

*A System of Individual Needs Assessment and  
Providing the Most Appropriate Services for  
Children with Severe Disabilities*



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# The message



- More than 50% of the institutionalized children or young people will have their first individual relationship because of DI.
- The best service is provision of an individual relationship within which the institutionalized child is **understood**. (Mentalization)
- To provide this relationship / service is difficult.
- Casework has the potential to secure it if caseworkers are supported.

# The Know How Center



KHC was set up in 2011 and funded by OAK foundation.

KHC:

- provides consultancy and conducts research in the field of deinstitutionalization. (DI),
- facilitates learning from DI,
- studies good practices,
- facilitates implementation of the learned in practice

Our primary beneficiaries are the governmental projects on DI managed by the State Agency for Child Protection, Ministry of Health, Ministry of Labor and Social Policy, Ministry of Education.

# The History of Bulgarian Institutionalization



- Before 1944 - 30 orphanages
- During socialism (1944-1989) - 287 institutions
- In 2000 - 35,000 institutionalized children; 2% were orphans
- Pattern of institutionalization – parents voluntarily place children without terminating their parental rights: erosion of family relationships.

# Bulgaria-EU and Institutions



- In 2000 - Child Protection Law (2000) : a child can be institutionalized only after a court decision which substituted the Institutions – Parents negotiations
- In 2010 the Council of Ministers approved the Vision on Deinstitutionalization of Children in Bulgaria.
- **BUT we have 2000 abandoned babies every year and more children in out-of-home care regardless of DI...why?**

...because of hard to change attitudes and beliefs...



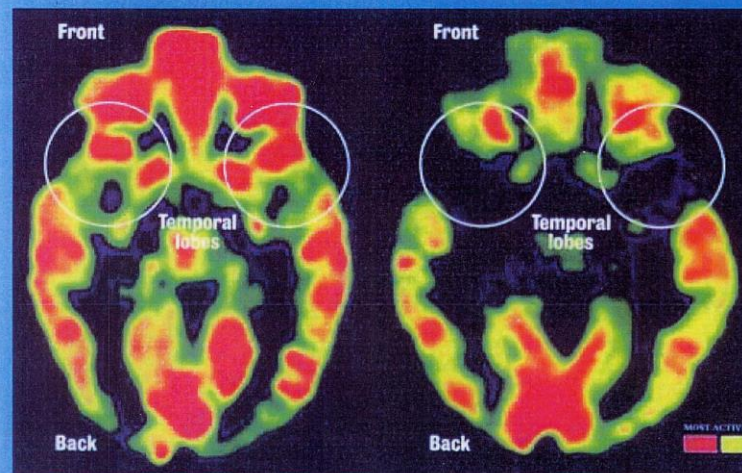
- Medical model of disability
- Prejudices against poor parents/Roma
- **Resistance** before the foreign ideas related to:
- Children's rights, human rights
- Children's participation
- Learning from practice, research that shows that we can relate to others and contribute to the society **ONLY** because we have had stable long-term, consistent, loving relationship with one person – the “mother”

A brain scan of a child from institution (right) and of a child who lives in a family. Emotions regulation and cognition (Sulik, 2009).

Baby's brains expect relationship !



## The "Plasticity" of the Brain Effects of Extreme Deprivation



Healthy Child

Neglected Child

Images courtesy of Harry Chugani, MD, Children's Hospital of Michigan, Wayne State University

# Disabilities Caused by Institutions



- Serious medical problems,
- Physical and brain growth deficiencies,
- Cognitive problems,
- Speech and language delays,
- Sensory integration difficulties and stereotypies
- Social and behavioral abnormalities,
- Difficulties with inattention and hyperactivity, disturbances of attachment ,
- A syndrome that mimics autism. (Nelson,2014).



# Mogilino



When the “mother” is provided children change – they start walking , talking, attending schools, some are able to get a job.







# Childhood for All - DI of Children with Disabilities



## Stages :

1. Needs assessment of 1 797 children and young people from 55 institutions
2. 1 388 relatives and parents of 1252 children were contacted. 47 % of the parents wanted to be in touch with their children.
3. Results
  - Adopted – 279
  - Reintegrated – 61
  - Placed in foster care – 56
  - Placed in residential services 1172
  - Placed in half-way homes - 116

# Children with Challenging Behavior



- 400 of the children were labeled as having “challenging behavior” due to “aggression” and self-harm
- Implementation of Casework as the method for individualization of care of children with multiple physical and mental health problems – recommended by all professionals working in DI

# Translating Policies and Rights through Casework



- A method that stimulates:
- development,
- autonomy,
- community integration of A client
- through
- coordinated ,
- committed ,
- individualized work with her/him

# Procedures and Stages of Casework



- Referral - who is the client-a parent , a child?
- Multidisciplinary bio-psycho-social assessment including of the client's strengths and impact of institutionalization
- Case formulation- the core and often hidden problem that gives the meaning of the symptom. It has to be shared by the team
- Responsibilities of the team members
- Individual planning
- Follow up- re-assessment, new formulation, new interventions



# The Most Important Element – the Engagement of A Key worker as ‘the Mother’



- Engaging with the child/parent and providing security through understanding the client
- Challenges:
- SW are the leaders in DI.
- They need training and support to: 1/ challenge the existing attitudes , 2/ to promote the new values of children’s rights, inclusion of vulnerable people in the community, 3/ to overcome the resistance towards communication-coordination in DI between the sectors, 4/to overcome their fears to connect to an institutionalized child.
- Understanding the key worker is the key towards understanding the clients.

# DI requires:



- ▣ 1/ closing institutions
- ▣ 2/providing a consistent relationships at least with one person , the “mother”
- ▣ This person can be a service provider, biological parent ,a relative.
- ▣ Whoever he/she is she/he needs support (services and regulations and standards)
- ▣ The person who provides the support to the “mother” needs support also.



Thank you for your attention!  
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