



Cities on the frontline: local practices for active inclusion in Sofia



Faculteta health and social community centre services for disadvantaged Roma children and families

Cities for Active Inclusion

CITIES FOR ACTIVE INCLUSION

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1. INTRODUCTION

1.1 Sofia context

Sofia is the capital of Bulgaria and its largest city. It is also Bulgaria's administrative, economic, transport, cultural and educational centre, and for many people, this makes it the country's most desirable place to live. Sofia municipality consists of 24 districts and has a population of 1.3 m (1 291,591 on 1.2.2011)¹ which represents 18% of the Bulgarian population.

Sofia's population mainly consists of people from three ethnic groups: people with a Bulgarian, Turkish or Roma background. This reflects the national picture for Bulgaria as a whole. Bulgaria's 2011 census showed that people with a Bulgarian background accounted for 84.8% of the country's total population; 8.8% were people with a Turkish background; and 4.9% were people with a Roma background (325 343 people). The remaining 1.5% belong to other ethnic groups. Separate research suggests that there may actually be up to 500 000 Roma people living in Bulgaria. More than a half Bulgaria's Roma people live in cities (55.4%).

In terms of educational levels, 36.8% of Sofia's population has received some form of higher education, which is more than double the average rate for the country as a whole. A further 44.9% have completed high school education; 17.8% have only completed primary education; and 0.5% have never attended school

However, although the average educational level in Sofia is higher than for Bulgaria as a whole, there is a significant difference in educational attainment between the three main ethnic groups². For example, 8.4% of Roma adults living in the Sofia region have never attended school, while for the other ethnic groups (i.e. people with a Bulgarian or Turkish background), the proportion of adults who have never been to school is less than 1.0%. This has resulted in significant differences in adult literacy rates among Sofia's three main ethnic groups. For adults who identify themselves³ as Bulgarians, only 0.5% have literacy problems, compared with 4.7% for the Turkish ethnic group, and 11.8% for the Roma ethnic group.

The Sofia region has the highest rate of economic activity in the country⁴: 71.5% of all adults in the city are engaged in economic activity. Also, for people in the 15 to 64 age group, Sofia has the country's highest rate of employment at 65.5%, and the country's lowest unemployment rate: at 8.3%, this is around half the national average. But among the Roma ethnic group, unemployment is much higher: around 47%. In addition, of the 53% of adult Roma people who are employed, only 41.9% are in what might be considered as regular employment, while 38.4% declare themselves as self-employed. Some 11.7% are part of a family business, and 8% say they are employed in other ways. Moreover, most employed Roma people only work part-time or in temporary work⁵.

Although, over the last two decades, Bulgaria has seen an overall decrease in birth rates, both the Roma ethnic minority group⁶ and the Turkish ethnic minority group⁷ show birth rates that are higher than the average.

¹ Source: February 2011 census: this population figure is based on each person's registered address, but surveys show that an additional estimated 450 000 people live in Sofia without being registered, although some of these just work in Sofia and have a registered address elsewhere.

² Source: February 2011 census.

³ Source: February 2011 census: self-identification is based on voluntary responses given during the census.

⁴ The Sofia region includes Sofia municipality and several small towns and villages nearby.

⁵ See the EU INCLUSIVE study:

www.gitanos.org/upload/19/58/Roma_in_Romania__Bulgaria__Italy_and_Spain_between_Social_Inclusion_and_Migration._Comparative_St.pdf.

⁶ The ethnic and religious composition of the population is based on self-determination and the voluntary responses given in the February 2011 census.

⁷ February 2011 census data (based on information people give voluntarily about themselves).

Many Roma people are among the most disadvantaged people in the country, and are also most excluded from the labour market. Traditionally, many Roma people have settled on the outskirts of Bulgaria's cities, in densely populated neighbourhoods where it is cheaper to live. These areas are often characterised by poor infrastructure. Due to a lack of education, which has contributed to high rates of unemployment, many Roma people live below the poverty line. A higher proportion of Roma people than of other ethnic groups have been shown to be engaged in criminal activities.

Currently, there are about 125 000 Roma people (9.6% of the population) living in Sofia, mainly on the outskirts of the city. In these areas, many Roma people experience a variety of problems that make it harder to be included in the labour market, such as: marriage at a young age, parenthood at a young age, families having large numbers of children, migration, homelessness, an unsettled lifestyle⁸, and little knowledge of the Bulgarian language. These issues often recur in succeeding generations, and can contribute to the social exclusion of Roma children. For example, many Roma children either do not attend school or drop out of school before completing their primary or secondary level education: 23.2% of Roma children aged 7-15 years do not attend school. Moreover, many of these children are abandoned by their parents, spend the most of their time on the street, become homeless, or end up in institutions⁹.

In Sofia, there are several separate neighbourhoods where the population consists mainly of Roma people. One of them, Faculteta, is in Sofia's Krasna Polyana district, in the western part of the city. It stretches over an area of 9.2 km² (920 hectares). The population of Faculteta is about 60,000 people of which approximately 15,000 (25%) are Roma. In total, the wider Krasna Polyana district benefits from 10 kindergartens, seven schools (one sports school, two technical schools, and four private schools), five cultural centres (three of which are specifically focused on Roma culture), and two Orthodox Christian churches. The area is also served by the St. Sofia municipal maternity hospital, and two medical and dental centres.



⁸ An unsettled lifestyle: no permanent place to live and constantly moving from one place to another.

⁹ It is hard to establish the exact number of homeless children and young people in Bulgaria: estimates vary from several hundred to several thousand, and most are Roma children.

In 2012, Bulgaria's agency for child protection conducted a health and social research study among children and families at risk in 11 districts of Sofia. 2 062 respondents were interviewed (including 948 children). The study indicated the following key problems for families at risk: poor living conditions (599 persons); unemployment (745 adults); children at risk of abuse and neglect (233 children); children not attending school or kindergarten (200 children); children without a personal doctor (38 children).

Source: Municipal Programme: Measures to support vulnerable children and families living at risk in Sofia municipality.

Despite having these educational and cultural facilities in their neighbourhood, the Roma population of Krasna Polyana still faces many challenges: for example, in the fields of employment, education, healthcare and housing. In particular, many are disadvantaged in the labour market: they lack literacy skills, are poorly educated, and have no skills or qualifications. Many Roma people therefore work in the grey economy: they work without an official contract and without paying taxes. A survey shows that nearly 24 % of employed Roma people in Bulgaria work without any contract.

Many Roma people also suffer from poor living conditions. In many neighbourhoods there are no maps of land ownership, and many of the homes have been constructed illegally. About 10% of Roma households do not have running water or a waste water system for sewerage; the infrastructure is inadequate; and access to social and public services is limited. As a result, on average, people from the Roma ethnic minority group have higher morbidity and mortality rates, and shorter life expectancy rates.

Roma women in particular face serious problems related to poverty and unemployment. For example, in 2004, a study of Roma women¹⁰ showed that 69% of the women surveyed were unemployed: only 31% had a job and were able to contribute to the maintenance of the family. Almost half of these women were long-term unemployed: they had not worked for more than 5 years. In a study undertaken in 2013, the three main reasons that Roma women gave for being unemployed are: the lack of jobs; the fact that they are committed to raising young children; and their low educational level¹¹.

With these high levels of disadvantage and unemployment, Roma people form the largest group of people in Bulgaria who are most excluded from the labour market

1.2 Sofia region's role in Roma integration in Bulgaria

In line with Bulgaria's national Roma integration strategy (2012-2020), Bulgaria's 28 regions have started developing new policies to actively include Roma people and help them integrate into the wider society. Each region is required to take a partnership approach to policy development. This means involving representatives of: every municipal authority; the regional branches of government institutions; NGOs working on ethnic integration; regional members of the national council for cooperation on ethnic and integration; and the general public.

In January 2013, as a result of this cooperation between the various authorities, NGOs, and civil society, the governor of the Sofia region approved the Regional Roma integration strategy (2013-2020). Although this regional strategy initially runs until 2020, it can be extended for longer, and can be supplemented or modified: this will depend on the results achieved over the next few years, and will reflect any changes in the National Roma integration strategy.

¹⁰ Source: Educational status of Roma women: Centre for research and policies for women and the agency for gender equality monitoring (page 38): Christo Kyutchukov: 2004.

¹¹ Source: Women and violence in intimate relationships in Roma communities: International centre for minority studies and intercultural relations (pages 20, 24, 25): Ilona Tomova and Violeta Angelova: 2013.

Roma women who are poorly educated work mostly in seasonal and temporary work, often in the informal sector and without a permanent contract, or health and pension insurance, and for lower wages than legal workers. Between the Roma subgroups, there are big cultural differences in family patterns and roles, but the majority of Roma women live in a closed patriarchal community and family. Some Roma women live in wealthy families, but they are still obliged to earn a significant income through pick-pocketing or fraud, and to give the money to the men in the family. However, in high-income Turkish-speaking Roma families, girls are often allowed to stay in primary education, and in some cases, they even complete secondary and higher education: some then prefer to give up their Roma identity and adopt mainstream culture. Others retain their Roma identity, but even then, their marriages and family models are much closer to that of the Bulgarian ethnic group than the Roma ethnic group: they get married later, and after completing further education and finding a permanent job, they only have one or two children; they usually settle outside the Roma neighbourhoods; they send their children to good schools to ensure a high quality education; and they continue their professional development, and create a more equal relationship with their husbands.

To help combat poverty and social exclusion among Roma people and help them integrate into society, Sofia region's Roma integration strategy is focused on providing a coordinated approach to help vulnerable citizens of Roma origin. However, support is not limited to Roma people: it is applicable to all disadvantaged people, regardless of their ethnic background. In line with the EU framework, the term Roma is used to describe Bulgarian citizens who identify themselves as Roma, as well as other groups of citizens who have a similar background.

1.3 City programme to support Roma children and families at risk

As part of its aim to combat poverty and social exclusion and to integrate Roma people into the wider society, Sofia city council is implementing a specific programme of measures to support vulnerable children and families at risk. Sofia's social services directorate is responsible for developing and implementing this programme over the coming years.

The programme is based on the results of an ambitious field research study. This was organised through cooperation between: Sofia municipality; the national child protection agency; three government ministries (the ministry of health, the ministry of education, youth and science, and the ministry of labour and social policy); local communities; NGOs; and other relevant stakeholders. The research covers 11 disadvantaged areas in Sofia which have a high concentration of Roma people.

In the measures planned for 2013, five of these 11 disadvantaged areas are included in NGO



projects for coordinated outreach work, on the ground, with disadvantaged minority groups and families. These projects are funded by Sofia municipality.

Sofia municipality has also implemented three of the new state-funded social services for vulnerable children living in disadvantaged areas¹². In addition, a coordination unit has been established to ensure that all the organisations involved in providing support to vulnerable people can work together: to synchronise their activities, as well as collecting and sharing information about opportunities for providing support to vulnerable people.

¹² Three state-delegated services for children: two day-care centres and one centre for the social integration and rehabilitation of disadvantaged children.

2. CASE STUDY: HEALTH AND SOCIAL COMMUNITY CENTRE IN FACULTETA

2.1. Preventative approach for children and families

In the Faculteta neighbourhood, which is in the Krasna Polyana district of Sofia, about 15,000 people (25% of the population) are of Roma origin. Roma people tend to live in compact communities. A high proportion of people in this ethnic group have been excluded from the labour market long-term.

In 1998, the Health and Social Development Foundation (HESED), which is a Bulgarian NGO, recognised the need to actively include disadvantaged Roma people into society. This NGO therefore set up and piloted an innovative health and social community centre in Faculteta.

By 2008, the effectiveness of this centre, in helping to actively include Roma people, had been proven. Sofia municipality then took on the responsibility for ensuring the service continued into the future, and also started looking at rolling the concept out to other neighbourhoods in Sofia with large Roma populations.

The overall objective of the Faculteta health and social community centre is to break the vicious circle of intergenerational poverty and social exclusion among Roma families, through coordinated community-based social services.

As mentioned earlier, the majority of Roma people in Sofia are disadvantaged. The predominant problems are: poverty, unemployment, poor health, child neglect and abandonment, early marriage, dropping out of school, and involvement in crime and anti-social behaviour.

One of the key reasons why Roma children and young people drop out of school is insufficient early child development and a lack of pre-school education. This leads to a lack of cognitive, language, social and motor skills. This reduces their ability to take advantage of educational opportunities and achieve qualifications or skills. These problems tend to contribute to social isolation from other Bulgarian people, and from other areas of the city, and also to exclusion from the labour market.

To break the cycle of intergenerational poverty, the centre plans to provide:

- increased pre-school education for Roma children, including health education
- parenting skills development
- individual case management for children at risk of neglect and abandonment
- health promotion and social skills development for young people
- financial support to improve housing conditions
- support for parents to meet the criteria for suitable jobs.

At every stage, the project involves all the stakeholders, including representatives of the service beneficiaries and of the Roma community as a whole, as well as the service providers¹³. The quality of service provision is guaranteed through the regular training and supervision of the

¹³ Depending on the activity, other stakeholders may include: representatives of Roma community, religious leaders, regional health inspectors, regional education inspectors, regional employment offices, various municipal directorates, the police department for youth crime and anti-social behaviour, local schools and kindergartens, relevant researchers and scientists, and relevant NGOs.

service providers: these include relevant specialists and Roma community outreach workers. Additional factors that contribute to the success of these intervention services include: long term sustainability of service-provision; services that are tailored to each clients' needs; and continuous evaluation of the outcomes, to monitor the effectiveness of the services.

2.1.1 Target groups and services

The specific active inclusion services provided by the Faculteta health and social community centre are targeted towards the surrounding community of Roma people, particularly groups with higher vulnerability, as follows:

- pregnant women and mothers/families with children 0-3 years old
- pre-school children aged 3 to 5 years old and their parents
- young people aged 12 to 17 years old and their parents.

The Faculteta health and social community centre provides a wide range of complementary community-based services, including the following:

- **Children aged 0 to 3 years: social guidance for parents:** improving the health and development of children up to 3 years old through parenting skills development, and social support for parents; this programme also helps to develop positive emotional attachments between parents and children, and improves parents' attitudes to parenting and child care. It also decreases the risk of children being taken into institutional care. This service therefore encourages new community norms for adequate parenting and childcare.
- **Children aged 10 months to 3 years: free/subsidised food:** distribution of free or subsidised baby food for disadvantaged children. The food is delivered to the centre by the municipal child nutrition service: it is free of charge for children most at risk, and half-price for other socially disadvantaged families.
- **Children aged 4 to 5 years: kindergarten:** a free pre-school kindergarten that offers an alternative to the regular kindergartens for the early care and education of children. Each child attends for a morning or an afternoon each day, and the quality of the educational programme is equivalent to that of mainstream kindergartens. This service develops children's cognitive, social, language and motor skills, which are needed for the successful integration into school: this has been shown to be the most effective way of reducing school dropout rates¹⁴.
- **Young people aged 12 to 17 years: social and life-skills training:** a development programme for Roma young people, covering health and sexual education, family planning, avoiding socially unacceptable behaviour¹⁵, drug prevention, gender equality, professional orientation and career planning, and social skills needed for future employment.
- **Families: financial training:** Because disadvantaged families often find it difficult to save enough money to cover their general consumption needs, or any unexpected expenses, until they receive further income, they often rely heavily on credit from community money lenders who charge very high interest rate. This leads to a cycle of debt. Financial literacy training for disadvantaged families helps them plan their spending more effectively, and also helps them access other types of cheaper credit.

¹⁴ The education of children is tailored to the Bulgarian education standards, and every pre-school teacher is obliged to adjust their teaching to meet the specific needs of each child in order to meet the national standards. But the centre's parenting skills programme is tailored to the specific needs of parents from the Roma community, taking into account their social norms for raising children, and their value systems, attitudes and beliefs.

¹⁵ For example, in many Roma communities, early marriage is socially accepted but can increase the risk of exclusion. Prostitution and theft are also accepted among small groups, but these activities increase the risk of exclusion and adversely affect their health, education and personal development, and the wellbeing of other family members.

- **Families: interest-free home-improvement loans:** disadvantaged Roma families with children are offered interest-free loans to improve their housing conditions, as the lack of basic facilities puts families and children at high risk of social and labour-market exclusion. Over the years, many Roma people living in Sofia have built their homes without official planning permission, and on land to which they may have no entitlement. However, the interest-free loans are offered regardless of these planning or ownership issues.
- **Employment services:** parents of disadvantaged children are given assistance with finding employment, and with information about available jobs, how to fill in job applications, and how to present themselves at interviews.
- **Informal leaders of social peer groups: training:** provision of training for people who are identified as taking a leading role in various target social groups (e.g. groups of women with young children), so that they can become informal peer educators. These informal leaders can then encourage people within their group to make healthier choices for raising their children and to adopt updated methods for child care, which creates additional social support for positive change.

2.1.2 An integrated and coordinated approach

All the programmes targeted at different client groups at the centre use an integrated approach. This combines: needs assessment; provision of information; in-depth psycho-social work to change attitudes; and skills development in fields such as health protection, nutrition, child development, how to access health and social services, and how to access education and labour opportunities.

Life-skills training is also among the services offered, especially for young people. These skills include: self-respect, self-esteem, communication skills, assertiveness, negotiation skills, goal-setting, decision-making, accepting responsibility, self-presentation, anger-control, time-management, and risk-management. Clients of the programmes are also supported with assistance in finding a job.

All the community based services offered at the centre are coordinated by the Health and Social Development Foundation NGO (HESED). The services are approved by the State Agency for child protection, which issues the relevant licences. Experts from the agency inspect the centre's services and activities on an annual basis. The child protection team also refers individual cases of children at risk of neglect and abandonment for case management by specialists at the centre.

Sofia's municipal directorates for social activities, for health, and for education play a crucial role in how the health and social community centre operates. All the community-based services provided by the centre are social services, even though they are designed to solve problems across a wide range of fields, including education, extreme poverty, child neglect and abandonment, health, unemployment, juvenile crime, and housing conditions. The Social activities directorate therefore takes the leading role. However, all three of these municipal directorates are very active in planning, funding, and ensuring the sustainability of the services. They are involved in ensuring an efficient approval process for new services, which includes the different stakeholders; and they create a helpful and efficient administrative environment that supports the centre's innovative service provision. The local Krasna Polyana district staff are also involved in planning, administration and fundraising support for the centre.

Other organisations that also work in close cooperation with the community centre's team to ensure high quality services include: the Regional education inspectorate (which is part of the national ministry for education, science and youth); the regional and local child protection structures; and the youth crime department of the regional police service.

The local Child Protection Unit (which is part of the national ministry for employment and social policy) refers individual cases of children at risk of neglect and abandonment for case management

by the specialists of the Centre's team. All these structures provide support and supervision of the quality of the community-based services.

In addition, the regional municipal maternity hospital participates: it provides low-threshold services for disadvantaged women who have not already registered with a doctor or a hospital. These services include contraception services, and pre-and post-natal care. All these organisations are involved in ensuring that the centre's services meet the required standards of quality and effectiveness.



2.1.3 Innovation

The Faculteta health and social community centre approach is innovative because it offers a co-ordinated range of high quality community-based services in one place. The following three elements are essential for this innovative approach to work:

- **a community-based infrastructure:** a suitable building or part of a building, conveniently located, and with inclusive access and facilities, which provides a welcoming, safe and trusted environment
- **a well-trained high quality team:** multi-skilled social workers and other specialists to work at the centre and provide the services, including trained Roma community workers to provide outreach activities
- **a range of community-based services:** services that complement each other, and can be provided by a relatively small team of specialists, to relatively large numbers of people: this helps to maximise the number of clients that the centre can help, as well as delivering cost-efficiencies.

The centre's innovative service-hub approach delivers cost-effectiveness in a number of ways. For example, it means that all staff training and development can be done on-site; high quality childcare and child development work can be provided on-site, while parents attend other sessions; and children and their parents avoid travel expenses due to the suitable location of the centre. In addition, the premises are used to the full: the costs of creating a friendly and welcoming environment, with inclusive child-friendly facilities, are shared across all the various services, as are the running costs and maintenance costs.

The community outreach workers and other specialists are multi-skilled and perform a combination of activities, which span a far wider range of services than, for example, traditional health mediators. The services that the community outreach workers provide include: health advice; education advice; social education; employment advice; parenting training, such as advice on raising healthy and happy children; family planning; HIV/STI prevention; healthy nutrition;

stress management; and gender equality advice. There is also a life-skills training programme for adolescents. This outreach approach means that transport and other costs are minimised. The advantage of this service is that outreach workers and trained Roma mediators work under supervision and in close cooperation with various specialists.

2.2 Key successes

Initially, the Roma people in the Faculteta neighbourhood were reluctant to participate in the personal development programmes offered by the centre. However, gradually, they started to join these programmes. Expert evaluation shows that the implementation of the community based services, complemented by personal development programmes, has made a positive change in participants' perspectives on life. Once they have taken part in the programmes, people are better able to handle everyday problems and they also have far higher expectations for the future of their children who are participating in the early-years child development programme. It has also been shown that the psycho-dynamic training programmes help to create a positive change in social norms for the whole community.

Specific achievements for the various age-groups and programmes include the following:

- **Children aged 0 to 5 years old:**
 - improvement in children's physical health and in their general mental health
 - advances in children's cognitive, language, social and motor skills, including their ability to cope at school
 - low number of drop-outs.

- **Parents of children aged 0 to 5 years old:**
 - more positive concept of parenthood, and improved attitude to their children and how they care for them
 - more self- confidence and a feeling of empowerment
 - better family planning skills
 - more effective protection from sexually transmitted infections (STIs)
 - change in their overall value system¹⁶ so that they have a longer-term perspective on life and a commitment to invest time and effort to ensure for the successful development of their children
 - improved parenting skills to ensure nonviolent ways of responding to children who misbehave
 - improvement of parents' attitude and skills to support children in preparing for school.

- **Young people aged 12 to 18 years old:**
 - more motivated to continue their education
 - more focused on their future career options
 - better understanding of how to lead a healthy lifestyle, education and family planning skills and parenting skills
 - better informed about how to prevent infectious diseases, including HIV/AIDS, STIs, and tuberculosis
 - improved knowledge of the effects and prevention of drug use

¹⁶ Value system: A set of values and beliefs adopted and/or evolved by the person to guide their [behaviour](http://en.wikipedia.org/wiki/behaviour) and choices in all situations. Source: http://en.wikipedia.org/wiki/Value_system.

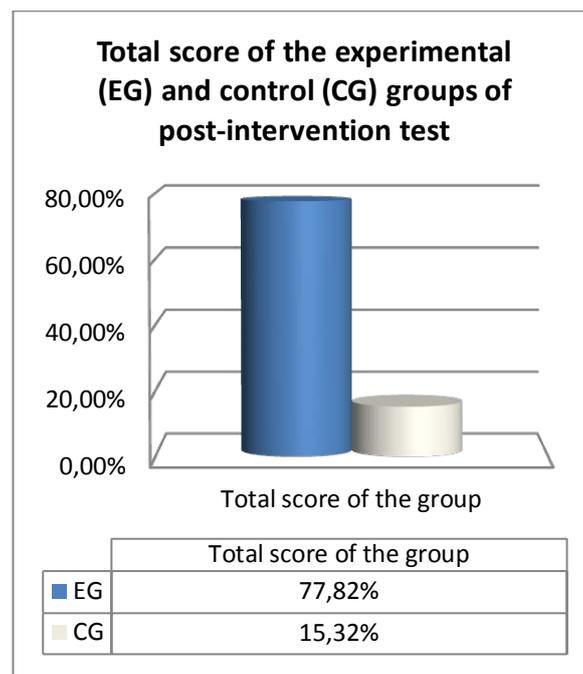
- better understanding of the consequences of aggressive, anti-social and criminal behaviour, and of the benefits of rejecting these lifestyles
 - better attitudes and behaviour in terms of gender equality.
- **Interest-free loans for home-improvement:**
 - All loans were paid back 100% during the 2-years of this programme.

There is an on-going process of quality improvement for all the services, which incorporates all the lessons learnt. Although the programme of early-years child development and pre-school education has significantly improved the situation for disadvantaged children, it is clear that further measures, to support the academic learning achievements of disadvantaged children and young people, should be undertaken within their future schools. This is mainly because there is a lack of educational resources within Roma homes, and a lack of education among disadvantaged Roma parents, which means they are less able to help their children with their studies.

The life and social skills programme for young people aged 12 to 18 years is the first systematic intervention for personal development for these children. This programme has been particularly effective in reducing teen-age pregnancy, improving family planning, encouraging responsible parenthood, and improving their opportunities in the labour market. Even though this programme for young people has helped reduce the likelihood of them dropping out of school, the problem of insufficient academic achievement still remains.

The results of the centre's pre-school services and programmes show that early child development and pre-school education can raise a child's capabilities in core subjects. This means they are more likely to successfully settle into main-stream school and continue to do well.

Figure 1. Attainment of two groups of disadvantaged Roma children aged 5 years: children who either have or have not accessed the Faculteta centre services



In a recent study, a group of disadvantaged children of Roma origin who had benefited from the centre's early child development and pre-school educational intervention (known as the 'experimental group' or EG group) were tested at five years old. Their results were compared with tests undertaken by disadvantaged children who had not received the centre's services or programmes (known as the 'control group' or CG group). Figure 1¹⁷ shows the average score for the experimental group (on the left, in dark blue) and for the control group (on the right, in pale grey).

The total score for each of these two groups is the average score for five separate assessments in the following subjects: the Bulgarian language; mathematics; nature and environment; social skills and art. The tests were designed to be in line with the national educational standards for 5 year olds.

The results indicate that interventions such as early child development and pre-school education can have a major positive effect. These early interventions may provide an essential active inclusion measure for the successful integration of children from disadvantaged families of Roma origin, and will help to break the cycle of poverty.



2.3 Challenges

The main challenges for the Faculteta health and social community centre are as follows:

- **Financial limitations:** these are attributable to the economic problems in Bulgaria.
- **Social infrastructure limitations:** there is a lack of social infrastructure facilities within Roma neighbourhoods, for example, community centres or other buildings. Planning and building new social infrastructure is difficult: there is little available space due to the existing density of buildings in these neighbourhoods. In addition, there is a lack of funds, either for building new facilities or for renovating existing buildings.
- **Increase in the number of disadvantaged Roma people:** the number of people who are classified as disadvantaged Roma people in Sofia has been growing, partly due to internal country migration into Sofia.

To help overcome the financial limitations of the project and its future roll-out, Sofia municipality is making efforts for this type of innovative community-based set of services to be added to Bulgaria's range of state funded social services. In addition, the municipality supports the fundraising activities of the Health and Social Development Foundation (HESED) NGO which provides the centre's services.

Sofia municipality has also suggested that integrated community-based services, including early-years child development, should be included in the next planning period of EU structural funding.

In addition, Sofia municipality is taking steps to establish suitable additional social infrastructure (buildings or parts of buildings), so that similar centres in other Roma neighbourhoods can be set up. The municipality is therefore working to amend the permitted use documentation for some of its public buildings, as well as negotiating the use of other suitable public premises, which are not under the jurisdiction of the municipality but of other state institutions.

¹⁷ Source: Evaluation of the effectiveness of an alternative pre-school educational programme for children of Roma origin. Clinical and Counselling Psychology: Sofia: article in the press R. Antonova, G. Markova, E. Kabakchieva & co. 1.9.2012.

2.4 Future plans and dissemination

The proven good practices of the health and social community centre in the Faculteta neighbourhood are being rolled out to other Roma neighbourhoods in Sofia. For example, since 2012, some of these services have been successfully rolled out to Filipovtsi, which is the second largest Roma neighbourhood in Sofia.

In addition, this good practice model has now been adopted in Kyustendil: another town in the Sofia region. It is hoped that further health and social community centres will be opened elsewhere to further promote the integration of Roma people in Bulgaria, and to actively include those most at risk of exclusion.

Information about the Faculteta health and social community centre, its range of services, and the effectiveness of these services, is disseminated to all national institutions responsible for successful Roma integration, including government ministries and agencies, and municipal councils across Bulgaria. The Faculteta health and social community centre and services will also be discussed at meetings of the national association of Bulgarian municipalities.

Many people have already visited the Faculteta health and social community centre, including international partners, representatives of other countries, national and international NGOs, and the mass media. This is helping to share information about how to work with disadvantaged children and families to break the negative cycle of exclusion from the labour market.

2.5 Additional information

Basic information	Web link & Contact person
<p>Funding</p> <p>The Faculteta Health and social community centre is funded by EU, national and municipal programmes as well as other international organisations.</p> <p>The centre's initiatives include:</p> <ul style="list-style-type: none"> ▪ Prevention of abandonment and social neglect of children from families at risk in the Roma community (funded by MLSP); ▪ Deinstitutionalisation and reintegration of Roma children at risk through community-based services in Faculteta, Sofia (funded by EU PHARE programme); ▪ Parenting skills and child development for children aged 0-5 to prevent institutionalisation (funded by OAK Foundation); ▪ Programme to enable Roma children to accept and cope with the requirements of Bulgarian schools (funded by EU PHARE programme); ▪ Promoting successful parenting to help Roma children with pre-school preparation (funded by the United States of America Embassy). <p>Funding levels</p> <p>The level of funding only allows very limited coverage of the target groups so an urgent funding programme is crucial: only 30 children per year currently receive these services, while about 700 children and their parents need these services.</p>	<p>Web link:</p> <p>www.hesed.bg</p> <p>Contact:</p> <p>Elena Kabakchieva, chair of HESED (the Health and Social Development Foundation NGO)</p> <p>Phone: +359 885 09 09 38</p> <p>e-mail: e.kabakchieva@hesed.bg</p>

<p>Project location</p> <p>The Health and social community centre is in the Faculteta neighbourhood of Sofia.</p> <p>Start date</p> <p>Piloting the Health and social community centre concept started in 1998 but the provision of the full range of complementary services started in 2008. Now the concept is being rolled out to other neighbourhoods in Sofia.</p>	
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