Roma Early Childhood Inclusion (RECI+) in Bulgaria

The Roma Early Childhood Inclusion+ (RECI+) Republic of Bulgaria Report analyses the early childhood education and care (ECEC), health, and social services landscape for Bulgarian children of Roma heritage aged 0 to 8. Part of a series of Central and Eastern European country reports jointly supported by the Open Society Foundations Early Childhood Program, Roma Education Fund, and UNICEF, the report aims to help inform the decisions and approaches of government and other relevant stakeholders. To this end, the authors offer recommendations to make policies more effective and impactful for Roma children and their families.

The report research phase was carried out in 2019 and early 2020 and included document analysis as well as qualitative field research in six Roma neighbourhoods in Bulgaria: Kyustendil, Montana, Rozino, Shumen, Sliven, and Tundzha.¹ Over 500 people, including Roma experts, Roma parents, and national stakeholders from various fields, took part in household surveys, face-to-face interviews, focus group discussions, and two online national consultation round tables.

This policy brief outlines the importance of the inclusion of vulnerable groups in early years services, with specific focus on Bulgaria’s Roma community; highlights the main barriers to inclusion faced by Roma children and their families; and calls for action to secure sustainable solutions.

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¹ Research concluded before COVID-19 was announced as a state of emergency in Bulgaria on 13 March 2020.
Critical importance of the early years

By age 5, 90% of a human’s brain development has already occurred.² Foundations built during this period underlie critical social, emotional, and cognitive skills that are more difficult to change later in life. Young children develop to their full potential when they live and grow in peaceful and nurturing environments; have good health, nutrition, and opportunities to play; and experience supportive interactions with parents, caregivers, siblings, peers, and the world around them. Such interactions, which begin at infancy in the home and community, lay crucial foundations for a child’s subsequent achievements.

Data overwhelmingly show that high-quality accessible and affordable ECEC, health, and social care services in the early years underpin health, well-being, development, and learning over an individual’s entire life course.

In the short and long terms, provision of quality ECEC has clear, positive impacts on educational outcomes, labour market outcomes, poverty, and social exclusion.³ In additional, early childhood development investments mitigate achievement gap patterns and improve health outcomes. Nobel Laureate James Heckman has calculated the quantifiable return on investment in early childhood development to be up to 17% — a much higher rate of return than investments targeting later phases of the life cycle.

While parenting programs, home-visiting services, and inclusive, quality ECEC benefit all children, these and other early years investments are particularly beneficial for those who are most vulnerable and disadvantaged, including Roma children whose families are both minority and low-income. For optimal impact, early care service providers must actively engage and build trust with all parents as partners, with the shared goal of promoting comprehensive nurturing care and early learning opportunities that link services with young children’s everyday home environments.

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3. See, for example, Heckman et al. 2010; Karoly et al. 2011; Barnett and Masse 2007; Reynolds et al. 2011; van Belle, 2011.
Main conclusions about early years inclusion for Roma in Bulgaria

Despite recent government efforts, notable gaps between policy and policy implementation remain a major challenge for Roma inclusion in the early years.

While a decrease in early school leaving and Roma children's increasing levels of participation in compulsory education have been positive trends observed in Bulgaria in recent years, a range of barriers continue to prevent Roma children's equal access to and participation in ECEC and other services essential in early childhood. Bulgaria's 84% overall participation rate of children aged 4 to 6 in kindergartens remains below the 95.4% EU average, with Roma children's rate of participation remaining significantly lower than the general population despite some improvement (66% in 2016, compared to 38% in 2011). While more recent data on Roma children's participation in ECEC services are not available, field study findings suggest that the rate of Roma children's participation in kindergartens remain low, particularly for children under age 5.

Offering – as early as possible – an integrated range of early intervention services that include health screening, family support, and early childhood education, with provision models that meet the needs of each child and family, can help equalize opportunities and outcomes for children at risk, especially those from low socioeconomic backgrounds and poor neighbourhoods, such as Roma. Integrated interventions better prepare Roma children for school; prevent drop-out later in the schooling trajectory; and promote the acquisition of skills, knowledge, and understandings that support full participation in society. Unfortunately, these crucial services often become available to Roma children only after they enter mandatory formal education at age 4 or 5, at which point fewer opportunities remain to influence the earliest stages of development and learning.

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

—RECI+ interview with a municipal official, 2019

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5. Pamporov et al., Civil Society Monitoring Report.
Main barriers to Roma children’s inclusion in early years services

In Bulgaria, the ability of Roma children to benefit from early care and preschool education is limited by systemic, structural, and practical barriers, including potential and perceptible discrimination. The RECI+ study team identified the following complex and layered obstacles preventing Roma children from inclusion in quality inclusive ECEC, health, and social care services:

**ECEC**
- Poverty and material deprivation prevent Roma parents from being able to afford fees and other hidden costs associated with ECEC participation.
  
  “[Roma parents] first mention the lack of money to send their children to school: we do not have clothes for them, we do not have shoes for them, we cannot afford to pay for a kindergarten.”
  
  —RECI+ interview with a municipal employee, 2019

- There is a chronic shortage of kindergarten places for Roma children. Insufficient capacity is particularly common in Bulgaria’s three largest cities, and there is an overall lack of accessible kindergartens in rural and isolated areas and in reasonable proximity to urban Roma neighbourhoods.

- The quality of ECEC provision is hindered by the insufficient training of teachers and other staff in topics such as inclusive education, early child development, ethnic diversity, second language acquisition, and educational special needs/abilities. Only a few highly trained Roma mediators and assistants are employed as ECEC service providers.

- Roma children’s participation and achievement in preschool education is often undermined because Roma parents are not seen and engaged as equal partners; Roma parents tend not to be encouraged to become actively involved in the educational process.

- Roma children’s rights to equal treatment and service access too often remain unrealized because of discrimination and negative attitudes from educational practitioners, local authority officials, and non-Roma peers and their parents. As a result of persistent structural discrimination, many Roma children find themselves in segregated ECEC contexts.

- Preschool and school curricula fail to positively affirm the cultural and linguistic identity of Roma children and their families.

**Health**
- Sub-standard housing and living conditions undermine the health of Roma children.

- Out-of-pocket cash payments for health care in Bulgaria (including payments for specialist visits, prescription medication, travel costs, etc.) are among the highest in the EU (46.6%, compared with the 15.8% EU average in 2017). This reality disproportionately affects Roma families, who more often lack financial means due to low rates of permanent employment.
Bulgaria’s Roma population has one of the lowest health insurance coverage rates in Europe, a situation that constrains this demographic’s access to health care services and excludes many pregnant Roma women from accessing essential antenatal health care.

Despite improvements, vaccination coverage of Roma children remains lower than the national average, as vaccination programmes are not always inclusive of all Roma families.

Inequitable distribution of general practitioners and pharmacies across the country, particularly in smaller settlements and rural areas, hinders access to health services for the poor Roma families that represent a majority of the residents of those areas.

Health and developmental screenings to support timely referrals to and provision of intervention services are not sufficiently carried out for many Roma children due to language barriers or limited contacts with health care providers.

Discrimination and negative attitudes on the part of healthcare officials and professionals contribute to unequal access to health care for Roma children and their families.

Social services

The social service system for supporting vulnerable families suffers from weak infrastructure and systemic under-funding and does not always meet the needs of vulnerable Roma families and children.

Community support centres and integrated services and programs for vulnerable families are in limited supply. Many offerings that do exist are not near Roma neighbourhoods or depend on time-bound NGO or EU funding, rather than universal service provision.

Social service quality is undermined by staff shortages, high caseloads, high staff turnover, and inadequate structures for monitoring and quality assurance – all of which disproportionately affect vulnerable and disadvantaged Roma children and families who need more comprehensive and intensive support.

Access to welfare benefits is often hindered for Roma families due to lack of knowledge and information, and burdensome administrative procedures for enrolment.

Restrictive conditionalities and discretionary regulations (e.g. child benefits linked to kindergarten/school attendance and very limited support to access health care for persons without health insurance) are broadly criticized as unnecessarily punitive and counter-productive to poverty reduction, educational continuity, and family and child well-being.

High-priority actions needed for sustainable solutions

Establish early childhood development (ECD) as a formal national policy priority, and create, with urgency, a comprehensive ECD strategy for all children age 0 to 8 (and their families) to ensure a holistic approach across the social, health, and education sectors. The ECD strategy should envisage structural and operational mechanisms to ensure the smooth transition of the individual child through all relevant services and systems. To this end, adequate specialist training, monitoring and evaluation, accountability, and financial sustainability must be secured.

Take concerted national and local action to ensure marked improvements in the housing and living environments of Roma communities to ensure that dangerous living circumstances do not damage young children’s health, safety, well-being, or educational opportunities.

Ensure that all laws against prejudice and discrimination are respected by all citizens, and that victims are protected.
• Establish more robust data collection and analysis processes, with explicit focus on data disaggregation by ethnicity and gender to support the design of evidence-based early childhood policies that ensure equality.

• Increase Roma children’s access to nurseries and kindergartens, particularly before the compulsory preschool age.

• Improve the quality of ECEC provision for Roma children through programs related to buildings, resources, training, curricular review, professional monitoring and accountability, and the appointment and training of adequate numbers of Roma mediators, assistants, and teachers.

• Prepare a sufficient qualified workforce for ECD services and programs in Bulgaria. Improve, for professionals currently employed in the systems providing care and services for young children, the skills and qualifications needed for effective work with Bulgarian Roma children, families, and communities in a diverse ethnic environment, including through anti-bias trainings, supervision, and guidance for following the highest quality standards.

• Support high-quality early intervention programs that provide services from children’s birth to age 3 through structures accessible to Roma and other disadvantaged families. ECEC services can provide the needed support for children age 3 and older – it is important that children with disabilities and developmental delays not be segregated into separate classrooms.

• Establish, with urgency, a national health strategy to address the human rights issues associated with the appalling rates of infant mortality (twice as high for Roma as the national average), morbidity, chronic illness/disease, and disabilities that currently afflict Bulgaria’s Roma communities.

• Ensure access to health care for pregnant women, irrespective of their health insurance status.

• Use incentives to ensure a more equitable distribution of health care providers, including general practitioners.

• Ensure that generic professional health training includes knowledge and expertise around ethnic diversity, including Roma community needs and priorities, particularly with respect to the health needs of vulnerable children in the early years.

• Improve the effectiveness of social services by initiating an impact assessment of existing social service policy, provision, and practice, taking into account the divergent outcome and impact patterns experienced by different communities, including Roma. Subsequently, redesign social services to be flexible and financially sustainable, so provision and practice can be adapted to the needs of every local community, including Roma communities.

• Upon evaluation of their quality and efficiency, use state budget investments to ensure the sustainability of high-impact services established via EU and other donor funding.