

**Child Rights Impact Assessment**

**of COVID-19-related state’s measures**

**Country report - Bulgaria**

**Ombudsman of the Republic of Bulgaria**

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**I. Introduction.**

***Context.***The state of emergency in relation to the COVID-19 pandemic was declared by virtue of a decision of the National Assembly of the Republic of Bulgaria on 13 March 2020. The first restrictions measures became effective on the same date. The state of emergency lasted two months and after 13 May 2020 an emergency situation was officially declared and extended several times by the Council of Ministers until its end on 31 July 2021[[1]](#footnote-1). So, the current assessment considers the impact of COVID-19 measures in place between March 2020 and July 2021. It is essential to note that during **the period of conducting the assessment (June-August 2021) the measures with a direct impact on the situation of children have already been lifted**. In practice, no restrictions are imposed or observed other than wearing a mask indoors in certain circumstances. As of the beginning of August 2021, when this report has been written, there is a significant downward trend in new infections.

This situation determines the content of the recommendations targeted at achieving a more adequate political and institutional response in similar crisis situations which could arise in the future, incl. new waves of the same virus. The assessment methodology is also adjusted to this context – the emphasis is put on an off-line consultation process.

The report *Children and COVID-19[[2]](#footnote-2)* which contains a summary and an analysis of the complaints submitted to the Ombudsman institution in relation to the rights of the child and the measures against the spreading of the virus during the state of emergency outlines clearly that the introduction and the control of the observance of the measures did not take into account in any way the specificities of the cases of vulnerability and did not consider the potential negative effect the measures would have on vulnerable children. This assessment is also a continuation of the efforts of the Ombudsman institution to analyse the problems better and to look for better solutions with respect to the most vulnerable children whose rights are the easiest to be disregarded. This is why **the assessment focuses specifically on the impact of the measures on the children belonging certain vulnerable groups** identified according to the report.

***Scope and purposes****.* The assessment has two specific goals and an additional one:

1. Review and analysis of the impact of the measures against the spread of the virus on the observance of the rights of children from vulnerable groups in Bulgaria;
2. Summary of recommendations to formulate and apply such measures in similar situations in the future; and also
3. Test the CRIA methodology as a mechanism to assess the impact of legislative acts, strategies, policies and practices on the rights of the child in the Bulgarian context.

**An objective of the assessment is to reflect the child experience and understanding of the pandemic situation and the related restriction measures** and to describe the effect the situation and the measures have had on the children’s access to rights through the point of view of the children themselves. This point of view is often found in stories told by adults who were with their children at the time and are likely to describe and assess the children’s reactions and behaviour. In this sense, although they are undoubtedly important, topics such as impact on the functioning and organisation of social service delivery; impact on service staff and professionals working with children and families; impact on communities and the social environment, and others are not the immediate object of this assessment, have not been examined in depth and are present in this analysis only insofar as they are related to ensuring access to child rights.

After a review of the above report and a preliminary consultation with representatives of the Ombudsman institution, a decision was taken to focus the assessment on **vulnerable children with the least specific data about their situation during the state of emergency and the emergency situation**:

* Children living in poverty and segregation (*i.e.* children from Roma communities);
* Children using social services for support in the community (including day care centres; community support centres; and other forms of support provided to children and their families in cases of identified vulnerability and risk);
* Children placed in residential care (including crisis centres; residential care services in the community (called family-type placement centres in Bulgaria); centres for accommodation of unaccompanied refugee children; correctional boarding schools).

The assessment does not pay special attention to children with disabilities and special educational needs and they are present inasmuch as they are part of any of the above groups. Indeed, considerable number of children with disabilities are using support services in the community, so the assessment naturally focuses on their experiencing the measures in the parts of the report where the situation in the day care and community support centres are discussed. In Bulgaria children with disabilities that are living apart from their families are usually placed in special family-type placement centres. This type of residential care services was not included in the assessment. The reason is that it is difficult to access these centres and also there are special requirements to meaningfully include children with disabilities in the consultation process which exceed the time and resources envisages for the assessment. The effect of this limitation is that the situation of children with disabilities in care is not considered separately and the different impact of the measures on these children in comparison with the children without disabilities in care is not distinguished.

The assessment is organised around the restriction measures[[3]](#footnote-3) which have a direct impact on residential care services and social services in the community, social protection and support. The analysis looks in detail at the following measures:

* **Prohibition to leave institutions and residential care** **services** (Order No. RD-01-124/13.03.2020 of the Minister of Health regarding social distancing measures, incl. prohibition for the clients to leave residential social services.)
* **Prohibition for access of outside persons to institutions and residential care services** (Order No. RD-01-272/20.05.2020 of the Minister of Health quoted in Letter of instruction No. 08-00-11691/02.09.2020 of the Executive Director of the Agency of Social Assistance explicitly forbids outside persons from visiting the social services. The latter guideline expires on 14.07.2020.)
* **Prohibition to hold any group activities with children** (Order No. RD-01-124/13.03.2020 of the Minister of Health regarding social distancing measures, incl. explicit suspension of all group activities with children.)
* **Prohibition to visit parks and playgrounds** (Order No. RD-01-143/20.03.2020 of the Minister of Health that is revoked as from 01.05.2020)
* **Suspension of access to educational and training institutions** (Order No. RD-01-124, 13.03.2020 frostbit explicitly all physical access to schools and other forms of activities with children. Order No. RD-09-704/31.03.2020 and Order No. RD-09-762/09.04.2020 of the Minister of Education regarding the introduction of education from a distance and in digital environment. The orders expire by the end of the school year 2019/2020.)
* **Suspension of access to social services for children and family support** (Order No. RD-01-124/13.03.2020 of the Minister of Health regarding social distancing measures and various Letters of Instructions issued by the Executive Director of the Agency for Social Assistance.)
* **Suspension of placement of children in residential care and extension of the deadlines for the placement of children who are already placed in care** (Order No. RD-01-0497/16.03.2020 of the Executive Director of the Agency for Social Assistance provides guidelines for suspension of placement of children in social services for residential care with the exception of cases of “proved emergency”. The order is evoked with Order No. RD-01-0881/27.05.2021.)

It should be noted that many of the relevant Letters of Instruction – the preferred text genre in the structure of the Agency for Social Assistance which regulates the functioning of social services in Bulgaria – are not available publicly, so in this regard we largely rely on information provided by the experts from the municipalities and the social services directors within the consultation process. Another important point is that at least two groups of children are clearly missing from these regulations – the unaccompanied minors and the children in detention, as Todorova also observes in her report for UNICEF on the legal analysis of the impact of the measures on the children’s access to rights[[4]](#footnote-4).

The analysis highlights the children’s rights related to these measures: right to life and development (Article 6 of the UN’s CRC); right to the highest standard of living (Article 24); right to play and entertainment (Article 31); right to personal relations with one’s parents (Article 18); right to protection against violence (Article 19); right to access to services for family support (Article 23 which concerns children with disabilities and Article 26); right to access to care services (Article 20; Article 22 and Article 25). Comments are also provided in relation to the implementation of the children’s right to participation (Article 12 and partly Article 15) even though it has not been restricted directly by any measure.

***Methodology****.* The assessment follows the methodological framework of the Child Rights Impact Assessments (CRIA) and the guidelines for their implementation in considering the impact of the measures against the spread of COVIV-19 on children’s rights as developed by UNICEF and the European Network of Ombudspersons for Children (ENOC) Common Framework of Reference.

Two preliminary notes need to be made in relation to the methodology which are of importance for the understanding of the report and the recommendations:

First, this assessment follows the CRIA steps taking into account the special value of the opportunity to hear the experience and opinions of children and young people who remain on the sidelines in the analyses of the COVID-19 pandemic situation in Bulgaria so far. An important contextual factor in the impact assessment is the fact that it starts after the actual end of the restrictions imposed in relation to the pandemic situation. In this sense, **it is more of a CRIE** (*Child Rights Impact Evaluation*) conducted after a decision has been made and/or actions have been taken to assess their impact *post factum* rather than a CRIA (*Child Rights Impact Assessment)* conducted before actions are taken as an opportunity to examine the potential impact on children, according to the definitions in the methodology[[5]](#footnote-5).

Second, in view of the ambition to register the child point of view and describe as accurately as possible the child understanding of the measures, **the assessment focuses on advising and analysing the qualitative data gathered from conversations with children, parents and professionals** and not on a review of the literature available. Nevertheless, observations and conclusions from research, presented in thematic papers and reports, complaints and other data are cited when relevant to clarify the findings and strengthen the arguments.

It should be noted that the available documents have already been the subject of several detailed analyses. Worthy of note among them is the report commissioned by UNICEF Bulgaria in the end of 2020 offering an exhaustive and highly informative legal analysis of the impact of the measures on the children’s access to rights[[6]](#footnote-6).

The assessment was carried out in the period July-August 2021 and the consultations were completed between 22 July and 19 August 2021. The assessment was planned and the consultations were held in close cooperation with the researcher hired for the task and a representative of the Ombudsman institution.

The assessment has a nation-wide scope. During the consultations, visits were done to social services and communities in population centres of different type (regional city/large municipality; medium-sized municipality; small municipality). This manner of gathering data does not aim to achieve representation in the statistical sense but a presentation of the situation of children from new and under-researched points of view.

The consultations with children are held through direct conversations at the places where the children live. The consultation tools include semi-structured interviews and focus groups in line with the guidelines provided in the CRIA methodology. The initial idea of the conversations with adults was to serve as an introduction to the local context and to calm the parents and social service staff as to the assessment process but, later, it turned out that those conversations contained relevant, valuable and interesting comments which were analysed together with the information gathered from the children.

The total number of participants in consultations stands at **95 people, of them 44 are children from vulnerable groups,** including children living in poverty and segregated communities; children with disabilities; children with special educational needs; children placed in different forms of residential care, 9 are parents of children in vulnerable situations and 42 are professionals working directly with children and families from vulnerable groups or managing processes related to this work.

The children are between 8 and 18-year-old of age. 28 out of 44 – or about 2/3 – of them are boys by circumstance: the juvenile delinquents assigned to a correctional boarding school and the unaccompanied refugee minors living in a registration and reception centre participating in the consultation are all male and so are the children currently living in the crisis centre for children victims of violence that was visited during the assessment. The Bulgarian legislation specifically forbids for gathering information about the ethnic background of children using social services and placed in care, so no data is available on how many of the children participating in the assessment are Roma.

**The participants’ profiles – incl. children’s age and gender characteristics – are presented in detail in an appendix to the report**.

**II. Analysis.**

The results of the measure impact analysis are presented in a summarised manner in a table. Each measure is linked to one or several rights under the UN Convention on the Rights of the Child (CRC) which realisation has been impacted by the measure. The last column of the table shows the presence and type of impact according to the data gathered from the consultations held with children, parents and professionals.

The evidence and arguments for the measure impact to be assessed as presented in the last column of the table are given in the text following the table. The text discusses each measure and the way in which it has been experienced and described by the children, parents and professionals taking part in the consultations together with a comment. There are three sections which **present the impact assessment of three clusters of related measures:**

* Restrictions related to the freedom of movement;
* Suspension of the access to educational institutions;
* Changes in the work regime of social services and the protection system.

Thus, **the three key topics presented in detail in the data analysis** respectively are:

* **Isolation imposed on children from residential care services and institutions and children living in Roma quarters;**
* **Reality of remote learning for the children living in separation from their families and the children whose families do not provide the necessary conditions and support for learning from home;**
* **Access to social support, protection and services for vulnerable families and children in the context of the restriction measures imposed.**

In addition, there is a brief mention of three topics which appeared rather spontaneously and were frequently highlighted during conversations in the course of consultations. These could be considered, in a way, **the very own topics of the three groups of participants** **in this research process** that deserve recognition:

* Children’s point of view as to whether the measures have had the same impact on everyone;
* Professionals’ point of view as to how the measures impacted the vulnerable families they work with;
* Researchers’ point of view as to how are misinformation and fake news important for social work with vulnerable groups during pandemics.

The information on these topics is also relevant from the point of view of the **summarised impact assessment of the measures to curb the spread of the virus as regards the children from the vulnerable groups in Bulgaria according to the 4 main CRC principles** presented at the end of the text of the analysis.

Summary of the impact of measures on children’s rights:

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **Direct consequences** | **Children’s rights related to the measure** | **Impact assessment** |
| **Restrictions related to the freedom of movement and the access to play, sports and entertainment and the vulnerable children living in residential care and Roma quarters** |
| Prohibition to leave institutions and residential care services | Isolation of children in institutions and residential care services | Right to life and development (Article 6 of the CRC) Right to the highest standard of living (Article 24) | Negative (from the points of view of mental health and social development)Neutral (from the point of view of adaptation to the situation and serious harm to health and development)Positive (from the point of view of emotional connections built among children, resilience and resources to deal with difficulties)  |
| Prohibition for access of outside persons to institutions and residential care services  | Suspension of the children’s social contacts Restrictions in the children’s contacts with their parents and relatives | Right to the highest standard of living (Article 24)Right of keeping families together (Article 9)Right to personal relations with one’s parents (Article 18) | Negative (from the points of view of mental health and social development)Positive (from the point of view of increased interest of biological parents in the children’s situation) |
| Prohibition to hold any group activities with children | Suspension of the children’s participation in extracurricular activitiesSuspension of training sessions of child sport players | Right to the highest standard of living (Article 24)Right to association with other children (Article 15)Right to play and entertainment (Article 31) | Negative (from the points of view of lack of activity and social contacts) |
| Prohibition to visit parks and playgrounds |  | Right to the highest standard of living (Article 17)Right to play and entertainment (Article 31) | Neutral (inasmuch as the measure in itself was hardly felt) |
| Blockage of Roma quarters (in some municipalities only)[[7]](#footnote-7) | Total isolation from the outside world of the vulnerable children living in these communities | Right of non-discrimination (Article 2) | Negative (children were deprived of access to support and protection in even greater extent than the children living elsewhere) |
| **Restrictions related to the access to education and the children in residential care and from vulnerable groups** |
| Suspension of access to educational and training institutions  | Remote learning (when possible) | Right to education (Article 28)Right to life and development (Article 6)Right to be protected from violence (Article 19) | Negative (from the point of view of social development and the children’s educational results as well as the social inclusion of children from segregated communities)Neutral (according to the assessment of the children who are sometimes indifferent to the topic)Moderately positive (from the point of view of improving access to devices and development of skills to work with them) |
| **Restrictions related to the access to social support and protection and the children from vulnerable groups** |
| Suspension of access to social services for children and family support | Remote delivery of social servicesChanges in case work | Right to access to services for support and protection (Article 23 and Article 26) | Negative (from the point of view of the quality and success of therapies and interventions)  |
| Suspension of placement of children in residential care and extension of the deadlines for the placement of children who are already placed in care | Postponed procedures related to cases of children at risk Extended stay of children in alternative care without a judicial decision | Principle of the child’s best interest (Article 3)Right to protection against violence (Article 19)Right to access to services for care (Article 20 and Article 22)Regular review of the care placement decision (Article 25) | Negative (from the point of view of delay of the response of the system and services in crisis situations and extended stay of children of care)Positive (from the point of view of focusing and developing partnership and resources in support of vulnerable families) |

***What do children think when they hear the topic of COVID-19 related measures?***

Unlike adults, most children who have taken part in the consultations spontaneously connect the topic of the measures against the spread of COVID-19 with the mandatory wearing of masks and the recommendations for frequent hand washing. The children have grasped the utmost importance of these requirements for hygiene even though they share – more frequently with a visible discomfort – that they have not always adhered to them strictly.

*“We had to be careful because of the virus which means that we need to wear masks, to wash our hands more often, not to get together with outside people a lot … That’s it.” (15-year old boy from a correctional boarding school)*

It is quite surprisingly rare for the children to start talking about keeping a distance, the requirements for social isolation and the related restriction measures while no child mentioned remote learning directly in the context of the conversation about life with the virus around. This is understandable because, on the one hand, the meaning of this type of measures is not so immediately visible to the children, as it is with the washing of hands, and, on the other hand, because it seems that it was more difficult for children to accept – if at all – that a part of their daily lives and behaviour now includes things such as keeping a distance from others and the online form of communication with teachers and classmates.

There is yet another element that the data from the consultations draw the attention to – **many participating children from vulnerable groups have experienced more or less dramatically the restriction measures as injustice; quite often they compare them to a punishment**. The main reason for this is the feeling that these measures were imposed on them more strictly than it had been necessary (according to their own understanding of the pandemic situation, of course) in comparison to the other children and adults they inevitably compare themselves to. The different ways in which the children talk about the feelings are a thread winding through the entire analysis of the data from the consultations below.

**Restrictions related to the freedom of movement and the access to play, sports and entertainment and the vulnerable children living in residential care and Roma quarters**

Prohibition to leave institutions and residential care services

“*The children from family-type placement centres are* ***completely locked down****, I only got to know about them from conversations with the staff.*” (a social worker cited in Petrova et al., 2020)

“*The users are* ***closed in one house*** *with a small yard and communicate only among themselves and with the staff.”* (a manager of a social service as cited in Lumos, 2020)

These two quotes from participants in surveys about the situation with the delivery of social services during the emergency epidemic situation in 2020 emphasize a key topic in this consultation – the isolation imposed on children from residential care services and institutions in Bulgaria. **An isolation which** – as seen from the stories of the participants in the consultation – **has been**:

(а) **complete** because the prohibition to leave the buildings of the services and institutions has practically deprived of meaning the other restriction measures concerning the access to public places and group activities and has been accompanied by a ban on access for any outside people, including parents and relatives;

(b) **lengthy** because, in practice, it covered the entire period from March 2020 to the end of the spring in 2021, including the 2020 summer holiday when many other citizens were able to travel and have vacations despite the anti-epidemic measures that were still in place though significantly more lenient; and

(c) **hard** because, as it turns out, it is easy to impose restriction measures in services and institutions and the control of their observance is constant. The isolation thus imposed compromises the children’s access to their right to life and development; the right to the highest standard of living; the right to play and entertainment.

During consultations, several children from different services told stories about how day after day for months on end the outside doors of the buildings were locked and unlocked only for the staff to come and go. If not for the exceptional circumstances of the pandemic, this would have probably been interpreted as a form of degrading treatment.

*“There’s been a complete change in the work of residential services. The dynamics of every-day life is now different; there were so many challenges – additional resources had to be found, new work protocols needed to be implemented, while the environment was quite often hostile [meaning that the clients were more aggressive than usual].” (an expert from a municipal administration in a city)*

The surveys referred to above deny the tension mounting during the isolation thus described both for the children and the staff which is also the explanation of the conflicts and “hostility” of the environment which emerged and which the municipal officer talks about.

It is to reduce the negative effect of the mounting pressure that the services and institutions together with the municipal administrations of the support services in the community resorted to different reorganisations of every-day life and space for the children: they created new play and study corners, they obtained gym equipment, they cooked together, borrowed children’s books from the library, held impromptu artistic competitions and internal sport events whenever possible.

*“We called the children at the family-type placement centres and tried to play games with them in this way, to think of activities, but it was hard.” (a psychologist from a day-care centre in a town)*

Certainly the most widespread practice and almost everywhere children were allowed to spend much more time with their mobile devices when compared to the normal circumstances.

*“We left the boys [almost all unaccompanied minors living in this centre are boys] to play on their phones all through the night and to sleep during the day. We didn’t mind because, in this way, they stayed inside. In principle, we stop the internet connection after 10:00 pm but now we have left it on indefinitely.” (a social worker from* *Safe Zone for unaccompanied asylum-seeking children in a registration and reception centre for refugees)*

The last observation is yet another piece of evidence supporting the statement that the screen time for children during the pandemic increased unprecedentedly not only because of the remote leaning. In a number of places where children live, there simply was no other sufficiently engaging activity to be offered to them. This has a direct impact on the children’s right to appropriate development.

Close to 3,500 children are currently living in services and institutions in Bulgaria[[8]](#footnote-8). This assessment does not cover all types of services and institutions existing, so we do not have enough data to claim that the situation was the same everywhere. However, based on the literature review, the analysis of the complains received by the Ombudsperson’s office and experience we may assume that the restriction measures were imposed more or less in the same drastic manner as in the visited services. Thus, given the number of children in care, the question about the proportionality of these restrictions becomes appropriate. So far, there has been no national statistics about how many of these children contracted the virus or how hard the illness was which means that it is not known to what extent the fear was justified. During the consultations of this assessment, we came across only one residential service where the children shared their own experience with the virus.

*“All of us children got sick. We stayed in our rooms alone; I had a fever for a few days. I was very afraid of what would happen but nothing happened.” (12-year old boy with disabilities from a family-type placement centre in a city)*

Prohibition of access of outside persons to institutions and residential care services

The lack of social contacts is undoubtedly the problem for the children in services and institutions that the participants in the consultations recognise the most. It is discussed openly and specifically.

*“The children miss guests and parties at the service a lot. They are so important to them! We try to make it up with internal competitions, to give them prizes.” (a social worker from a day-care centre in a town)*

It is rare for the insufficiency of social contacts to be highlighted so well and to be linked so directly to the prohibition imposed on the access of outside people to the services as it is in the words of this social worker from a day-care centre. It is more frequent for the **insufficiency of social contacts for the children to be the result of the accumulation of the effect of the different restriction measures, including remote learning**. In this sense, the prohibition again impacts most generally on the right to life and development and the right to the highest standard of living.

However, in specific cases with children living in separation from their families, the prohibition for access of outside people to the services relates directly to their right to personal contacts with their parents. **The wording of the prohibition for access and the guidelines for its implementation by the services do not distinguish between the children’s parents and any other outside people[[9]](#footnote-9) but it is the compliance with regard to the parents that has seen the greatest number of lapses,** meaning that the prescribed rules were not respected at all cost. The words of a head of a child institution summarise in a very accessible way why it is so:

*“How can I prohibit the parents from coming?! If anyone ever calls to say that they want to see their kid, if they ever come, this is joy for us. These children have very damaged relationships with their parents and this is the reason they ended up here. We cannot disregard a parent if the parent is interested in their child. Whenever it may be, I will do my best to organise a meeting with all protection measures but I cannot refuse.” (а headmaster of a correctional boarding school)*

This headmaster as well other professionals from services admit that in the beginning of 2020, when there was still little knowledge about how the virus spreads and how to protect ourselves, they were more cautious regarding the restrictions but the gradual clarification of the uncertainty and the fear made the arguments in favour of allowing parents to see their children prevail.

*“Yes, parents did indeed come to see their children. In the beginning, only through the fence, then in the yard as well.* ***We had no way of stopping them and it was important for the children.****” (a social worker from a family-type placement centre in a city)*

*“The parents could come. You have a mask on and they have masks on, you sit over there in the pavilion in the yard and they cannot go inside; the other children stay separately and don’t go outside when the parents are here… But it was good.” (17-year-old boy from a correctional boarding school)*

To many service staff members, the matter about the restriction of the meetings between children and parents is not only a matter of health and organisational culture generally (compliance with the rules or not) but also a dilemma of a professional and even ethical nature inasmuch as there is, on the one hand, a risk of infection and, on the other hand, the significance of the connection and actual contact with parents to ensure the children’s well-being and emotional state in hard times.

*“You know, we can even say that parents called more often to ask about the children, given the situation and the fear.“ (a headmaster of a correctional boarding school)*

The most up-to-date studies of the situation of children in alternative care in Bulgaria now mention that a significant part of them have parents working abroad and this circumstance is directly related to their finding themselves in the services[[10]](#footnote-10). An interesting consequence of the pandemic situation is the forced return and relatively long stay of these parents in the country. Of course, immediately after their return, many of them asked to take their children which caused a certain disturbance at the services and the Child Protection Departments – it was impossible to control if they had complied with the obligatory preventive quarantine and quarantine was also necessary for the children upon their return to the services from home. These circumstances gave reasons for complaints from staff members but it is indicative that, generally, the return of the parents is seen rather as a positive development for the children, especially in the context of the situation which is hard on everyone.

Prohibition to hold any group activities with children

The general prohibition for any group activities with children introduced by virtue of an order of the Minister of Health of March 2020[[11]](#footnote-11) explicitly covers the prohibition to hold sport events, competitions from the schedules of sport federations and clubs as well as training sessions for children. In the summer months of 2020, the prohibition was made more lenient – allowance was made for sport activities outdoors and in line with certain measures. Later and as a result of pressure, in the end of 2020 the training sessions were resumed for the children who were part of teams and trained professionally. For the others though, sports remained inaccessible in winter as well.

Of all activities which fall within the category of “group activities,” children seem to suffer the most from the lack of sports. **For example, while remote learning was met rather with a widespread indifference among the children in residential care, the prohibition for training sessions and competitions was the reason for dissatisfaction and outright anger**.

Some children who joined the consultations launched, spontaneously and unexpectedly, long and emotional explanations of how bad the prohibition for training had made them feel; they gave serious arguments about how detrimental a year without training sessions was for those who wanted to be professional sport players; and they asked if it was a lie that sports were meant to be healthy and, if not a lie, why they were unable to train while they were supposedly trying to avoid an illness. The rationale of their thinking was truly impressive given the concise and timid responses to a large part of the other questions.

These agitated responses are understandable and logical. To children in care, the participation in teams and the attendance of training sessions traditionally have a greater importance when compared to other children because the gym or the stadium are often the only place where they feel on the same footing with the others. It is also true that the hopes of a better future of many boys living in services and institutions are related to professional development in the area of sports.

Prohibition to visit parks and playgrounds

This quite untypical measure to deal with the spread of the virus is part of the restrictions imposed by virtue of an order of the Minister of Health during the first wave in the spring of 2020. During the short period in which it was effective (from 20 March to 1 May 2020), the measure was met with strong civil resistance often justified precisely with the children’s well-being and need for movement and play outdoors. A month after the imposition of the general prohibition, a step back was taken to allow children aged up to 12 to visit parks with two adults at certain times of day following certain routes. Both the introduction of the measures and the modification with regard to children were made without solid arguments or consultations with interested parties[[12]](#footnote-12).

It is logical **that this measure did not have a visible effect on the children in residential care**. In fact, this group of children did not feel its impact at all because, at that time, they were prohibited from going out of the services and institutions any way. Some directors of services shared that they found it difficult to organise a group visit to a park meeting all anti-epidemic requirements they needed to comply with, moreover given the reduced teams because of the frequent quarantines of adults.

It is curious that this measure was discussed spontaneously by the participants in consultations solely in relation to an appropriate comparison – the residential care services and institutions usually have their own yards or are located in isolated places close to natural parks which made it possible for the children living in those services and institutions to spend much more time outdoors in comparison to most children living with their families in apartment buildings and condominiums.

Although the professionals consider this a great advantage and think that the yard is enough, the children are not quite of the same opinion.

*“Yes, we do have the forest nearby but we also grew tired of it, it’s the same every day.” (15-year-old boy from a correctional boarding school)*

***What is the impact of measures in relation to the children’s social isolation?***

**Both the children and the professionals working with them speak definitively of increased levels of anger, anxiety, disappointment and apathy among the children living in residential services and institutions**. These real-life stories are indicative of the negative effect of the restrictions on the children’s mental health.

The pandemic impact assessments with respect to the mental health of different groups of people often speak most generally about the “effect of the COVID-19 related stress” which the participants in this consultation also talk about in one way or another[[13]](#footnote-13). They talk with reserve and sparsely, the way the discussions about the problems of child mental health in Bulgaria usually go. Still, these stories could and it is worth highlighting certain thoughts on important topics which the international research community is currently working on. It is in the most interesting way that the topics of the duration of the negative impacts and the recovery mechanisms come up.

In the framework of this consultation, **the stories about the negative emotions and states appear almost entirely as a kind of retrospection about the beginning of the pandemic, almost always with the disclaimer that they had been overcome sooner or later in time**. In a certain sense, these are stories about how numerous small insurgencies were brought under control behind the walls of the institutions. Sometimes the explanation is that the children finally managed to grasp the difficult situation all people found themselves in, sometimes that they simply accepted it at some point.

The first version appears more often in the stories of professionals who also note that the understanding came about thanks to their efforts to provide good arguments and emotional support.

*“The kids were often angry with us, they asked us why we were closing them as they were not sick and had not done anything wrong. We gradually managed to calm them down and explain the situation to them so that they would not oppose the measures.” (a social worker from Safe Zone[[14]](#footnote-14) for unaccompanied asylum-seeking children)*

*“In the beginning, the children were very angry and even aggressive. And you know, in their anger, in addition to everything else, they told us that we were violating their rights. It was really hard for us too because, until then, we had always worked with them to understand their rights and to require of the others to observe them. It was hard to explain to them what was happening.” (a director of a crisis centre for children)*

The second version is seen more often in the children’ stories.

*“It was very hard for us in the beginning, we cried out, shouted several days… We were saying to the supervisors that they wanted to punish us for something and that was the reason for the measures, to close us inside. Then we got used to it.” (16-year-old boy from a family-type placement centre in a town)*

*“… and then it was just so boring all the time. I missed my friends.” (15-year-old girl from a family-type placement centre in a city)*

*“It wasn’t boring for me because whether you were bored or not, there was nothing to do anyway. That’s why at some point I understood that it was better not to be bored but to think that it was a quiet life.” (17-year-old boy from a correctional boarding school)*

**Professionals are likely to summarise that, as a whole, the lockdown of the residential services and institutions was a hard period which, however, passed without inflicting serious long-term damage on the children. Whereas the children – that the lockdown was very unpleasant but they had no choice but to accept it**.

During the interviews, there were rarely critical comments about the appropriateness and proportionality of these drastic restriction measures. It seems that, in the views of the participants in the consultations, the said negative impacts on mental health were not more important than other the potential health risk related to the spread of COVID-19. (A risk which, as already mentioned above, is still not described with objective quantitative data in Bulgaria.) Available statistics speaks for 20% increase in the number of calls received by the national line offering support for children in 2020 in comparison with 2019, but the analysis of the calls’ content does not link directly the increase with the COVID-19 situation[[15]](#footnote-15).

On this backdrop, **one director of a crisis centre is of a different opinion**. To him, the explanation is probably that currently in Bulgaria crisis centres are the residential care service which, even without a national state of emergency, is the front-line meeting point for the most critical and complex cases of child vulnerability. This situation remained the same during the pandemic when, unlike the other services, the crisis centres never stopped admitting new children at any point.

*“****The institutions again acted as if they did not understand the needs of children in tough situations. These children watched as other people went outside and did so many things while they had to stay locked inside as if in a cage. This definitive closing of the services was harsh and inadequate.*** *There was no flexibility; in the long run, not all of our customers managed to adapt; they ran away, took risks, experienced more and more crises because of the lockdown …” (a director of a crisis centre)*

The children and the professionals from residential services and institutions emphasise different elements in the assessment of the positive aspects of the situation. It is curious and, to a certain extent indicative of the way in which residential care is provided in Bulgaria, that the children talk about the value of their relations with others while the professionals – about the opportunities they had to instil order, to restrict the contacts outside the service which were harmful to the children, and to stimulate acceptable behaviour and habits.

Here is what the children say:

*“We became better friends as we stayed together for so long, day and night. We came to know one another… Still, I hope this never happens again.” (16-year-old boy from Safe Zone for unaccompanied asylum-seeking children)*

*“We became closer, we started to fight less and help one another more.” (14-year-old boy from a family-type placement centre in a town)*

Here are some comments from professionals:

*“For us, it was even quieter than usual. We managed to motivate the children to be calm when they stayed locked indoors here anyway pointing to the fact that all people in the world were in the same situation.” (a headmaster of a correctional boarding school)*

*“It was good that the children got rid of seeing people outside who were a bad influence. Some girls got rid of traffickers of whom we were afraid while children with addictions managed to deal with them during the lockdown.” (a director of a family-type placement centre in a town)*

*“What is positive in all this is that we enrolled the children in a library and they found it interesting to read books.” (a social worker from a family-type placement centre in a city)*

One more observation is worth mentioning about the assessment of the situation in Bulgaria and other countries again related to the information we obtained about the way in which residential care is provided. The forced suspension, due to the circumstances, of actual contacts of the children with people who are a danger to their safety and have a bad influence on their behaviour and development is one of the positive impacts of the measures to close the services both in Bulgaria and abroad that is most frequently pointed out. On the other hand, in relation to the connections, foreign reports most often note that the state of emergency strengthened and developed in a positive way the relations of trust between children and service staff[[16]](#footnote-16) (Nhep and Doore, 2021), which is fully missing as a finding in the Bulgarian context according to the research data available, including this consultation.

Blockage of Roma quarters

One of the largest Roma quarters in the country was visited in the framework of this consultation. That Roma quarter was among those that were completely blocked during the first wave of COVID-19 spread in spring 2020.

**The access to the quarter was restricted** by round-the-clock checkpoints at the entrances and other physical barriers, including welded metal doors in a small subway which the residents of the quarter used on their way to the centre of the city. The reason to apply these radical restrictions was the Roma’s irresponsible attitude to the requirements of social isolation and lockdown, which threatened the other citizens’ health and burdened the health care system. However, this irresponsibility is but only one side of the coin. On the other side – according to expert estimates – are **20,000 people isolated during a pandemic in a small area**, in deplorable material conditions, with not even running water in most of the houses, and with no adequate to their level of understanding information about the virus and the overall situation.

*„Basically no one helped us. We were just left here at the whim of fate, to cope as we can by ourselves.“ (a pastor from a Roma quarter)*

*„It was another Bulgaria here.“ (a young man from the Roma quarter).*

In practice almost all institutions and organisations shied away from field work. On the other hand, they showed concern about the situation inside the quarter and came and left stuff they deemed appropriate at the checkpoints, including information materials which were meant to be distributed somehow among the people by the mediators and other involved ones. The result was seldom the one sought.

*„An NGO sent us 100 bars of soap to distribute in the quarter. It was somewhat absurd to do this. Even the people themselves asked us, “How are we supposed to use it as we have no [running] water?!“ (a health mediator from the Roma quarter)*

Social workers who are acquainted with the problems in the segregated Roma quarters know well that vulnerable families are very much dependent on the communities they live in. In a ghetto people are purely physically much closer to one another and this cannot be completely avoided, thus reducing contacts is a serious challenge.

*„We managed to make some of the Roma families we work with stay for at least a while at home. We achieved this* ***not because we just wanted to restrict contacts but because we wanted to educate people. This is the key. However, to achieve this there should be trust between the social worker and the family****.“ (a social worker from Hope and Homes for Children – Bulgaria)*

That trust and explanations is what can change the conduct and circumstances in the segregated communities is clear to the mediators and even to some of the community members. Nevertheless, the authorities’ strategy was rather to impose extremely repressive measures without much hope that these would be non-forcefully observed. And the result was:

*„Some kind of a psychosis occurred. People are still very much afraid that some new kind of virus would appear. However, they do not fear the virus, they fear they would be locked down again.“ (a young man from the Roma quarter)*

*„Children particularly feared the whole situation. Police and people with loudspeakers everywhere in the streets. I could hear parents telling their children, “Come inside because the police is coming to take you away …* ***The quarter is but one kindergarten, most of the residents here are children. But who cared?“*** *(a health mediator from a Roma quarter)*

The difficult situation regarding access to education and social assistance and protection for Roma children during the lockdown was presented in detail in former sections of this analysis. The difficulty in describing specifically or proving whether, how much and how risk factors for child welfare such as violence in the family and other risky behaviours of parents in the Roma communities have increased in relation to the restrictive measures has also been noted.

This case demonstrates that the most restrictive measures may and are imposed indiscriminately and by authority to a large group of people, without any discussion or clarification. And without taking into account the potential negative impact of these measures on the most dependent members of the group, the children.

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***CHILDREN’S POINT OF VIEW: Was the social isolation the same for all?***

Quite diverse are the professionals’ opinions as to the comparison of the situation with the social isolation of the children in care and the children living together with their families.

Some educators and social workers are certain that the children in residential services adapted much more quickly and better to the situation and the measures in comparison to the other children which is due to their greater resilience and capacity to handle life difficulties. Another reason is the constant presence of a greater company of children in the services such as the children in families did not have.

On the contrary, other professionals assess the situation as extremely hard on the children in family-type placement centres because they were obligated, without any deviations and for longer, to observe the restrictions; in practice, many of them did not have a backdoor to circumventing the prohibitions until the latter were officially lifted by virtue of regulatory documents. This is especially true in the case of children with disabilities.

*“I have my observations and I think that, in many ways, it was easier for the children from the families we work with than for those from family-type placement centres. At critical times, the parents were at least able to drive them around in their cars or take them to the mountains while the children at the family-type placement centres stayed inside for months, in the same rooms, with the same people.” (a psychologist in a day-care centre in a town)*

As for the children living in residential care, such an opposition of opinions on the matter hardly exists. **Few children report about the positive side of the available company of children but even they realise well that they were forced to observe the rules and prohibitions in a much stricter way than the other children.** Moreover, it is precisely in the context of the comparison with the other children that they recognise and experience this as injustice, battles they had no way of fighting. Some children accumulated anger which can still be seen in the conversations with them. During the consultation, the children repeated many times, almost word for word, the statement of a 13-year-old boy from a family-type placement centre:

*“I knew that the other children in my class went out… It wasn’t fair.”* *(13-year-old boy from a family-type placement centre in a city)*

Furthermore, **the children find it especially unfair that the adults seemed to have a choice whether to observe the measures while the children did not**. Many children shared how they watched every day the prohibitions being breached. This, in combination with the desire to be outside and together, made them really angry. The opinions of two boys aged 12 and 16 which they shared in individual interviews independently of each other are indicative:

*“****I think it was much harder for the children than for the adults.*** *Children want to go outside, to be together, to run, but they were forbidden. Adults are alright at home, and they go out and to work which is enough for them. Yet, we see it and we are mad. We can’t even go to school when the adults go to work and we have to study at home.” (12-year-old boy from a crisis centre)*

*“We children are punished.* ***Adults allow themselves to breach the rules and walk outside while they tell us what to do and we can’t breach anything.*** *We could see the adults going outside and nothing was happening to them? But it didn’t work for us.” (15-year-old boy from a crisis centre)*

*“The measures may have been too strict but the problem was that there was no control. Everyone did as they wished in the villages.” (a woman living in a crisis centre with her son)*

**Restrictions related to the access to education and the children in residential care and from vulnerable groups**

Suspension of access to educational and training institutions

The suspension of the access to the educational institutions in Bulgaria was one of the first anti-epidemic measures to become effective immediately after the declaration of the state of emergency in March 2020 and, in practice, it remained in force until the very end of the school year 2019/2020 in June[[17]](#footnote-17). The school year 2020/2021 started with class attendance in person for all students but, in December 2020, again everyone stayed home for a month. After that, the young children returned to kindergartens and classes observing certain measures while the older children studied remotely until the end of the year and then in a hybrid model alternating between in-person and remote attendance for school weeks based on schedules. The procedures for all this were set out in orders of the Minister of Education on implementing and ensuring remote training in an electronic environment.

It turns out that, as of today (note: August 2021), a school year and a half of the children passed under the symbol of the pandemic and the coronavirus. Usually, this means about 1/12 of one’s school life but for close to 15% of all students who, traditionally in past years, drop out of the school system before completing their secondary education, this is 1/10 or even 1/8 of their stay at school as a whole. Most of the children who drop out come from vulnerable groups (Roma children, children living in isolated communities, children in care) who are in the spotlight of this consultation.

***What does remote learning look like in residential care institutions and services?***

The logistics of ensuring the children’s participation in remote learning was hard for the residential services and they managed it with *different* speed. It includes (1) ensuring devices for all children, which the services did not have before that; (2) ensuring an internet connection good enough for the online class attendance of all children, which was missing in many places before that; as well as (3) ensuring a place for every child to study; and (4) **the attention of an adult to control if the child takes part in the training and then helps with homework and the preparation of class assignments**. At least half of the professionals from residential services taking part in this consultation admit that handled the last element **only relatively well**. Yet, in some way, this is the most important element of the above logistical components because the children living in an institutional environment and residential care have much more difficulties with motivation and self-organisation than the children raised in a family environment, and a key factor for their educational successes outside the crisis pandemic situation as well is the attention of a committed adult.

The children’s attitude to online learning is rather indifferent. When asked explicitly, almost all children noted that, after all, real attendance at school was preferable. **The reason why they prefer to go to school rather than learn remotely that the children give is that they meet other children at school: they are together**. Some children noted that they could not focus sufficiently and had problems understanding the study content online and that was an issue for them. **However, as a whole, the children living in residential care institutions seem to be happier with the possibility not to focus and not to understand the study material without any consequences**. The advantages of remote learning were described numerous times in the spirit of – *“it’s good, you log in class, mute the teacher and watch videos on the net.”*

At the specialised residential centre for unaccompanied refugee children in the capital city where the children accommodated are relatively of the same age and are enrolled in the same class, all children studied together with one computer in a room set as a classroom. In this way, they avoided successfully the behaviours described above.

It is interesting that the in-person learning process at the correctional boarding school visited during the consultation was never suspended. The headmaster of the institution took advantage of the lack of clear regulations for the type of school he headed (which is truly an exceptional case in the educational system because this is one of the few remaining in Bulgaria boarding school for juvenile delinquents assigned to live there by the court as correctional measure) and the fact that the team of teachers worked only with this group of children who did not change and who lived in isolation together anyway. Of course, he found this an exceptionally good juncture. It is interesting that, together with his team, they also managed to convince the children that it was for the better.

*“I think that when you are at school and you listen to the teacher, you learn much more than when you watch a phone. It was quite good that we had classes while the others did not …”*, says a 17-year-old boy from a correctional boarding school.

*“When you’re on the phone, you can do anything – you log in class and you play, you don’t turn on your camera; if someone asks you something, you just say “yes, yes, yes.” That was the way in the home”*, adds another 17-year-old boy who was accommodated at that institution after the peak of the strictest restriction measures of March 2020 and knows the remote learning from the previous environment he lived in.

***What does remote learning look like in Roma quarters or – the situation when “it is not possible”[[18]](#footnote-18)?***

At one of the largest Roma quarters in the country which was also visited as part of the consultation process, in practice there was no online training. Because of the lack of access to devices, access to Internet, and even access to electricity sometimes, a large part of the children received paper-based materials which were developed by the teachers and distributed by the educational and health mediators who remained active in the quarter in the period of the restriction measures. In this way, there was no communication between children and teachers for months. Feedback on the materials handed out was hardly given, received or even sought while the mediators share that it was even physically almost impossible to get back the filled-in (possibly) materials from the children.

*“But the main problem with the papers is that the parents are illiterate and they are unable to handle them and help. Even if they want to, they can’t.” (a health mediator from a Romа quarter)*

In this context, child protection staff from the same city confirmed that the signals they used to receive regularly from segregated schools about suspension of child benefits due to absences of Roma children stopped during the restriction measures. Seemingly, unlike the ordinary situation, during the state of emergency everything with the children’s class attendance was alright.

*“****All kids completed the class, with better results than last year. But now when they go back to school, they’ll get lots of Fs once they see they know nothing. They’ll cut them off as if it’s their fault that they don’t know****. I bought lease phones for my kids, a phone for each, in order not to miss things, but few were like that.” (a father of six from a Roma quarter)*

According to the effective legislation, the children from primary school cannot repeat a class anyway, regardless of the educational results they have achieved during the school year, but they need to receive additional educational support to make up for it. It is obvious that this solution, which makes sense in principle, poses a significant problem when applied in the extraordinary circumstances in which, for a year and a half, thousands of children from Roma quarters obtained initial education in the manner described above.

The application of the possibility for additional educational support as a compensation mechanism in such cases was described by professionals from a non-governmental organisation through one of their cases. They support a Roma family with a child who, in their words, finished the second grade last year in the manner described above with visible enormous gaps in knowledge and skills. Despite the efforts of the social worker to ensure more attention for the child, the kid was only able to have several sessions with a teacher during the summer in order to fill in the gaps from the curricula throughout the year. Of course, this case could be an exception.

***What is the impact of remote learning on children?***

*“The educational results have certainly deteriorated. I would say that the quality of education was also worse.” (a director of a family-type placement centre in a city)*

This is the most frequent assessment from the professionals who took part in the consultation. The children’s attitude is much more uncertain but their stories of remote learning often contained indicative comments:

*“****We managed to study… a little.****” (16-year-old boy from a Safe Zone for unaccompanied asylum-seeking children)*

The analyses of the educational process during the COVID crisis in Bulgaria so far note, with no exception[[19]](#footnote-19), that a major positive aspect of the situation was the swift provision of mobile devices for many children and skills to work with them. This consultation confirms that the observation is valid with respect to the children in alternative care as well.

*“It is positive that the children finally received many devices. And what is even more important – both children and adults got used to them and learned how to work with the devices.” (a municipal staff member from a city)*

As regards the group of children and families who have little or no previous digital experience, even the acquisition of devices has another side – the stress and unpleasant experience from having to work with them:

*“First they had no devices and then it scared them a lot – both children and parents were worried about how they’d manage with the devices. It did prove hard – we had to advise them on the phone all the time what to press and where.” (a social worker from Hope and Homes for Children – Bulgaria)*

Concerns are raised by the research data from a comprehensive survey in the summer of 2020 about the consequences of the unexpected and drastic change in the manner of learning speaking of lower educational results and learning motivation as well as deteriorating mental health in close to 30% of the children[[20]](#footnote-20). The data also show clearly that the children hit the hardest are those who need additional educational support and those from families living in poverty. This consultation confirms this general observation as well. **Moreover, there are sufficient indications that at least some of the children from Roma communities experienced a detrimental effect from the remote learning regime: during the pandemic, they lost the little teacher attention and support they had received**.

**Restrictions related to the access to social support and protection and the children from vulnerable groups**

Suspension of access to social services and remote social work[[21]](#footnote-21)

The authors of the analyses available currently of the situation of vulnerable groups during the state of emergency show unambiguously that the provision of social support services was, in the long run, impacted in the greatest extent by the measures introduced and the requirements for changes in the work organisation (Petrova et al., 2020; Todorova, 2021). The reasons for this situation, noted in the reports cited and confirmed in this consultation, are related mostly to (1) the very nature of social work which entails human contact, communication and mobility, but also (2) the definitively restrictive and protective general tone of the crisis response from the national institutions which regulate the activities of social services. In addition to the above, the participants in this consultation talked about lack of clarity and comprehensiveness in the pandemic work guidelines well as lack of support and timely attention to the situations they faced.

**In response, some support services focused on preserving their clients in any way in the conditions of fully remote work; others were quite brave to adapt and practically disregard some of the prohibitions imposed in order to remain active in the communities they work with.** During the interviews in the course of the consultation, the professionals from the services which opted for the first strategy talked more often about the negative impact on the quality of interventions and achieving progress in the work on their cases and were more likely to say that, generally, the crisis did not have a special impact on the vulnerable groups from which their new customers usually came. At the same, the spontaneous topics of the professionals from the services which chose the second strategy included reflections on professional and personal dilemmas they were faced with due to the highly restrictive measures; descriptions of the negative effects of the crisis and the measures on vulnerable children and families and the success achieved to make up for them.

Each consultative service involved in this consultation applied the guidelines on working and observing the restriction measures in its own way. One service suspended completely the mobile work on site but almost doubled the amount of consulting clients online. Another service chose to suspend group activities but not the direct work with children and families even when it sometimes included visits at home. A day-care centre restored the individual work with children based on a schedule as early as the summer of 2020 while a social support centre in the same population centre chose not to have direct contacts with customers for another three months when written instructions in this regard were finally received.

In addition to the varying degrees of readiness of the specialists to communicate with their customers in the circumstances, the decisions are motived by pressure from the customers themselves.

*“Because people know that we are here all the time, they called on the phone, wanted to come over, to talk about what not, not just violence; they said that everyone else had turned them down. There was often no way for us to refuse.” (a social worker from a consulting service for child victims of violence)*

*“We found it absolutely impossible to stop seeing the children and parents quite often insisted that the work should go on. The cases we work on are delicate and an interruption in the connection between the professionals and the child would have a detrimental effect.” (a psychologist from a centre working with children)*

Obviously, one of the conditions for the possibility for such a diversity of decisions is the lack of specifics in the work guidelines for support services. It is interesting though that almost all interviewee service directors were very critical of this lack of clarity which generated tension in the teams and dissatisfaction in the customers because they saw how the different organisations and specialists acted differently. For example, the parents of the children from the day-care centre referred to above thought that if the specialists from the local centre for special educational support (former auxiliary school) had resumed direct work with their children, then the only possible explanation why the day-care centre specialists had not was because they did not want to. The explanation, according to the service providers at least, however, lies in the more exhaustive guidelines issued earlier by the Ministry of Education.

***What does “remote” social work with vulnerable families and children at risk mean?***

A survey among more than 100 social workers and other support specialists commissioned by the Social Activities and Practices Institute and Sofia University St. Kliment Ohridski[[22]](#footnote-22) highlights the difficulties in the work of social services in the conditions of a state of emergency. They are related to “technical” problems such as the requirements for a quick adaptation to new processes, ways of work, tools and platforms, issues of privacy and data protection; as well as to professional concerns about the quality of therapeutic work and building meaningful relationships with new customers; but also the purely human fear of the virus and the uncertainty which the social workers share with the customers.

*“Nobody knew what would happen the next day and that was the scariest part; we didn’t and they didn’t. The families we work with are low-qualified; they don’t have constant work, don’t live in safe places… On the one hand, they feared about their health, about themselves and their children; but they were also scared about how they’d make it financially – how they’d be able to go and buy something or to pay their bills. In this situation, our first task was to calm them down – even by just giving them a sack of beans or lentils just so that they’d stop fearing about having no food.” (a social worker from Hope and Homes for Children – Bulgaria)*

These are the words of a social worker from *Hope and Homes for Children – Bulgaria*, one of several organisations which made efforts to continue to communicate directly and visit on site the vulnerable families who live in villages and isolated communities with children in identified risk of separation. These efforts included (а) untypical logistics such a issuance of certificates to allow travel between places in the period when the restriction measures prohibited it as well as (b) **meeting even higher requirements for flexibility and readiness to respond always and swiftly in crisis situations in the social work with vulnerable children and families**. These are the main components for success in social work in the conditions of constant uncertainty which the social workers from the organisations outlined.

*“The main problem of our target groups is the lack of a supportive environment. The social work for these people is to ensure such a supportive environment. It was so during the pandemic as well – we were there so that there was someone to call, to ask how the tablet worked, what medicine to give to your kid and so on.” (a social worker from Hope and Homes for Children – Bulgaria)*

In this context, the social workers noticed that, in the period of the restriction measures, it was not only the number of cases they worked that increased but, more importantly, **the volume of work grew significantly** because it was not enough to call or to go and see a family only once a month but there was a need to follow up more frequently on the dynamic and unstable family relations and domestic situations, in additional difficulties due to the crisis, and to respond timely.

This text has already mentioned the **ethical and professional dilemmas** to the social workers and support specialists related to not rejecting the more or less visible requests for support of vulnerable people at the price of overstepping certain general fixed rules for non-spread of the virus. The conscious choice to stay “on site” in this situation obviously comes with one more ethical as well as health conflict to resolve – the one about building and preserving a trusted relation when rejecting social proximity and physical contacts which customers often interpret as instances of distrust and contempt.

*“****You can’t push away a child with mental disorders when the child sees you and comes to hug you.*** *It’s as if you are rejecting the kid, you can’t let yourself do it.” (a psychologist from a day-care centre)*

*“****You can’t pull your hand away when the person you want to trust you that you’d help is extending a hand…*** *It’s something you fight with within yourself. You know it’s not right but, in order to do your job in a quality way, there’s nothing else you can do and this is very hard. You can’t expect a person to share the most intimate things happening to them and be physically distanced.” (a social worker from* *Hope and Homes for Children – Bulgaria)*

Suspension of placement of children in residential care and extension of the deadlines for the placement of children who are already placed there[[23]](#footnote-23)

The special national legislation related to the pandemic situation – Measures and Actions during the State of Emergency Declared by a Decision of the National Assembly of 13 March 2020 – explicitly provides for ex officio extension of the terms for accommodation of children in residential care services and institutions. This also applies to the case of the so called “temporary accommodation” when a child is placed in a social service as an emergency measure before the issuance of a judgment. Todorova (2020) comments in her legal analysis of the actions of the State in relation to the children’s right that these provisions are definitely not in the interest of children because they remain indefinitely long in a service without judicial control of the placement.

In addition, on 16 March 2020, the Executive Director of the Social Assistance Agency instructed the child protection staff to suspend the accommodation of new users in institutions and services unless in cases of “definitively proven urgency” in line with the procedure for “temporary accommodation” set out in an order. The instructions place the newly-accommodated children in a situation of uncertainty as to the status and term of stay in residential care. Along with this, the instructions entail a certain delay in taking action of child protection. They were expressly cancelled as late as 27 May 2021 which means that, formally, they were in force for more than a year.

In the meantime, protection system staff were ordered to work remotely on managing cases as far as practicable. The regular visits from social workers in Roma quarters were not held in the spring and summer of 2020.

***What happens if another crisis arises in the middle of the crisis?***

It is relatively hard, as it turns out, to give an appropriate response to the question how this regime impacted the work of the child protection system. The social workers from Child Protection Departments taking part in the consultation do not think, in principle, that there was any impact – *“Our work neither decreased nor increased.”* However, the social service staff taking part in the consultation note facts which point to a *certain* impact.

New placements at correctional boarding schools began as later as the spring of 2021 (or, as the children there put it – *“only after the end of the virus”*). The family-type placement centres generally did not have referrals and, respectively, did not admit any new children in the first several months of the state of emergency in 2020 when the restriction measures were the harshest. After that, some places sporadically accommodated children with negative coronavirus tests.

On the other hand, **crisis service** – a service with a rather different place in meeting the needs of vulnerable children which has already been mentioned in this text above – **accepted even more accommodations than usual** which is explained with the prohibition to place children in other forms of residential care. Another factor is the restriction of the direct work with people on the part of the Child Protection Departments which resulted in many more children taken to the services by the police from the street. Upon placement, there was a condition for a 14-day quarantine – the children were closed in a room designated for this purpose without the right to leave it or meet staff or the other children.

**The “emergency admission” service at Community Support Centres** is a relatively unpopular service which is used rarely and rather as an exception but **it turned out to be quite a useful resource** available to take on the placement of mothers and children who were in a dire need of support at the time when placement or referral to other services and even movement between places were very restricted.

Some **support services in the community did not receive any new customers with referrals throughout the period from March till August in 2020** which is rather untypical. On the other hand, these services report a **“*wave*” of referrals after the end of the period** and specifically referrals concerning cases of violence in the family or of children with anti-social behaviour who are the “hard” cases the services work with.

Social workers from the system speak of **phenomena such as the abrupt increase in engagements in cases of parental conflicts** related to the fact that parents often used the situation to restrict the right of the other parent to see their child. This abrupt increase is accorded special attention in other analyses of the protection work in the period of strict restriction measures as well[[24]](#footnote-24).

A reason to register high engagement of the institutions in cases of parental conflicts could be found in the fact that, in these cases, the institutions were specifically and actively called upon and involved by the parents themselves as citizens protecting their rights. At the same time, the Bulgarian child protection authorities do not report in numbers an abrupt increase in the number of cases of violence against children in the family or parental disregard even though the international community and law-enforcement organisations sound the alarm and find too often that the prolonged stay at home and the social isolation result in family crises necessitating the intervention of child protection authorities. Furthermore, some representatives of such authorities who took part in this consultation claim that, in fact, there can be no talk of escalation of violence or disregard.

In the case of restrictions in the direct work on cases on the part of the Child Protection Departments and a prohibition for placement in residential services, there is **seemingly a feeling that the situation in the area of child protection has calmed down rather than become more complex. However, it is quite justified to suppose that troubling circumstances and cases have remained unseen by the system** however contradictory this may seem with regard to the “wave of referrals” that the support services speak about. Whether there were few or many such cases is, of course, a matter of guessing. However, whatever their number, it can certainly be said that the access of vulnerable children to protection and services was impacted by the change in the regime of the work of the system and placement in services.

***What is the specific situation of unaccompanied refugee children?***

The period of residential placement extended indefinitely did not impact only children from social care services.

By the words of the social workers interviewed, the only place for residential accommodation of unaccompanied refugee children, the Safe Zone located on the territory of the Registration and Reception Centre in Sofia, was almost or completely empty almost a year because of the pandemic-related restriction measures. A significant decline in the entry in Bulgarian territory of people seeking international protection was registered. Still, the unaccompanied children, to the extent that there were any, were placed and spent the period of restriction measures in another reception centre. The social workers from the Safe Zone served duties there in order to help with the communication with primarily Arab-speaking children.

*“These children are interested only in the procedure to get families together. However, these procedures were very delayed by the Western European countries where the administration and the court did not work actively during the pandemic. Even children who had permits issued could not leave. This is why* ***many children stayed here in Bulgaria and in the centre for more than a year which, under normal circumstances, would not have happened and is inadmissible by law****.” (a social worker from Safe Zone for unaccompanied asylum-seeking children)*

The children responded differently to the delays in procedures – they were sometimes angry, sometimes sad, at times angry with Bulgaria, at other times angry with other countries, at other times with the centre staff who were close to them.

*“There were times when we stayed whole nights with a child talking to them to prevent a mental breakdown. We repeated over and over that it was not about the child only, that no one was to blame.” (a social worker from Safe Zone unaccompanied asylum-seeking children)*

Despite the efforts made and the closed borders, **the number of children registered as unaccompanied leaving the country before the end of their procedure to seek protection with respect to whose location there is no information was very high in the pandemic 2020[[25]](#footnote-25)**. It is well known that it is one of the main problems of the Bulgarian mechanisms to accept unaccompanied children. As in many other cases referred to in this analysis, the restriction measures seem to have exacerbated it rather than helped to resolve it.

***What is the impact of the remote provision of social support and protection on the children?***

The parents of children with disabilities were most openly and fiercely against the restrictions in the work of the services for day-care and therapeutic support for their children. During the consultation, the support specialists from these services shared that **many children with disabilities and their parents went through dramatic crises during the restriction measures at home**. In some cases so dramatic that the specialists who feel responsible and connected to these families whom they have known for a long time and with whom they communicate almost daily, in the long run, ended up making home visits in order to calm the children and the parents.

The gradual opening of the services and the return to the work with children with disabilities while maintaining a distance and observing other restriction measures was also very hard.

*“The organisation for the day-care centre was most complex. The wearing of masks was even a shock there. They could not deal with it. There were very strong reactions, even aggressive behaviour.” (an expert from a municipal administration in a city)*

Without any doubt, **the therapeutic and consulting services for children with disabilities share about the strongest resistance to the restrictions and, later, the most significant regression of their users** with whom every progress is hard and persistent to achieve.

Children declined the therapy and consulting at one service for child victims of violence. The mandatory requirement for everything to happen over the phone proved to be an obstacle in the work on their sensitive cases which require additional confidentiality and sensitivity – not all children had a comfortable place from where they could speak on the phone and silence on the phone is even more painful.

*“The eye-to-eye contact gives a lot, both to the social worker and the customer. This is why we lost a lot because of its absence*. ***As a whole, the work with child victims of violence suffered a great deal****.” (a director of a service for child victims of violence)*

**Many customers never returned to the service after the adjustment of the measures, including offenders with whom the specialists had worked before that**.

Still, the situation related to the provision of social support had certain positive aspects which the participants in the consultation discussed.

**The interest in donations and volunteering grew significantly** even though the people did not always know what to donate and where. Still, some municipal administrations, organisations and even individual services made additional efforts to organise and channel this activity rather than reject it. Thus, the pandemic situation proved a good occasion to consider better and even test at times the mechanisms for work with donors and volunteers as a whole.

*“We received calls about clothes and other things. There were instances of empathy on the part of people who were alright for people who faced a double crisis... There has been a positive development.” (a social worker from Hope and Homes for Children – Bulgaria)*

*“We had a reason to see a demonstration of empathy and good intentions such as we did not expect to see. People called, asked how to help, donated, made masks.* ***As a whole, we have seen a more humane part of people****.” (a deputy mayor of a municipality)*

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***PROFESSIONALS’ POINT OF VIEW: Have restrictive measures and the COVID-19 situation affected vulnerable families?***

The UN, international research community and Bulgarian human rights organisations[[26]](#footnote-26) insist that the anti-epidemic measures have affected disproportionately vulnerable members of society. This consultation however has established that professionals working directly with vulnerable children and families do not assess the phenomenon so unequivocally. Surprisingly, the question whether the pandemic has affected the communities of the usual service clients has generated different reactions and opinions among professionals who were eager to share these in the framework of this consultation.

Respondents claim surprisingly often that in practice there is no impact whatsoever.

*„We resumed the fieldwork and saw that the pandemic had not reached the Roma quarters, it had just happened somewhere around them, there were no officially ill people, people did not believe [the pandemic], they did not comply with any [restrictive] measures.“ (a social worker from a community support centre in a town)*

*„Nothing changed in the way the vulnerable families that we work with live … I would not even say that there is some improvement in their culture of health. Ten persons use the same mask in turn to enter the shop in the Roma quarter. They laugh at the sight of our masks.“ (a social worker from a Child Protection Department in a city)*

The interviewed local government officials also tend to believe that the crisis has not affected in any way the situation of children and families in the Roma communities where people live in a relative isolation and at a higher social risk.

*„****I would not say that the measures have affected disproportionately the vulnerable communities. They have not affected them at all****. They have rather affected us disproportionately, because we had to continue working while taking care of our children at home who were not attending school.“ (an angry social worker from a Child Protection Department)*

Sometimes impact is assessed as tangible but rather neutral. Professionals taking this view do not believe that the pandemic is the reason for one development or another; they rather believe that it helped things develop faster or more dynamically in the direction they were going this way or other.

*„The lockdown has not particularly changed the situation of the families we are working with****. I would rather say that certain problems they experienced escalated due to the circumstances*** *but the problems themselves were not triggered by the lockdown. Distressed families fell apart, stable ones became stronger.“ (a psychologist from a centre for work with children)*

**Rarely did professionals claim that the impact is negative.** These opinions, however, can be supported by facts. *Hope and Homes for Children* report that the summarized data from the risk assessments for families that the organisation applies in its work clearly show an increase of the risk factors for various indicators. **It is basically the insecurity that has affected the way of life and climate in vulnerable families and has led to deterioration of the situation of children.**

*„We work with people who are in a crisis this way or other. Then another crisis comes for all of us and hits them, too… Fear and confusion about what follows were much more tangible in these families compared to others, to say the least. If for us this fear has risen by 10, for them it has risen by 100.“ (a social worker from Hope and Homes for Children – Bulgaria)*

*„We had closed some cases as we were not actively working on them. However, we had to support them, even only emotionally. We worked on two tracks: emotional support for those families who experienced a secondary crisis, and economic support which they needed this way or other.“ (a social worker from Hope and Homes for Children – Bulgaria)*

**Impact of the COVID-19 related measures as regards the four basic principles of the Convention on the Rights of the Child**

**Non-discrimination (Article 2)**

This is the topic about the dividing lines in the fight against the pandemic, which the data analysis highlights.

**→** The analysis shows that children placed in institutions and residential care services have suffered excessively from the highly restrictive measures, which taken together have in practice placed them in isolation for more than a year. Children and professionals in contact with the institutions and residential care services are aware of this fact – children much more than adults.

**→** The basic reason for drawing such a dividing line between these children and all the others as regards the applied measures for social isolation is the very nature of the care that these children receive there from the state: institutions and services are the terrain of control. This means that the measures were imposed more easily, strictly and uncompromisingly there compared to the families’ homes.

**→** Applying measures whereby the free movement of children was completely banned outside the boundaries of several Roma quarters, apparently following a group and ethnic principle, was *par excellence* discriminatory.

**→** Against this background of a complete ban on the free movement of children in institutions and residential care services, and the lockdown of children in the Roma quarters, prohibitions such as access to parks and playgrounds sound distant and irrelevant – as measures targeting a completely different group of people, living in a completely different way compared to children in residential care and Roma quarters.

**The best interest of the child (Article 3)**

This is the topic about the proportionality of the restrictive measures: are they inevitable and justified?

**→** The measures have been justified by the risk to public health, including children’s health, of course, children being potentially and in fact also affected by the virus. However, as regards children, the measures are excessively strict, not because children would get seriously ill or lose their lives, but because there is a good reason to believe that under normal circumstances children are the most common carriers of the virus thus threatening the life and safety of adults around them[[27]](#footnote-27). That is to say that although the immediate risk is for others, children bear the burden of reducing it.

**→** The risk to public health is real and objective, and the measures affect differently the different groups of children and the children individually, hence their impact should be assessed and weighed on a case by case basis. Generally, however:

* the unjustified and lengthy stay of children in institutions runs contrary to their best interests, all the more so if there is no judicial review of placing children in institutions;
* restricting children’s right to meet their parents contradicts their best interests;
* continuous social isolation runs contrary to the best interest of the child;
* no access to education due to lack of devices, internet or a committed adult to assist the child contradicts the child’s best interest;
* no access to appropriate services for support and development according to the needs and situation of the child runs contrary to the child’s best interest;
* the potential risk for the child to remain unprotected against violence, neglect or exploitation due to ‘distant’ social work contradicts the child’s best interest.

**Right to life and development (Article 6)**

This topic concerns the State responsibility for children’s life and proper development.

**→** Logically in a pandemic the State focuses its efforts on ensuring children’s survival. It is not known exactly how many children who one way or another fall in vulnerable groups have lost their lives, or the life of their parents or have been otherwise affected by the virus. The very restricted data from this consultation reveal little. This can be interpreted as a sign that the State has exercised its responsibility.

**→** At the same time, the data presented in the analysis show that the provision of opportunities for proper development according to the children’s potential was seriously compromised during the pandemic due to the undifferentiating, inflexible and non-tailor made to the different needs and life circumstances of the children manner of implementing the restrictive measures. The individual needs and specific situations of children from vulnerable groups were not sufficiently considered.

**→** An important fact to bear in mind is how valuable for children is the time for proper development which they lose due to the duration of restrictions. Children will never be adequately compensated for it (if the State invests extra resources and efforts to that end at all), nor are there any guarantees that children will quickly or ever compensate the missed development opportunities.

**Right to participate (Article 12)**

Here the question is: who, when and how talked to the children about COVID-19? The first two findings concern the access to information which is essential to the right to participate.

**→** Despite the efforts of national institutions, local administrations, non-governmental organisations and individual service providers to provide information to children in an accessible manner, this information did not reach all children, and reached most children late. The children who took part in this consultation informed themselves about the virus largely from media and social networking.

**→** Parents and social services working with children with disabilities or deficits had no access to materials adapted to their needs, and adults experienced difficulties in inventing appropriate and friendly ways to talk with children about the dangers of infection or the necessity to comply with the measures.

**→** There is no data or evidence in either this assessment or other published surveys for some of the COVID-19 related measures to have been consulted with children (cf. Todorova, 2020).

**→** Consultation with children from vulnerable groups sounds like a rather abstract idea. The overriding passive attitude to what is going on as something inevitable and beyond children’s control has been noted on several occasions in this analysis.

*„I was really angry for so many things, but particularly about the training practice… But if they lock us down again, there is nothing we can do – we will agree, we are just children.“ (12-year-old boy from a crisis centre)*

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***RESEARCHERS’ POINT OF VIEW:******What is the problem with misinformation among children from vulnerable groups?***

From interviews with children, it became clear that they learnt about the pandemic from mass media and internet. Accidentally and partly overheard news reports and TV interviews, chats in social media and discussions with other children are some of the main sources of information about the spread of the virus and the related measures. None of the children who took part in the consultation mentioned having visited the information sites of the State Agency for Child Protection or the Ministry of Health as regards COVID-19.

The somewhat logical consequence from this random way of information were initial fear and anxiety in relation to the virus, followed by mistrust and wrong beliefs about its spread and the significance of the imposed measures.

*„I learnt from the news, I was scared and for several days I was wondering whether I could get sick too. Later, when we heard about the travel restrictions and the lockdown, I calmed down a bit that probably I would not get sick.“ (15-year-old boy from a correctional boarding school)*

This view of one of the youngest children that took part in the consultation is rather an exception, as **most children shared without any worry that they did not believe and had never believed that they stood any chance of getting sick**. Many of the children shared they did not believe at all the virus to be so dangerous or to exist in the first place.

 *„I do not believe much, to be honest. I heard different stories from my acquaintances about people who were suffering from asthma and later their relatives were paid for entering COVID-19 as cause of death, which was not true. Since then I do not believe at all.“ (17-year-old boy from a correctional boarding school)*

*„I think it is the government that makes all these things because of the elections, to scare people. I do not believe that there is so dangerous a virus. This is why I couldn’t care less about the masks and the measures.“ (15-year-old boy from a crisis centre)*

Nevertheless, most children complied with the restrictions and the sanitary measures, and only few took the next step in their mistrust by not abiding the measures.

*„In the Family Type Centre for Children they give you a mask before you go out, you sign in a notebook, go out and throw the mask away in the dustbin.“ (15-year-old boy from a residential institution)*

**Exposure to fake news in the social media and witnessing the irresponsible behaviour of adults around turned out to be ab explosive combination**. The following view is particularly instructive about how the children exposed to these influences feel in the tightly controlled environment of the residential care facilities:

***„I find the measures meaningless, besides no one much respects them. It’s just us, but I wonder why…“*** *(16-year-old girl from a Family Type Centre for Children)*

The social workers from Hope and Homes for Children Bulgaria that we interviewed also commented that one of the great difficulties they had in their work during the pandemic were the **fake news**. In their words they found particularly **good ground among vulnerable groups**.

The fight against fake news that are distributed among the general public may already be lost bearing in mind the attitudes that this consultation reveals. It is amazing how strong the beliefs and how divided even children are in different camps: for and against the virus, for and against the measures, for and against the vaccination.

**III. Key findings**

The key findings are presented in three groups corresponding to the three main topics of the analysis. Three conclusions as regards vulnerable groups and measures have been made on the basis of the findings.

1. **As regards the isolation imposed on children in institutions and residential care services:**
* Children in residential care were subjected to longer and stricter isolation compared to the rest of the children in the country. Thus, **some 3,500 children remained in complete physical isolation for more than a year**;
* The lack of social contacts for children was not the consequence of a specific measure but rather the result of accumulation of the effect of different restrictions, including distance learning. Put together, the measures deprived most children from all conventional (other than online) relations outside the facilities for the period of isolation. Children spent much more time on their mobile devices than usual – not only because of the distance learning, but in order to be together with friends or out of boredom;
* Professionals tend to believe that the lockdown was a difficult period that passed without causing serious or long-term harm, while children believe that the lockdown was extremely unpleasant, but they had no other choice but to accept it;
* Nevertheless, **for their better part children dramatically perceived the restrictions as injustice**; the measures were often compared to punishment; *(negatively affecting the right to participate)*
* Isolation was accompanied by significantly higher levels of anger, anxiety, disappointment and apathy among children in residential services or institutions;
* The positive aspects concern the improved quality of human relations, according to the children, and the convenient opportunities to reduce the harmful interaction between children and the world outside the services and encouraging proper behaviour and habits, according to the professionals;
* **A number of concessions were made as regards the prohibition for parents to visit the services in order to meet their children.** Often in violation of the general rules, these concessions were solidly **justified by professional and ethical reasons**;
* A positive consequence was the increased interest of some parents in the situation of their children; the shared feeling of gratitude that the children were in a safe place in the residential care services[[28]](#footnote-28) and the fact that some parents returned from abroad and remained close to their children.
1. **As regards the reality of distance learning for children who live separated from their families and children whose families do not provide for the necessary conditions and support for home learning:**
* **The most complicated part of the logistics regarding distance learning is the presence of a committed adult**, who can compensate for the difficulties related to the social isolation, the lack of learning habits and children’s inability to participate effectively in the learning process without active monitoring and support. It was particularly difficult to ensure such support for the children in residential care, and often impossible for the children in Roma quarters and in the villages. This compromised children’s serious involvement in distance learning;
* Children’s attitude to distance learning was rather one of indifference and school assignments were in general taken quite lightly. When children ultimately specified a reason why they preferred presential mode to learning from home, it was that they could meet other children and friends in school;
* There was almost no distance learning in the segregated quarters and communities. There is enough data to indicate that the distance learning affected negatively at least part of the children in the Roma communities: they lost even the little attention and support they used to receive;
* Some data indicate that the compensatory educational support was extended inefficiently and **provided that children missed a large part of the school year, there are reasons to believe that a negative impact may be expected in the long run**;
* A positive consequence is the acquisition of devices and the development of skills to work with them.
1. **As regards the access to social assistance, protection and services for vulnerable families and children in the context of the imposed restrictive measures:**
* There is a variety of interpretations and modes of application of the national guidelines for the work in the social services and compliance with restrictions therein. The reasons are lack of specifics in the guidelines; the different capacity of the services to reorganize themselves and be flexible; and to some extent – the different pressure and demand on the part of the users with whom the services work;
* The emergency placement services were busier than usual during the period of restrictions;
* Children were placed for longer periods in all kind of services, including unaccompanied minors, which case is separately reviewed;
* **Social work while complying with physical distance requirements** was difficult and required even higher standards than the ones applicable in the social work with vulnerable children and families as regards flexibility and quick response, as well **assuming health risks and resolving serious ethical and professional dilemmas**;
* **Seemingly there is a feeling that during the period when the restrictions were applicable the situation in the area of child protection has rather calmed down than become more complicated. In fact, there are reasons to believe that rather alarming circumstances and cases remained below the radar of the child protection system**;
* A **regress** is observed as regards the effect of the interventions, which affects in greatest extent children with disabilities. The services for child victims of violence lost many of their clients during the restrictions. These trends are an **immediate consequence of the lack of direct contact and space for conducting the interventions – an equipped one for children with disabilities and a safe one for child victims of violence**;
* The impact assessment of measures aimed at vulnerable families varies drastically: some professionals submit that the impact was substantial, while others maintain that there was no impact whatsoever;
* Exposure to fake news in social media and the irresponsible behaviour of adults around combine poorly as stimuli for children’s conduct; *(negatively affecting the right to participate)*
* The interest in charity and volunteering has substantially increased.
1. **Main conclusions:**
* **The measures** against the spread of COVID-19 in Bulgaria did not take into consideration the specific life situations and needs of different groups of people, especially not children, but are **applied as ‘one size fits all’ solution** instead. As vulnerable groups have many extra needs, this way of implementing the measures results in these groups bearing the heaviest burden of the measures.
* Theresidential services for vulnerable children and the communities where the vulnerable groups of people live in together in isolation and marginalization were **additionally and intentionally** **closed and isolated further** during the emergency but also as a result of it. The critical outsider’s view as regards the situation of these people in those spaces as well as the support that usually comes from the outside disappeared for a while, which served as a catalyst for further unwanted capsulation, vulnerability and marginalization.
* **The implementation of the measures assessed not only made the existing social inequalities among children more visible but also deeper**: participation and misinformation, integration and discrimination, digital poverty, access to education and social services, and even access to protection against violence. In this sense the measures appear to be a step backwards on the track to social inclusion and full realization of the rights of vulnerable children.

**IV. Recommendations.**

*“If there would be measures again, they should be designed so as to be more different. It is not good to sit alone; you have to walk, to be in the open. When you are indoors, you just get bored and eat.” (16-year old boy from a correctional boarding school)*

*“It is up to us as a society to draw a demarcation line between concern and caution given the spread of the infection and children’s need of communication in person.”(pediatrician, as cited in Markova, 2021)*

The following recommendations concern the more adequate political and institutional response to similar crisis situations that might arise in the future.

1. In order to reduce the disproportionate spread of the burden of measures on children from vulnerable groups and the rest of children, on the one hand, and between all children and adults, on the other hand, **the first and most important action is to put efforts, as many and as appropriate as needed, to keep the schools open.** If a shutdown is needed, this should be done only as a last resort and for a short period of time. Instead, there are two paths to be followed as an alternative: strict adherence to measures within the school building (wearing masks, tests, fresh air, size of the groups, quarantine of classes and of their families) and more flexibility and freedom to make decisions that are tailored to the local specifics. Phrases like „distance learning happens if possible‘‘ appearing in the official governmental acts apparently leave some children out of any educational process whatsoever.

*Comments on the recommendation to Ministry of Education and Ministry of Health.* A number of studies, incl. Bulgarian ones[[29]](#footnote-29) has already proved a **direct link between the lack of adequate measures within the school and the role of children as spreaders of the infection**. The data clearly show that in the countries that left schools open without requirements for masks, ventilation and proactive testing schools were the main source of infection unlike elsewhere. It is concluded that the lack of school safety measures, non-compliance with quarantine for sick children, limited and almost no actual testing and the low culture of compliance are the main reasons why children at school become the main spreaders of the virus. Such are in fact also the recommendations of the WHO and the European Center for Disease Prevention and Control (ECDC), which insist on other measures than the closure of schools.

The other issue is whether all schools should be shut down totally, no exceptions. Findings of the current assessment show that access to distance learning was the most difficult form (the online form was virtually non-existent) and that the damage caused by school non-attendance is the biggest for **pupils from vulnerable groups who anyway live in exclusion and go to segregated schools.** Paradoxically, **it was exactly such schools that had the opportunity to apply, to the greatest extent, the softer measures** requiring the provision of space and disallowing consolidated groups of children as they have larger buildings and train fewer children or else train children who spend the day together in large groups, anyway. This possibility is confirmed by a poll of the Amalipe Center from the beginning of 2021 reaching about 75% of the schools in villages and smaller communities. In addition, school attendance could be safer from a health and anti-epidemic point of view for it is at school that children can wash and get adequate information about the virus rather than being exposed to outpouring misinformation.

1. Again, in order to reduce the disproportionate spread of the burden, ***one-size-fits-all measures should be avoided*** both in the imposition of restrictions and in the award of compensations for the damage suffered. This can be achieved thus: first, **the measures should be discussed in advance by experts** so as to provide for exceptional cases which may justify their modification or non-enforcement; the award of proportional compensations should be well-timed. Second, national decisions should be taken with guidelines for flexible implementation in cases where the local epidemic context implies varying severity or arrangement of prohibitions. And third, **a feedback from all who are directly affected by the measures should be actively sought and considered** while the modalities of the enforcement of the measures and the compensation tools should be timely updated following the feedback.

*Comments on the recommendation to Ministry of Health, Ministry of Labor and Social Policy, Ministry of Education and the local municipalities.* What happens in reality - as the presented above research data shows - is that when a measure is extremely restrictive or just more restrictive than the local context requires, it is imposed most severely on those structures and people who are subject of strict institutional control anyway. Thus, these structures and people bear the measure’s burden and at the same time witness the non-compliance with it of other community members. Exactly this happened to residential services and many social support services during the state of emergency in Bulgaria. Unjustified extremely restrictive measures also make children, families and especially professionals face complex dilemmas to break or not bans, which is not right.

During the pandemic situation, the municipal administrations and services obeyed en masse the statutory acts as enforced by the national institutions. It is fair to say that the national regulations have been complied with, word for word and explicitly, in the social sector. In the initial chaos and uncertainty, the existence of definite rules was welcome and brought the sense of stability that the local administrations and organizations needed. However, afterwards the impact of the disproportion or the quite long duration of some prohibitive measures on local specific conditions became visible here and there. However, there was almost no freedom to react.

In this situation, **some local administrations accepted the national restrictive measures as absolute and focused on the addition of support and protection measures.** The local authorities organized volunteer initiatives; food collection and delivery; hot telephone lines; provision of space for temporary accommodation in the event of emergencies; a 24/7 kindergarten, etc. The local authorities made most of the social sector projects in which they were currently involved and had funds to spend.

1. **Possible undesirable effects of the impact of the measures should better be assessed in advance** in line with approved procedures.

*The recommendation is addressed to the Council of Ministers, Ministry of Labor and Social Policy, State Agency for Child Protection and Ministry of education.*

1. The instructions about the reorganization of the social services operation in an emergency situation **should not be confined to prohibitions and restrictions alone but should also give guidelines and ideas** as to what should be done to ensure the needed attention and attendance for beneficiaries and support to the teams in the new working conditions. It is necessary to think about that in good time and to plan and identify the sources of additional funding to enable the planned reorganization.

*The recommendation is addressed to Ministry of Labor and Social Policy, Agency for Social Assistance, State Agency for Child Protection and local municipalities.*

1. More effort **should be made to involve children** in the discussion of measures at political level and even more so – in seeking and analyzing the feedback from them about the measures whose implementation directly affects them. Establishing **permanent mechanisms to consult with children on political decisions** (so that it also functions in emergency time) could be a working solution.

*Comments on the recommendation to the Council of Ministers, State Agency for Child Protection, the local municipalities and the community-based services.* During the emergency situation, it seems that not many steps have been taken towards creating a space where children from vulnerable groups can say what they think and feel that what they have said has been heard by someone. The lack of such space makes children feel excluded, discouraged and angry, as the data from this assessment shows. There are exceptions such as individual initiatives of non-governmental organizations[[30]](#footnote-30) and even in a sense – this assessment. In general, however, the explanations, arguments, and consolation regarding the measures received by children from vulnerable groups were around asking for acceptance, because the situation is difficult for everyone in the world, not just them.

1. **Additional and more calibrated efforts that are tailored to the different groups of children should be made to keep children informed about the emergency situation and the measures**. Given the fact that the television network and the media are the primary source of information for children, it would be reasonable to consider appropriate subject-matter that will use precisely these channels of communication while the public television, in particular, should be advised to tone down.

*The recommendation is addressed to the Council of Ministers, State Agency for Child Protection, the local municipalities and the media.*

1. **Good practices and initiatives should be further analyzed; their impact should be assessed; they should be described and disseminated**. Thus the efforts of the people who stand for them will be encouraged; positive developments will become more visible to the communities and the community; and workable solutions will be implemented elsewhere. One idea about a research project concerns the role of health and education mediators in Roma communities during a state of emergency.

*Comment on the recommendation addressed to Ministry of Labor and Social Policy, local municipalities, the NGO sector and the academia.* The data from this assessments of the situation of vulnerable groups during the state of emergency show that **a small number of people can bring a huge positive change** and work on behalf of many institutions and organizations, both assessing the situation for them and transmitting support (be it food, soaps or other). The experience of health mediators in Roma quarters and *Hope and Homes for Children*, for example, who remained in direct contact with people, shows that support is easier to find when it comes from a channel that people trust; it is also more adequate, more focused and less resources are wasted. These experiences also show that in extreme conditions, institutions and organizations spontaneously organize around a few people working on field and it turns out that otherwise difficult inter-institutional partnerships are actually possible.

1. It would be good to work **to save the mobilized resources of people and communities**. Insufficient work has been done to facilitate volunteering and empathy that have definitely been triggered in this complicated situation in people who were otherwise little concerned about the groups at risk. It is advisable that the services, organizations and institutions should look for ways to get hold of this urge and permanently enlist donors, volunteers and followers.

*The recommendation is addressed to the local municipalities, the community-based services and the media.*

**V. Action Strategy.**

The CRIA report is the second step we took in the direction of the protection of children’s rights in the COVID pandemic – the first one called “Children and COVID-19” was completed and presented earlier this year and it included important assessments and analysis as regarding the rights of vulnerable groups of children in the times of a pandemic.

Both reports are part of the institution’s strategy to actively present for public discussion the problems and the recommendations that those reports highlighted.

**Strategy for advocacy:**

1. The possible unwelcome impacts of the enforcement of regulations and other statutory acts should be subject to a preliminary assessment rather than find out post factum that their social cost was too high.
2. Crisis management measures should be consulted with children and other vulnerable groups prior to the implementation and the needed effort should be made to communicate the decisions to them in an amply efficient and adequate manner.

The office of the Ombudsman will continue develop the already established partnerships with relevant stakeholders – civil society organisations fighting to protect the rights of the child, parental associations, think tanks, public authorities on a national and local level.

**Actions for presentation of the results:**

* + To publish the national report;
	+ To present the national report to the National Assembly;
	+ To organize and hold a public event where to present the assessment report and the recommendations to the relevant stakeholders, municipalities and NGOS that participated in the consultation, and to seek a feedback from them;
	+ To present the key findings and recommendations in a child-friendly format to children in an online workshop (or other online event) and to reflect on them – *for example, to the young people’s advisory group that the institution of the Ombudsman works with within the ENOC framework;*
	+ To organize a nationwide discussion on the rights of the child in the context of crisis management policies and the need of a new approach.

**VI. Reflection on the application of the CRIA methodology in the Bulgarian context**

The CRIA methodology is fully applicable to the Bulgarian context. The assessment in question shows that the CRIA is a convenient and sufficiently flexible impact assessment tool that can be applied by stakeholder national institutions and organizations quickly and specifically to different pieces of legislation, regulations, interventions and even theme-based policies in the field of the rights of the child. The CRIA can make big savings on the cumbersome procedure and on the costs to be borne in the selection and the development of an appropriate set of methods and matching tools as well as in the employment of a great number of members of an impact assessment team. There exists no routine practice in Bulgaria to make impact assessments, especially by institutions, therefore, such a clear and easy to use impact assessment model would be extremely beneficial. If supervision is in place, Bulgarian researchers could work even if they lack special training, providing they have previous assessment-related experience, as shown by this assessment.

Given its functions, the Ombudsman Institution qualifies very well to apply CRIA given the Institution’s position to consult and react by recommending actions rather than make political and legislative decisions. Moreover, the application of the methodology to regularly assess the impact on the rights of the child will generate data that would be of further help to enable the Institution to perform its monitoring role.

CRIA was done according to UNICEF ethical standards endorsement process which should be implemented in all research, assessments and data gathering related to children.

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**List of stakeholders consulted:**

***Specialists***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Profile*** | ***Institution*** | ***Location*** |  |
| Senior municipal administration officer | Municipal administration | City, seat of a region | 1 |
| Municipal administration, expert | Municipal administration | City, seat of a region | 3 |
| Health mediator in a Roma neighborhood | - | City, seat of a region | 3 |
| Social service manager | Center for street children | City, seat of a region | 1 |
| Psychologist | Center for street children | City, seat of a region | 1 |
| Social worker | Center for street children | City, seat of a region | 1 |
| Social service manager | Family-type placement center | City, seat of a region | 1 |
| Social worker | Child protection department | City, seat of a region | 13 |
| Senior municipal administration officer | Municipal administration | Town, seat of a municipality | 2 |
| Expert holding administrative functions | Local commission for control of juvenile antisocial behavior | Town, seat of a municipality | 1 |
| Specialized institution principal | Reformatory boarding school | Town | 1 |
| Social service manager | Daycare center for children with disabilities | Town, seat of a municipality | 1 |
| Social worker | Daycare center for children with disabilities | Town, seat of a municipality | 1 |
| Psychologist | Daycare center for children with disabilities | Town, seat of a municipality | 2 |
| Social service manager | Social support center | Town, seat of a municipality | 1 |
| Social worker | Social support center | Town, seat of a municipality | 2 |
| Social service manager | Family-type placement center | Town, seat of a municipality | 1 |
| Supervisor | Family-type placement center | Town, seat of a municipality | 2 |
| Social service manager | Crisis center for children and persons who are victims of violence | Town, seat of a region | 1 |
| Social worker | Safe zone for unaccompanied refugee minors in a registration and reception center | The capital city | 1 |
| Manager of a program to support children and families at risk and a social worker under the program | NGO | Nationwide | 2 |
|  |  |  |  |
| **TOTAL:** | **42** |

***Parents***

|  |  |  |
| --- | --- | --- |
| ***Profile*** | ***Location*** |  |
| A parent who has been subjected to violence and placed together with his/her children in a crisis center | Town, seat of a region | 1 |
| A parent who lives together with his/her children in a Roma neighborhood | City, seat of a region | 8 |
|  |  |  |
| **TOTAL:** | **9** |

***Children***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Profile*** | ***Age bracket*** | ***Gender*** | ***Location*** |  |
| A child placed in a family-type placement center | 13-16 | 5 girls,2 boys | City, seat of a region | 7 |
| A child with special educational needs placed in a family-type placement center | 12 | 1 boy | City, seat of a region | 1 |
| A child placed in a family-type placement center | 14-17 | 7 girls,4 boys | Town, seat of a municipality | 11 |
| A child with disabilities using daycare | 8-18 | 4 girls,1 boy | Town, seat of a municipality | 5 |
| A juvenile delinquent assigned to a reformatory boarding school | 14-17 | 15 boys | Small town | 15 |
| A child who is a victim of violence and institutionalized in a crisis center | 12-15 | 2 boys | Town, seat of a region | 2 |
| An unaccompanied refugee minor institutionalized in a registration and reception center | 16-17 | 3 boys | The capital city | 3 |
|  | 8-18 | 16 girls,28 boys |  |  |
| **TOTAL:** | **44** |

The total number of interviews conducted with participants in the assessment is 25. Individual interviews were only conducted in the cases when there was just one person of certain profile who wanted to participate in the consultation in a given moment of time or when children preferred to speak one-to-one with the researcher instead of joining a group conversation.

***Children***

|  |  |
| --- | --- |
| Individual interview | 3 |
| Focus group | 6 |
| **TOTAL:** | **9** |

***Parents***

|  |  |
| --- | --- |
| Individual interview | 1 |
| Focus group | 2 |
| **TOTAL:** | **3** |

***Specialists***

|  |  |
| --- | --- |
| Individual interview | 4 |
| Focus group | 9 |
| **TOTAL:** | **13** |

**GLOSSАRY:**

|  |  |  |
| --- | --- | --- |
| ***Social services and institutions that are part of the assessment:*** | ***Official name in Bulgarian:***  |  |
| Family-type placement centre | Център за настаняване от семеен тип (ЦНСТ) | Residential care for children in the community *(within this assessment only family-type placement centres for children without disabilities were visited)* |
| Day-care centre | Дневен център за деца с увреждания (ДЦ) | Support service for children with disabilities in the community providing day-care and therapy |
| Centre for working with street children | Център за работа с деца на улицата (ЦРДУ) | Support service for children without disabilities in the community |
| Community support centre | Център за обществена подкрепа (ЦОП) | Support service for children and families in the community providing consultative and therapeutic services  |
| Correctional boarding school  | Възпитателно училище интернат (ВУИ) | Residential facility for juvenile delinquents assigned to live there by the court as a correctional measure |
| Safe zone for unaccompanied minors | Сигурна зона за непридружени деца мигранти в регистрационно-приемателен център (Сигурна зона) | Residential placement for unaccompanied refugee minors situated in a registration and reception centre for refugees |
| Crisis centre | Кризисен център (КЦ) | Service for short-term placement of children victims of violence or abuse in cases of emergency |

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This project has been implemented on a national level by the institution of the Ombudsman of the Republic of Bulgaria. The research has been conducted by Evgeniya Toneva – a national consultant elected for this purpose.

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1. After the end of the assessment, on 28 August 2021 by new order of the Council of Ministers the state of emergency has been extended from 1 September 2021 to 30 November 2021. [↑](#footnote-ref-1)
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3. Information about all normative documents that introduce restrictive measures is available at the Bulgarian governmental official COVID-19 portal: <https://coronavirus.bg/> [↑](#footnote-ref-3)
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6. See Todorova, V. (2020). Analysis of the impact of the emergency legislation on the COVID-19 pandemic concerning the access to rights of children and families in vulnerable circumstances. Legal analysis commissioned by UNICEF Bulgaria. [↑](#footnote-ref-6)
7. In the first months of the restrictive measures, blockades were imposed on some Roma quarters in the country, where the concentration of contaminants was supposedly high. Movement outside the ghettos was completely or partially restricted. [↑](#footnote-ref-7)
8. National Network for Children (2021). Report card 2021: What is the average government score for childcare? [↑](#footnote-ref-8)
9. See, e.g. Letter of Instruction No. 08-00-11691/02.09.2020 of the Executive Director of the Social Assistance Agency regarding the prevention of the spread of COVID-19 within social services where the access of ‘outside people’ to the services is discussed in general without any specifications whatsoever about the biological parents of the children. [↑](#footnote-ref-9)
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13. There are still few targeted studies which measure the effect of this stress on the children living in residential care and data are yet to be gathered, disclosed and discussed. The electronic library of the *Better Care Network* platform (2021) has a special section on COVID-19 and children in alternative care containing different types of publications – articles, research reports, descriptions of practices, guidelines for work and others and it is regularly updated with new resources. [↑](#footnote-ref-13)
14. See Glossary at the end of this report. [↑](#footnote-ref-14)
15. State Agency for Chid Protection (2021). Report on the work of the National Telephone Line for Children 116 111 for 2020. [↑](#footnote-ref-15)
16. Nhep, R. and Doore, K. (2021) Impact of COVID-19 on Privately Run Residential Care Institutions: Insights and Implications for Advocacy and Awareness Raising. Better Care Network. [↑](#footnote-ref-16)
17. See Order No. RD-01-124, 13.03.2020 of the Minister of Health on the enforcement of short-term pandemic-related countermeasures as well as the related Order No. RD09-704-31.03.2020; Order No. RD09-762/09.04.2020; Order No. RD09-3171/12.11.2020; and Order No. RD09-856/09.04.2021 of the Minister of Education on the introduction of distance online training. [↑](#footnote-ref-17)
18. Order No. RD-01-124/13.03.2020 of the Minister of Health which was the first to introduce restriction measures with respect to educational institutions lays down that after the necessary suspension of classes at school, **remote training is introduced “if possible”**. [↑](#footnote-ref-18)
19. See, for example, Todorova, V. (2020). Analysis of the impact of the emergency legislation on the COVID-19 pandemic concerning the access to rights of children and families in vulnerable circumstances. Legal analysis commissioned by UNICEF Bulgaria. [↑](#footnote-ref-19)
20. Global Metrics (2020а). Rapid assessment of the COVID-19 impact on education: missing classes: an exacerbating issue. Report from a survey commissioned by UNICEF Bulgaria. [↑](#footnote-ref-20)
21. See Letters of Instruction No. 08-00-6602/02.06. 2020 and No. 08-00-11691/02.09.2020 of the Executive Director of the Social Assistance Agency regarding the prevention of the spread of COVID-19 within social services. [↑](#footnote-ref-21)
22. Petrova, N., Yankova, D. and Peneva-Kovacheva, Zv. (2020). Community social services in a state of emergency. Report from a survey. Social Activities and Practice Institute, Sofia. [↑](#footnote-ref-22)
23. See Order No. RD01-0497/16.03.2020; and Order No. RD01-0881/27.05.2021 of the Executive Director of the Social Assistance Agency regarding placement in residential care. [↑](#footnote-ref-23)
24. Ombudsman of the Republic of Bulgaria (2021). Children and COVID-19. The impact of the crisis on the rights and interests of children. [↑](#footnote-ref-24)
25. Eurochild (2020). Growing up in lockdown: Europe’s children in the age of COVID-19. 2020 Eurochild Semester Report. [↑](#footnote-ref-25)
26. Bulgarian Helsinki Committee (2021). Report on Human Rights in Bulgaria in 2020. [↑](#footnote-ref-26)
27. Tomov, L. (2021). The spread COVID-19 among children in Bulgaria. Journal “Prakticheska pediatria”/Practical Pediatrics, Issue 5/2021. [↑](#footnote-ref-27)
28. The claim that parents appreciate their children’s being placed in care facilities may sound a bit strange in the context of this assessment, but it reflects directly general attitudes towards residential care for children in Bulgaria one of which is that parents usually regard positively this kind of care setting and even sometimes leave their children voluntarily to live there (on this topic see Know-how Centre for Alternative Care for Children, New Bulgarian University (2021). Deinstitutionalization: The Case of Bulgaria 3. Report from a survey.). [↑](#footnote-ref-28)
29. Tomov, L. (2021). The spread COVID-19 among children in Bulgaria. Journal “Prakticheska pediatria”/Practical Pediatrics, Issue 5/2021. [↑](#footnote-ref-29)
30. Hope and homes for children (2020). COVID 19 – Isolation diaries. [↑](#footnote-ref-30)