- ✓ a Complex for Social and Health Care Services for Children and Families.

#### **4.4. Follow-up/monitoring**

Children who do not meet the eligibility criteria for using early childhood intervention services but are exposed to risk factors associated with their development are under the supervision of general practitioners. No user fee is due for examinations and compulsory immunisations for children. If the general practitioner detects deviations in the physical or mental development of the child, he/she is obliged to redirect the child and its family to a specialist with the appropriate profile or to perform further research/treatment. Children and families are also referred to the Social Assistance Directorates, if necessary, and consultations with psychologists, social workers, etc., are organised. Early childhood intervention services are oriented to the provision of care and professional intervention in critical childhood situations, which have arisen as a result of experiencing long-standing difficulties and the presence of multiple risk factors.

Especially in the field of education, the changes in the educational integration that took place in the last years mainly concern children with disabilities, whose development is monitored ever since nursery until basic and/or secondary school. The monitoring is done by a team of specialists in the education field – psychologists, speech therapists, special pedagogues, who evaluate the condition of the child during the school year, elaborate a development plan and assess whether the child needs a specialised individual assistance that could be obtained at a particular social service.

In the field of health care, cases subject to early childhood intervention are monitored by general practitioners until the child reaches the age of 18 years.



In the field of social services, when receiving a signal for a child at risk, a key social worker is assigned, who refers the child and the family to using the most appropriate social service and, if necessary, redirects them to another service depending on the changes in the child's condition and development. The person in charge of a particular case at the Social Assistance Directorate supports the parent, the child and/or the custodian/the guardian throughout the service selection process and, if possible, throughout the process of using the service. He/she informs all participants in the process about their rights as users of the service in an accessible manner. Furthermore, he/she advises the parent, the child and/or the custodian/the guardian on using the best service, which meets the needs of the child and the family, taking into account the ethnic, social and religious background of the child and its medical history.

#### **4.5. Access point for early childhood intervention services**

No access point for early childhood intervention services exists in Bulgaria, however, usually, general practitioners, non-governmental organisations working on early childhood intervention projects and Social Assistance Directorates act as such.

#### **4.6. Interdisciplinary assessment**

Assessment is done after screening in order to determine the risk of functional, motor, speech, social, emotional and learning difficulties by a team of specialists of the corresponding service, which the child and its family use. If the child attends a nursery or a kindergarten, the assessment is done by a team of specialists in the field of education, such as psychologists, pedagogues, speech therapists. If the child and the family use a social service, the assessment is done by a team of specialists at the corresponding social service including a psychologist, a special pedagogue, a rehabilitator, a speech therapist. In the sector of health care, the children and the families spend short periods of time at specialised hospitals, e.g. 2 or 3 weeks, maximum a month, in which the screening and the diagnosis are done. Afterwards, they are being referred to using an educational or a social service in their city of residence. Hence, the health care services do not do an interdisciplinary assessment the way it is done in the sectors of education and social services, but rather prepare medical documents.

The assessment is conducted individually for each child, with the written consent of its parent, representative or carer, after informing him/her of the manner in which the evaluation will be held and its benefits. Afterwards, the parent, the child's representative or carer gets acquainted with the results. Depending on the results of the assessment, the co-ordinating team, together with the parent, the child's representative or carer, identifies the activities of general and/or additional personal development support that are to be provided according to the individual needs of the child. Assessing the functional skills makes it possible to identify the strengths and interests of the child.

The information gathered from the assessment provides the necessary basis for defining objectives and results to be achieved by the intervention. Even for a diagnosed child, an initial multidisciplinary assessment should be performed. The assessment is performed by a multidisciplinary team of specialists – a psychologist, a speech therapist, a rehabilitator, a pediatrician, a social worker – due to the complexity of the information that is to be collected. The evaluation results are documented and discussed with the family.

The assessment is individual and it takes into account the cultural differences of families. It is not limited to one area of development or discipline, and it does not focus on the deficits, but on the existing skills of the child. As children feel more secure and confident in their domestic environment, the latter is the best place to conduct the assessment.

It is important that the specialists use comprehensive methods – a case history, medical records, interviews with parents –, take records and fill in questionnaires during the evaluation. Standardised questionnaires, rating scales and personal observations of the evaluators are also used.



Each member of the team contributes to the assessment in the fields relevant to his/her professional area. It is preferred that the evaluators work together and write a general assessment rather than separate ones.

The family plays a significant role in the delivery of early intervention services. The goals to be achieved must be functional, realistic, useful and specific. Best practices in early intervention suggest that the intervention takes place in the natural environment of the children and includes their parents. It is necessary to support the family and the pre-school staff in meeting their goals during daily activities as well as to provide support when:

- ✓ the parent has a chronic, mental or intellectual disability;
- ✓ the parent has an alcohol and/or a drug addiction;
- ✓ the parent has a chronic illnesses or has gone through a family crisis;
- ✓ the child has been separated from the parent;
- ✓ the mother is very young;
- ✓ the parent is socially excluded and lacks social support;
- ✓ there is a lack of home or dangerous living conditions exist;
- ✓ there are severe complications before or after birth;
- ✓ the child has a very low birth weight.

#### **4.7. Assessment of potential stress factors for families**

The assessment of the family, similar to the child's assessment, is an ongoing process. Although it is evaluated before setting up the individual plan, it is necessary to collect an additional and up-to-date information about the family.

The specialists who lead the case or other team members evaluate the family in terms of their concerns, priorities and resources as well as the stress factors which they are exposed to. The main goal is to plan appropriate support activities. Different tools, such as questionnaires and polls, are used. The assessment can also be conducted as an interview in the form of a personal dialogue.

#### **4.8. Development and implementation of an individual plan for providing early childhood intervention services**

The process of developing an individual plan aims at providing appropriate early childhood and family intervention services. If the child attends a nursery or a kindergarten, the individual plan is prepared by a team of specialists working in the education sector, such as psychologists, pedagogues, speech therapists. If the child and the family use a social service, the plan is developed by a team of specialists at the corresponding social service – a psychologist, a special pedagogue, a rehabilitator, a speech therapist. In the sector of health care, the children and the families spend a short period of time at specialised hospitals, in which screening and diagnosis are done only. Afterwards, they are being referred to using a service in the field of education or social care. Hence, no individual plan is set up by the health care services.

In the planning process, family members and service providers work as a team. The families' worries and priorities are the starting points in the whole process.

The process includes:

- ✓ collecting and structuring the necessary information from different sources:
  - medical documentation;
  - assessment of the child's development;
  - assessment of the family needs;
- ✓ identification of the family priorities and resources;
- ✓ planning of long-term and short-term goals for the child and the family.

The plan contains:



1. Goals: They are child-oriented (e.g. “The child should be able to ...”) and defined by the family. It is important for the goals to meet the parents’ priorities and to be clearly formulated so that they understand and recognise them as their own goals.

- ✓ Specificity:
  - The goals should be formulated very clearly. They should be specific and state what is to be achieved.
- ✓ Measurability:
  - The plan needs to have a quantitative benchmark. It will help to see if we have achieved the goals or not.
- ✓ Achievement:
  - The plan has to reflect what can actually be achieved in the current situation.
- ✓ Realism:
  - The purpose should be realistic and practicable.
- ✓ Time bound:
  - Each goal is to be placed within a certain timeframe.

The task of the team is to help parents reach the goals that meet the above listed criteria. If parents set too long-term goals (e.g. “I want my child to be able to walk/talk”), unachievable within the set period, the team should direct them to focus on the goals reachable within a shorter timeframe. In order to have realistic expectations, it is necessary to provide the parents with information about the child’s development and the stages which it needs to go through in order to acquire certain key skills. If they want to work on many things at once, specialists need to help them decide which the most important tasks are at the moment. The plan will be implemented by the parents, so they have to think about how many goals they can work on at the same time. When setting realistic, time-bound goals, the parents will be able to see a progress in their child’s development. This will further motivate them to continue working and will enable them to have more trust in the team of specialists.

2. Tasks: These are the sub-targets or the concrete steps that lead to achieving the objectives of the plan. They are defined by the specialists.

3. Purpose of the family: This is the goal that the family wants to achieve with regard to the child’s development. Such a goal could be making a hearing screening, finding a suitable kindergarten, etc.

The individual family plan should be reviewed and revised over a certain period of time in order to reflect on new information, goals, priorities and services. The purpose of the revision is to determine the degree of progress towards achieving the long-term goals. The plan is revised every 6 months or earlier if significant changes are required. If some of the goals (e.g. 2 out of 4) are achieved, new goals and tasks are identified with the family and applied to the current plan.

#### **4.9. Monitoring and evaluation of the results of the implementation of the plan**

The process of monitoring and evaluation of the individual plan is a key and an integral part of the intervention services themselves. The monitoring and evaluation are done by the corresponding service providing early childhood intervention to the child and its family in accordance with a preliminary elaborated action plan and indicators for success. The latter are compliant with the plan’s objectives and activities. The plan forms part of the methodologies for the provision of education and social services. These methodologies are part of the legislation and are developed by each service provider in the sectors of education and social affairs. As to the health care services, they include:

- ✓ diagnosis, medical treatment and rehabilitation of patients;
- ✓ medical surveillance;
- ✓ prevention and early detection of diseases;
- ✓ measures for health protection.





The monitoring is done by a team of specialists who monitor the development of the disease or the disability and draw up a plan of follow-up activities, an additional treatment or monitoring. The monitoring is focused on the implementation of the planned activities, i.e. it is monitored whether the planned objectives and activities are realised, whether there is a deviation from the plan, and if so, what is the reason. The evaluation aims at measuring the impact of the service by taking into account its strengths and weaknesses during the implementation. Early intervention monitoring and evaluation represent a continuous process that begins before the start of the activities and continues throughout the entire period of the service provision. It is recommended that the monitoring and evaluation are done by an external evaluator working in a close partnership with the service team. For greater scale services, separate monitoring and evaluation teams are formed. Within smaller services, one or two people are enough. The key element of monitoring and evaluation is to provide an adequate feedback on the current performance of the service management and the entire team. In order that the feedback is used as a development tool, it could be delivered in the form of thematic presentations within seminars, working groups, etc. A particularly effective development tool are the so-called “laboratories of change”, where the evaluation results are presented to the service team in special sessions, within which the evaluator and the service team work together to plan forthcoming activities or to introduce new working procedures. It is a good practice to summarise the results of the monitoring and the evaluation in intermediate and final reports. Thus, what is learned is documented and it can be used both while the service is provided as well as in the planning of future services.

#### **4.10. Planning of transitions to new settings**

In Bulgaria, each district governor organises the elaboration of a strategy for the development of social services at a district level based on an analysis of the needs of social services in each municipality on the territory of the district. In the process of developing the strategy for social services at a district level, the regional governor ensures the participation of representatives of each municipality on the territory of the district as well as of the Regional Social Assistance Directorate, the Regional Inspectorate of Education, the Regional Health Care Inspectorate, the Regional Employment Service, non-profit organisations working in the field of social services and other interested parties concerned with the development of social services.

The analysis of the needs is elaborated by the respective municipalities with the participation of the Social Assistance Directorates and the public councils, in accordance with the Law on Social Assistance, and it is adopted by the municipal council at the suggestion of the mayor of the municipality.

#### **4.11. Policy, legislation and financial resources**

The early childhood intervention policies are determined by certain laws, regulations, methodologies and normative acts, e.g. by the Law on Health Care, the Law on Medical Institutions, the Regulation on Inclusive Education, the Regulations for the Implementation of the Law on Social Assistance, etc.

Ensuring equal access to education for children with special educational needs and/or chronic diseases as well as their inclusion in mainstream schools has taken place after the entry into force of the Law on Pre-school and School Education on August 1<sup>st</sup>, 2016. The new law contributes to more quality of the education system and regulates inclusive education as an indispensable part of the right to education. It introduces the obligation to provide conditions for support of the personal development of children and pupils. In this regard, a state educational standard is being established, which will set out the way and conditions for training pupils with special educational needs.



In the field of health care, according to the Constitution of the Republic of Bulgaria, all citizens have the right to health insurance, guaranteeing an accessible medical assistance, as well as to free of charge medical services, under the conditions determined by the corresponding law.

The health of citizens is guaranteed by the state, following the principles of equality treatment when using health services, assuring accessible and quality health care, promoting health and integrated prevention of diseases, preventing and reducing the health risks caused by the adverse environmental impact. Via the Law on Health Care, the state does also provide special health protection for persons with physical disabilities and mental disorders.

Early detection of disabilities and the implementation of an appropriate intervention as well as of the respective health services are set by the Regulation on Preventive Examinations and Dispensarisation. People with disabilities in Bulgaria have the same rights as all health-insured persons according to the current legislation, regardless of the type or the degree of their disability:

- ✓ services are open to all, regardless of ethnicity, religion, and social status;
- ✓ services are accessible - with zero or minimum costs for families;
- ✓ services are based on a multidisciplinary teamwork;
- ✓ services are of a preventive nature;
- ✓ services are diversified. They provide a set of health, social, educational support and assistance;
- ✓ early intervention services are comprehensive. They provide support not only to the child, but also to the whole family, including to close relatives from the extended family circle.

When elaborating a strategy for the development of social services, each district in Bulgaria assesses the need for the establishment of particular services based on studies and analyses in a partnership with health care and educational institutions. However, as a result of the country's current economic situation, despite the enormous desire of the institutions, the civil society organisations and the people, the services for children with early intervention needs are not enough and are not financed well. In most cases, early intervention services are provided within projects. However, this does not guarantee their sustainability and, as shown in the questionnaire analyses, parents are often uncertain about their children's development.

A regulatory framework has been put in place to legitimise the functioning of integrated health and social services. The main task of these services is to enable medical specialists and specialists in the field of social services to provide health care, medical supervision and social services. Integrated health care and social services involve medical and social service professionals providing health, medical and social services, including in the domestic environment, to support children, pregnant women, people with disabilities and chronic diseases. The medical specialists are obliged to notify the Social Assistance Directorate about each child born in a hospital who is at a risk of abandonment, e.g. in the case of a single mother, in the case of a mother with a multiple number of children, in the case of a mother with a serious illness. A draft Regulation on Integrated Health Care and Social Services is being prepared, which people with disabilities could benefit from in the future. This type of services can be provided by the municipalities, by the medical institutions and by the persons specified in the Law on Social Assistance.

Integrated health care and social services can be funded by:

- ✓ the state budget;
- ✓ the municipal budgets;
- ✓ national and international programmes;
- ✓ persons under Art. 18, para. 2 of the Law on Social Assistance;
- ✓ other sources.

Depending on the way of financing, social services are:

- ✓ state delegated activities when funded by the state budget;



- ✓ local activities when funded by the municipal budgets;
- ✓ activities funded by other sources.

The services are completely free of charge and accessible for children. This makes it possible for everyone who needs early intervention services to benefit from them.

#### **4.12. Training and supervision of personnel**

Specialists, such as nurses, midwives, speech therapists, rehabilitators, kinesiologists, psychologists, social workers, teachers, ergotherapists, specialists in public health and health management, work in the field of early childhood intervention. Very often, there is a need of co-operation between the different fields of work related to early childhood intervention, namely health care, social services and education. Coordination between them is not yet at the desired level, which is a precondition for the insufficient quality of the care for children and families in need of early intervention services.

The training of specialists working in the field of early intervention is provided by:

- ✓ the University of Medicine in the city of Varna, which offers a postgraduate training on early childhood intervention;
- ✓ NGOs;
- ✓ a joint postgraduate training programme on early childhood intervention of the University of Medicine in the city of Varna and NGOs.

The trainings are usually intended for nurses, midwives, speech therapists, rehabilitators, kinesiologists, psychologists, social workers, teachers, occupational therapists, specialists in public health and health management.

The lecturers are distinguished professionals working in the field of assessing deviations in early childhood development and successfully treating the established deficits. Such professionals are:

- ✓ child endocrinologists;
- ✓ child gastroenterologists;
- ✓ neurologists;
- ✓ neuroanatomists;
- ✓ child nephrologists;
- ✓ psychiatrists;
- ✓ nutritionists and dietetics specialists;
- ✓ pediatricians;
- ✓ social medics;
- ✓ psychologists;
- ✓ early intervention specialists.

The trainings end with the issue of a certificate.

The results expected after a training are:

- ✓ successful implementation of new approaches in the work with babies and children up to the age of 7 years who are at risk of developing a disability;
- ✓ early individual support for disabled children and their families at the maternity ward;
- ✓ improvement of the knowledge and skills of the medical specialists working in maternity wards;
- ✓ application of an individual approach when working with disabled children who are about to enter school.

There are certification trainings for applying psychological tests, which enable specialists to qualify for conducting child development screening procedures. The trainings are offered by the University of Medicine in the city of Varna and non-governmental organisations working in the field of early childhood intervention and risk prevention for children and families.



All community-based services are required to conduct at least one group supervision per month and periodic individual supervisions of their employees. There is no official statistics about the number of community-based services working in the field of early childhood intervention. The providers offering such services hire external experts for conducting a supervision of their teams. These experts are mainly representatives of NGOs. The supervision is a process of supporting social service workers in order that they improve the quality of their performance, their professional development and emotional wellbeing. Supervision also aims at preventing burnouts as well as providing support for enhancing the organisational development and the teamwork. Supervisions can be individual (discussing work on different cases and professional decision making, dealing with clients' emotions as well as with personal emotions, relationships with external institutions, difficulties in a particular case), group (discussing a case) and team oriented (aimed at teamwork and relationships).

Supervision is carried out by expert supervisors, who are qualified psychologists and social educators with a lot of experience and practice in various social services for children with disabilities, children in conflict with the law and children with severe behavioural manifestations. The supervision of social workers is provided by professionals with knowledge and experience precisely in clinical and social practice, and who are not only psychologists, but preferably clinically oriented social workers. This is required because the supervision of social work is a qualified type of support, which is both methodologically and emotionally oriented, and hence, it is important that the supervisor reflects on both the professional experience and the established relationships in the context of the specific professional intervention.

Experts who can work as supervisors are:

- ✓ social pedagogues, social work and case management trainers. They should have a specific experience in social work related to children and to specific training methodologies for working with children with learning disabilities;
- ✓ psychologists, family consultants and art therapists practicing in centres and providing social services and psychological counseling for families. They should have a specific experience in working with children and youth with a problematic behaviour, e.g. children who have dropped out of school, children who are victims of violence and/or are survivors of traumatic events, etc.;
- ✓ clinical psychologists, therapists and trainers. They should have a specific experience in mobile social work, psychosocial training of children and youth, work with children and youth with special educational needs and disabilities as well as with children in institutions. They should also have a specialisation in supervising cases of children and young people with disabilities, children in conflict with the law and with a problematic behaviour, children who are victims of violence and traumatic events, children in institutions, as well as in residential services, team and interinstitutional interactions in case planning.

In order to work as supervisors, the specialists should have a Master's degree and skills for:

- ✓ conducting an interview and assessing a problem;
- ✓ assessing an individual's potential and deficits;
- ✓ developing a formula for solving a problem and a plan for psychological impacts;
- ✓ observing one's behaviour;
- ✓ monitoring and analysing adaptive and non-adaptive patterns of behaviour;
- ✓ psychodiagnostics;
- ✓ assessing basic cognitive processes;
- ✓ assessing the general level of intelligence;
- ✓ screening of personality traits;
- ✓ preparing psychological assessments;



- ✓ preparing psychological assessments based on observations as well as testing for deviations from the norm and the level of functioning;
- ✓ making recommendations;
- ✓ providing psychological support;
- ✓ creating a therapeutic relationship;
- ✓ presenting a case for supervision;
- ✓ working with a client under supervision.

#### **4.13. Conclusions and description of possible limitations of the study**

To sum up, it could be stated that there is a lack of an access point for early childhood intervention services as well as a sufficient cross-sectoral cooperation between the service providers and the institutions in the sectors of health care, education and social affairs. Therefore, very often it is not possible to reach out to children at the early stage of development of a certain disorder. The state needs to create policies, laws and regulations, which provide a clear and applicable model of consultative, educational, medical or therapeutic methods, as well as a common approach for an effective support.

Inclusive education is an indispensable part of the right to education, but for this purpose, it is necessary to change the main principle of support in education. In particular, every child, who at some point of its life needs support, should be able to receive it. Individual support, which is a responsibility of kindergartens and schools, is to be provided to all children, not just to those with special educational needs. In this way, the education system will be able to respond in a quicker, more flexible and more adequate way to any kind of emerging needs of support.

A lot of the changes in the normative regulations in Bulgaria concerning the care in the early childhood are related to the process of deinstitutionalisation. Nevertheless, recently, the number of NGOs realising the need of establishing new and well-organised services for early childhood intervention, which use a family oriented approach, has been increasing. In each bigger municipality of the country, there are minimum two services providing early childhood intervention, whereby such services are mainly Complexes for Social and Health Services for Children and Families as well as Day Care Centres for Children with Disabilities. There are kindergartens in every big population area, which deliver early childhood intervention services in accordance with the Law on Pre-school and School Education and the Regulation on Inclusive Education. However, unfortunately, the majority of services for children with disabilities in Bulgaria are aimed at children above the age of 3 years, and hence, they do not manage to cover the needs of children between 0 and 3 years of age and their families.

The general practitioners are supposed to perform prophylactic examinations, which could report indicators of problems in the development of a particular child, and then refer it to a specialised hospital for screening and diagnosis. Nevertheless, there is a lack of enough information about the services, which families could use. Additionally, the parents tend to conceal and reject the symptoms of an emerging problem with their child.

Recommendations:

- ✓ to build up a coherent system of measures, which influence the entire life of the person, and therefore, should be taken at the earliest possible age;
- ✓ to take measures as soon as possible for solving the problems of children and their families before they become unsolvable;
- ✓ to establish a joint approach for the provision of an effective support.



## 5. Results of the qualitative analyses of the surveys conducted among service providers and parents of children with disabilities

### 5.1. Screening and referral

In interviews with families of children with special needs and early intervention needs, the following situation emerged as to their orientation on screening issues:

Two of the respondents requested and received information by general practitioners. One of the respondents was visited while still in the maternity ward by a social service representative working on an early intervention programme. There was no information about the involvement of the Child Protection Department.

The respondents did not know in advance about the early intervention programme. Subsequently, they received information from working professionals. One mother claimed she was not targeted at the programme, and so, it might be necessary to promote the programme more within the society. Parents did not have to pay to get a referral. One mother stated that she had to pay for activities that were not included in the referral though. All children were examined in view of the state of their development. Two of the mothers received information about the next steps after the first consultation. The third one stated she had not received any information.

Still, the specialists from the different systems - educational, health care, social - do not provide comprehensive information to parents about the possibilities of support. We should not underestimate the parents' resources and their perceptions and understanding of the information provided. However, sometimes parents have peculiarities - social status, education, intellectual abilities - that make it harder to work with them, which, nonetheless, were not demonstrated when collecting the data for the present report.

According to the survey conducted among early intervention specialists, in connection with the screening process, one kindergarten provided the following information:

At the beginning of the school year, the number of children aged from 3 years to 3 years and 6 months who are subject to screening is determined. The children aged under 3 years are referred by the nurseries to either specialised hospitals or social services having a target group of users between 0 and 3 years of age. After receiving an informed consent by the parents, the screening is conducted according to a schedule. The screening test is carried out by specialists with a pedagogical competence, having a "B" qualification and being trained by the author of "Screening - Test for Three-Year-Old Children" with the assistance of the Ministry of Education and Science and UNICEF. The work methods include child observation, standardised screening tests for three-year-old children, parents' surveys, benefit information materials, and are in accordance with the requirements of the Law on Pre-school and School Education as well as of the Regulation on Inclusive Education. The screening process covers language and communicative development, motor development – general and fine, cognitive development, social development, emotional development. At meetings with the parents, the director of the kindergarten introduces early childhood intervention providing advertising and explanatory materials. In individual conversations with the parents, the pedagogical counselor and the teaching staff explain the requirements of the Law on Pre-school and School Education as well as of the Regulation on Inclusive Education.

Integrated social and health care services described the screening process as follows:

- ✓ The individual needs of children and parents from the target groups, who are motivated to get involved in early intervention activities, including by work on terrain and home visits, are explored and analysed. Development and learning standards from birth to 7 years of age are used;
- ✓ Before new users are included in the service, a medical expertise is prepared on the basis of an examination by a pediatric committee from a multiprofiled hospital and an incoming screening for infectious diseases is made. Then, the case is presented and discussed at a



multidisciplinary meeting in the presence of the parents. As a result, an individual assessment of the needs, an individual support plan, a plan for the service use and an early childhood development assessment are made;

- ✓ According to the methodological guidelines for the provision of services, the collection of information is done through a case history, medical documents, an interview with the parents, filling in questionnaires and personal observations by specialists.

Social services do not perform a specialised screening of children to detect behavioural deviations in their development. When a new case occurs, a detailed specialised assessment of the needs of the child is made. Usually, a social worker and a psychologist are involved. At some services, a speech therapist, a rehabilitator, and a pedagogue get involved in the assessment as well. A very important approach within the assessment process is the multidisciplinary approach. It includes monitoring and direct work of various specialists, interviews with parents, teachers and medical specialists, a feedback to the team and an analysis of the information received.

All respondents indicated that discussions were taking place among different specialists.

Different research tools are used within the different services:

- ✓ methodology of Manova-Tomova for the study of the intellectual development from birth to 3 years of age;
- ✓ early childhood development and learning standards from birth to 3 years of age;
- ✓ rehabilitation maps, logopedic examination, study of the educational needs of the child at an older age;
- ✓ observation of the child.

Assuming that assessing the needs of a child is a type of screening, the following aspects can be outlined:

- ✓ The child's development areas that are considered relate to the child's psychosocial development and the family's capacity to cooperate and to help meet the child's needs;
- ✓ The extent to which the child's biological age corresponds to its mental development, the social activity of the family, and other factors that may have influenced the need for support are taken into consideration.

Regarding the access to early intervention services, generally, it is given through a referral for the use of social services by the Child Protection Department. Nevertheless, two of the integrated social and health care services and one of the social services involved in the survey indicated that they worked with self-declared clients. One organisation defined access to its services as really easy.

Regarding the referral through the Social Assistance Directorate/the Child Protection Department, according to the team of one of the services questioned, the complicated administrative procedure is an obstacle to the free access to social services. Currently, the use of social services for children is administered under the Law on Child Protection, which obliges the Child Protection Departments to make examinations of risk factors within the child's natural environment. This procedure causes stress and demotivation to some clients who would otherwise be more active in seeking support.

One of the services included in the survey performs crisis intervention - terrain visits immediately after receiving a signal, examination of the family environment/housing conditions, provision of access to health and education services.

Another one works with a multiprofiled hospital at a university, where social workers perform on-call duty at the maternity ward so that parents are consulted about the opportunities for receiving support.

One service stated that it had been a good practice to accompany a disabled child to the nursery. Nevertheless, in the kindergarten, the management of the kindergarten denied access to the specialists.



Another organisation shared its experience in conducting meetings with mayors in small towns and villages, doing mobile work and mediation on terrain, conducting information campaigns, handing out brochures so that through campaign activities it promoted its work and the access to early childhood intervention services.

### 5.2. Eligibility

Interviews with families of children with special needs and early intervention needs were held and the following results about their orientation on eligibility issues emerged:

Two responses were given with regard to the eligibility criteria. One of them was “I do not know”. According to the other one, the only criterion is that the child has developmental problems, which largely coincides with the eligibility factors for using early childhood intervention services.

When analysing the questionnaires filled in by the early intervention specialists, the following results came out:

For the kindergarten:

- ✓ The director and the pedagogical specialists can consult and refer parents to providers of early childhood intervention services (so far to “Karin Dom” only).

For the integrated social and health care services:

- ✓ Services have no authority to determine the eligibility of the users;
- ✓ For one of them, the eligibility of the users is preliminary defined during the development of projects.

For the social services:

- ✓ When developing their internal methodological documents and the annual analyses of the needs of the community, it is possible to define the target groups who are going to use the services;
- ✓ During preliminary meetings with the Child Protection Department/the Social Assistance Directorate it is possible to determine to what extent the needs of a particular child can be met by the social service team;
- ✓ One service claimed that it had no authority to determine the eligibility of early childhood intervention users.

### 5.3. Follow-up/monitoring

The analysis of the interviews with families shows that parents are looking for any kind of opportunities in order to get support. One of the mothers would refer to the Child Protection Department. Parents admit that they do not have enough information about certain criteria and a monitoring system related to early childhood intervention services.

The analysis of the service providers’ questionnaires has led to the following results:

For the kindergarten:

- ✓ If they are not allowed to an early childhood intervention service after being admitted to the first age group in the kindergarten, children are targeted to conduct an individual assessment and get additional support from specialists under the Regulation on Inclusive Education;
- ✓ A monitoring system is implemented in all age groups at the entry and at the exit levels according to the state educational standards.

Social and integrated social and health care services do not have a specialised monitoring system.

Nevertheless, there are various options:

- ✓ For children who do not meet the early childhood intervention criteria, specialists are looking for alternative social services along with the Child Protection Department;
- ✓ One of the service providers stated that the follow-up and monitoring of the cases were carried out by employees of the Child Protection Department;





- ✓ Within periodic reviews of the individual plan for each child - every 3 months -, the guidelines for the work with each child are defined;
- ✓ Children who show no evidence that they need early childhood intervention services can preventively undergo monitoring and consultations.

#### **5.4. Access point for early childhood intervention services**

Considering the interviews with parents of children with special needs, two of the three responses given were negative, i.e. parents were not familiar with the existence of an access point. One respondent stated that such information could be obtained from the Social Assistance Directorate.

As to the responses of the service providers involved in the survey, at the kindergarten, the access point is a resource cabinet based in the kindergarten. The social and the integrated social and health care services indicated different access points:

- ✓ the maternity ward;
- ✓ on site, i.e. the service provider building itself;
- ✓ the Social Assistance Directorate/the Child Protection Department;
- ✓ the family environment.

#### **5.5. Interdisciplinary assessment**

Among the interviewed parents, two of the respondents indicated that they had received preliminary information and had participated in the assessment process. One of the mothers responded negatively. The parents interviewed mentioned the specialists who the child and the family had encountered, but not the specific research tools and tests. This can be explained by the lack of specialised knowledge in this field. The parents were present when conducting the tests. In two cases, the child's assessment was done by one specialist. In one case, the specialists were more than one.

As a result of the survey conducted among service providers, the following conclusions could be made:

At the kindergarten:

- ✓ For assessment purposes are used:
  - standardised screening – a test for three-year-olds;
  - assessment of the need to provide support for personal development.
- ✓ A teacher, a speech therapist, a psychologist, a special pedagogue, a pedagogical counselor take part in the assessment. The parent is only present.
- ✓ Team meetings are planned in advance.

Within the social and the integrated social and health care services:

- ✓ The assessment is done by a team of different specialists. The assessment is individual and it takes into consideration the cultural differences of families. Parents participate in the process;
- ✓ The assessment includes comprehensive methods – a case history, medical documents, interviews with parents and personal observations by specialists;
- ✓ There are meetings with general practitioners and pedagogues;
- ✓ One of the services involved in the survey uses the Manova-Tomova methodology to study the child's intellectual development from birth to 3 years of age as well as standards for early childhood development and learning from birth to 3 years of age. These standards are adapted for use by all specialists in Bulgaria;
- ✓ The information gathered through the assessment determines what the goals and the expected results should be;
- ✓ The assessment results are documented and discussed with the family;
- ✓ Families become familiar with the way they are going to be assessed in advance.



### **5.6. Assessment of potential stress factors for families**

Within the interviews made with parents for the purposes of this report, the respondents indicated that specialists had collected information about the resources at their disposal as well as about the stress factors they had been exposed to.

The information provided by the questioned service providers shows that, at the kindergarten, potential family stress factors are identified through surveys, the child's behaviour, monitoring and individual conversations with the parents during the teachers' reception hours.

The social services do not provide a specialised tool for assessing stress factors. Stress factors are identified in the framework of the specialised assessment of the child's needs and during follow-up activities.

The integrated social and health care service providers stated that they did not assess potential stress factors.

### **5.7. Development and implementation of an individual plan for providing early childhood intervention services**

Among the parents interviewed, in the first case, the mother only was involved in the individual plan development. In the second case, both parents were involved, and in the third case, the whole family took part. Due to the lack of additional information, it is not possible to analyse why the child's relatives were not present. In all cases, a work plan was prepared. Parents were unaware of the regulatory requirements though. The plan was prepared in accordance to the needs of the child and applied in practice. It was elaborated by a team of specialists. However, parents did not feel like they were really involved in the preparation process. They did not have enough information about the drafting process. In two of the cases, other people besides the mother participated in the work process, e.g. the father. In one case, the mother only took part. There is no information about the reason.

Regarding the service providers who took part in the survey, the following results are to be shared: At the kindergarten, it is strongly recommended that all stakeholders and state structures are involved in the implementation of the individual plan. The Regional Inspectorate of Education, the parents and the specialists working directly with the child conduct a team meeting, during which the plan for the future development of the child is discussed.

Within the social services and the integrated social and health care services, a plan for provision of social services is developed, which includes early childhood intervention activities when there is a need for such. The individual plan is developed by the specialists involved in the specialised assessment and in a partnership with the parents as well as with the Child Protection Department/the Social Assistance Directorate. Information is also gathered by all specialists who are involved with the child outside of the service. Coordination and communication are required between all parties. However, the coordination is partial only and it depends on the good will of the institution, which was notified about the need for provision of early childhood intervention services. Communication is most common between two sectors, e.g. between the sectors of education and social services, the health care and the education sectors, etc. Communication does also depend on the information available about early childhood intervention services in general.

### **5.8. Monitoring and evaluation of the results of the implementation of the plan**

According to all parents who took part in the survey, the performance results are subject to monitoring and evaluation.

In the kindergarten, the progress of each child is monitored three times a year.

Social and integrated social and health care services do not perform a specialised monitoring. An evaluation of the results is carried out through quarterly/six-month reviews of the individual plan.



The evaluation of the results is done by the specialists working on the particular case. The evaluation is shared with the parents and sent to the Social Assistance Directorate.

### **5.9. Planning of transitions to new settings**

In view of the answers given by parents of children with disabilities, two of the interviewees stated that they had information about the support available when planning a transition to a kindergarten or a school setting. One of the mothers interviewed pointed out that she did not know what kind of support was available. According to the respondents, both family members and specialists are involved in the network of support when it comes to planning a transition.

With regard to results of the survey conducted among service providers, at the kindergarten, the process of transition planning is carried out gradually with the participation of the family and the pedagogical specialists from the kindergarten.

Within the social and the integrated social and health care services, transition planning is carried out by reviewing the individual plan for service provision. Transition planning is done together with the family.

As far as the residential social services are concerned, in case of adoption or a reintegration of a child from a Family-type Accommodation Centre for Children and Youth with Disabilities, an individual plan for preparing the child for the transition is elaborated. In the cases of reintegration, meetings between the child and the parents are organised in order to strengthen the emotional bond between them. When accommodating a child in a foster family, several familiarisation meetings between the child and the foster family are held. In the case of an international adoption, daily meetings between the child and the prospective foster parents take place within a week. Afterwards, weekly Skype meetings are held.

### **5.10. Policy, legislation and financial resources**

Considering the interviewed parents, the opinions are mixed. The first mother questioned believes that there are policies for early childhood intervention in Bulgaria. According to the second mother, the policy in Bulgaria is not sufficiently developed compared to other countries. The third mother provides no information. The parents indicate that they are using the services for free.

As to the service providers, at the kindergarten, the Law on Pre-school and School Education, the Regulation on Inclusive Education, and the Law on Child Protection are implemented. At this stage, there is no targeted funding for early childhood intervention services within the education system.

The social services comply with the UN Convention on the Rights of the Child, the Law on Child Protection as well as with nationally approved case management methodologies. Early childhood intervention activities in social services are provided within the framework of child-care services and are funded as state-delegated activities. One of the service providers who participated in the survey noted that no special saving measures were applied. Furthermore, such measures would lead to the impossibility to specialise in early childhood intervention, and hence, to reach all interested persons and families. One of the services pointed out that, due to the shortage of funds, additional funds were provided by the Municipality of Plovdiv to cover the extra needs of financial resources. Two of the integrated social and health care services claimed that they used funding under the Human Resources Development Operational Programme. One of them stated that it was financed under the Operational Programme, however, in 2019 it would become a state-delegated activity with a standard according to the regulations of a Day Care Centre for Children with Disabilities. Saving measures were associated with fewer specialists and an inability to cover all users in need.

### **5.11. Training and supervision of personnel**

At the kindergarten, the training is conducted through training courses led by the author of “Screening - Test for Three-Year-Old Children” approved by the Ministry of Education and Science.



Social and integrated social and health care services indicate that there are no specific training requirements. Upgrading trainings are provided in accordance with the needs of the target group. One service provider indicated that an initial training was conducted in 2015 within a project, however, no subsequent trainings were planned.

None of the organisations involved in the survey conducts trainings for outside specialists.

Regarding the supervision:

- ✓ It does not take place in the kindergarten;
- ✓ One of the social services indicated that there were two supervisions conducted per year which proved to be extremely useful, but again, for financial reasons, as well as for the purpose of funding thematic trainings, supervisions were not sufficient;
- ✓ Two of the social services are supervised monthly by an external certified supervisor;
- ✓ At one of the integrated social and health care services, supervision is carried out every month by an internal psychologist;
- ✓ One of the integrated social and health care services is regularly supervised, whereby supervision is outsourced to an organisation with experience in providing services through a direct negotiation;
- ✓ No supervision is required for one of the integrated social and health care services.

#### **5.12. Conclusions and description of possible limitations of the study**

- ✓ A single screening tool does not apply; it is of the utmost importance to ensure easy access to early childhood intervention services;
- ✓ Service providers have specific eligibility regulations. In most of the cases, however, they are not involved in setting the criteria and have no right to determine whether or not to work with a child;
- ✓ The child's development is a subject of research and follow-up activities, regardless of the particular system of work and the approaches used; both kindergartens and social services document their work with each child; cooperation is closer between the sectors of education and social services; in the health care sector, the monitoring is done by a team of specialists who monitor the development of the disease or the disability and draw up a plan of follow-up activities or monitoring;
- ✓ The kindergarten uses a standardised evaluation tool, while social and health care services indicate that they follow an individual approach; different assessment methods are used; the evaluation is done by a team of specialists; parents are part of the process of assessing the needs of the child as well as of planning the follow-up activities;
- ✓ The family is a subject to observation by all specialists; there is no identified tool for assessing potential stress factors among parents;
- ✓ Activities in connection with early childhood intervention are carried out without the existence of a specialised early childhood intervention programme;
- ✓ Early childhood intervention is related to the partnership of all institutions, including administrative ones, involved in childcare;
- ✓ Different structures have gained different valuable practical experiences that could be summarised in a common guide.

#### **6. Discussion of the findings of both studies, general conclusion**

It is known that the physical and mental development of each individual is the fastest in the early stage of life. Intervention time is particularly critical when there is a risk that the child misses the chance to acquire knowledge and skills in this most sensational period. If the moments or stages of maximum readiness are not used to train the relevant skills, it may be more difficult for the child to absorb them at a later stage.



Early intervention has a significant impact on the family of a young child with special needs. Parents often feel disappointment, social exclusion, additional stress, anxiety and helplessness. This affects the wellbeing of the family and the development of their child. With the help of early intervention, parents can improve their perceptions of themselves and their attitudes towards their child, and they are also able to acquire more information and skills to support the development of the child.

Additionally, early intervention brings benefits to the society. It helps prevent children from becoming institutionalised, increases the ability of families to cope with life situations and improves the chances of the child to further develop itself in life. All of this leads to economic and social benefits.

Early intervention services are useful for the child, the family and the community. They help children achieve better results, support social inclusion, protect human rights, assist families, and keep valuable resources within the community.

However, the different institutions operating in the field of early childhood intervention in Bulgaria are subordinated to different ministries, namely to the Ministry of Education and Science, the Ministry of Labour and Social Policy, and the Ministry of Health Care. Therefore, they follow different normative regulations. Often, this is the cause for the lack of cooperation and communication among the representatives of the different departments working with one child as well as for the lack of a common vision and synchronised guidelines.

In addition, parents have difficulties to find systematised information about the support they can get. Furthermore, the survey results included in the present report show that two of the integrated social and health care services have started working on early childhood intervention through projects and they apply methodological guidelines for early childhood intervention.

The representatives of the nurseries responded negatively to all questions, and hence, one could conclude that no specific early childhood intervention activities are carried out in the researched nurseries. Apparently, the respondents do not interpret their work, or even parts of it, as a variant of early childhood intervention, although parts of it overlap with the early childhood intervention activities.

The teams of the kindergarten and the social services define parts of their activities as early childhood intervention without having developed a special programme for it.

## **7. Questions for future research**

### **7.1. “Where are we” on the way to set up a coherent early childhood intervention system in Bulgaria?**

In order that they are effective and enable the provision of services for early childhood intervention on a national level, the procedures for the development of a national system of early childhood intervention should be based on a wide participation and various opportunities so that all interested parties suggest their best ideas and give recommendations. The key elements of a national system of early childhood intervention include:

- ✓ provision of a legal framework of the system by adopting a Strategic Plan or a Law on Early Childhood Intervention;
- ✓ development of an Action Plan for setting up and implementing the system of early childhood intervention;
- ✓ development and adoption of national guidelines and procedures for early childhood intervention;
- ✓ introduction of standards for the service and its staff based on the above mentioned documents.



The national system of early childhood intervention should be based on the strengths and the achievements of the existing early childhood intervention services and other related services. It should include the development of plans for improving and increasing the scope of the existing early childhood intervention services as well as for the step-by-step creation of additional early childhood intervention services so that a national coverage is achieved. The establishment of a close partnership with all other service providers aimed at early childhood intervention is extremely important in order that a coherent system of early childhood intervention services is set up.

### **7.2. Which are the most important issues in building up a system which is transparent for the parents and provides clear access points?**

Currently, a Law on Social Services is being developed in Bulgaria for the first time, which should incorporate the services for early childhood intervention as well. However, the law is going to be adopted in 2020 only. Having this in mind, there is no official statistics in our country about the number of children and their families, who need or already use early childhood intervention services. Another circumstance, which makes the identification of the needs of families for screening and specialised activities difficult, is related to the existing attitudes and the mindset of people. The parents realise very late that their children need support or they prefer thinking that when reaching a certain age their children are automatically going to be ok. Furthermore, there is a lack of enough information about the services, which families could use.

Hence, the parents should be supported to:

- ✓ improve their pedagogic culture and knowledge in order to participate together with the other social-pedagogic figures in the upbringing of their child;
- ✓ have realistic expectations towards the achievements of their child corresponding to its age;
- ✓ understand the uniqueness and the importance of early age within the human life.

Therefore, it is of a great significance that communication activities take place in the society in order to raise the awareness regarding the importance of accepting the existing issues as well as of acknowledging the abilities of people with developmental disorders and disabilities.

### **7.3. Which elements of the system are not working and what is the reason for such a situation?**

The services for early childhood intervention established by the Bulgarian state date back to several years. They have been set up within two projects financed under the European Structural and Investment Funds and the World Bank. The project funding provides opportunities for the piloting of new services, however, in the long run, it has quite a few disadvantages. When there is a lack of a normative regulation, standards, a methodology, implementation rules, a license of the provider, staff training requirements related to the implementation of a certain service, there is a number of risks in terms of its efficiency and quality. The expertise on the development of the skills of children between 0 and 3 years of age is focused mainly in the bigger cities and it results from additional trainings as well as from the exchange of experience with foreign specialists. The same is valid for the services in the health care and social sectors, which are based in the big population areas. The early childhood intervention services in the education sector make an exception as all nurseries and kindergartens perform types of screening and early childhood intervention activities, whereby, depending on the disability, children and their families can be referred to social services as well. There are a lot of services for children with developmental problems and disabilities in Bulgaria, however, there are waiting lists for many of them. Apart from that, there are many communities lacking early childhood intervention services and the quality of the latter is not the same everywhere because of the different types of programmes being developed up to now and the absence of established programmes for training and supervision.



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