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Introduction

The present documents represents a submission to the UN Committee on Economic, Social and Cultural Rights (CESCR) by the Bulgarian Helsinki Committee (BHC), an independent non-governmental organisation advocating for the protection of human rights – civil, political, economic, social and cultural. BHC was founded on 14 July 1992 with the mission of promoting respect for and protection of the rights of every individual in Bulgaria. Over the past 20 years BHC has been engaged in human rights monitoring on a number of issues, where it has been found that human rights protection has been problematic. These include among others the rights of ethnic and religious minorities, the rights of the child, the rights of persons with intellectual disabilities, conditions in places of detention, refugees' and migrants' rights, access to justice and protection against discrimination. In addition to monitoring, BHC is involved in litigation on behalf of victims of human rights violations, as well as in advocacy aimed at changing the laws and practices that systematically lead to violations of human rights in Bulgaria.

In the present submission BHC summarises the results of its own and other organisations' monitoring of issues relevant to the subject matter of Bulgaria's review before CESCR. In particular, it focuses on the list of issues to be examined in connection with the consideration of the combined fourth and fifth periodic reports of Bulgaria, which were identified by the Committee on 20 December 2011, and is not intended to duplicate information from other relevant submissions. More information on BHC's human rights monitoring, including all its publications, can be found on the organisation's website www.bghelsinki.org.

1. Access to housing for Roma in Bulgaria

According to the 2011 population census, 4.87% of the population identify themselves as Roma. However, the unofficial number of the Roma population has been estimated at up to 10.33% of the population.¹ The reason for the discrepancy is that the census is unable to account for many people who refused to answer or self-identified as others to the question on ethnicity. The resulting inaccuracy in Roma demographic statistics impedes the government from creating evidence-based policy.

In respect of the right to housing, Bulgaria continues to violate Art. 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which recognises "the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions".

With regard to Bulgaria's policy framework on Roma integration, since 1999 successive governments have issued a number of important strategies, national programmes and action plans² aimed at tackling the Roma population's access to housing. Nevertheless, the state

¹ The Council of Europe: Protecting the Rights of Roma, Strasbourg, 2010, available at: http://www.coe.int/AboutCoe/media/interface/publications/roms_en.pdf

² See: Framework Programme for Equal Integration of Roma in Bulgarian Society, April 1999, available at <<http://www.nccedi.government.bg/>>; National Action Plan – A Decade of Roma Inclusion 2005 – 2015, available at <www.ethnos.bg>; National Programme for the Improvement of Roma Housing Conditions 2005 - 2015), available at: <www.mrrb.government.bg>; Framework Programme for Roma Integration in Bulgarian Society 2010 – 2020, available at:

has been criticised on a number of occasions for failing to implement these documents' outlined objectives and for lacking the political will to address the persistent problems, which continue to threaten Roma's access to adequate housing. According to a strategy analysis by the Open Society Institute (OSI), minimal action and little funding have characterised the period between 1999 and 2009.³

One of the most serious problems of Roma access to adequate housing is the widespread lack of security of habitation, which is due to the fact that many Roma live in houses that are formally considered "illegal" and on this basis may be destroyed at any time. While several changes to the legal framework – particularly to the Law on the Organisation of Territory – were made in 2003-07, the need for prompt property legalisation, which is necessary to alleviate the housing situation, was not met and conditions regarding property ownership were made even more difficult.⁴ The new strategic documents from 2010 and 2012 failed to address this problem. A 2009 report by the Fundamental Rights Agency (FRA) notes that the Roma housing situation in Bulgaria is worsening instead of improving.⁵ The deteriorating conditions reflect not only the persisting segregation, but growing *ghettoization* and limited access to services and infrastructure. The amendments to the Law on the Organisation of Territory adopted in 2003 make it impossible to legalise illegal constructions built following the 1989 regime change and the law continues to lack rules governing the halting of illegal sites' expansion and mobile homes.⁶

Another serious problem is the quality of habitation. The 2011 census demonstrates that 55.4% of the Roma population lives in urban areas, with the remaining 44.6% living in rural areas. According to a RAXEN report, "the urban Romani population, concentrated in around ninety municipalities, faces the worst cases of discrimination".⁷ Approximately 50 to 70 percent of Roma in urban areas live in illegally built homes or shelters.⁸ In some urban neighbourhoods, this percentage reaches as high as 85 to 90%.⁹ Many of the homes

<<http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=609>>; National Strategy of the Republic of Bulgaria on Roma Integration 2012 – 2020, available at:

<<http://www.nccedi.government.bg/page.php?category=125>>; Action Plan for the Implementation of the National Strategy of the Republic of Bulgaria on Roma Integration 2012 – 2020 and the Decade of Roma Inclusion 2005 – 2015, available at: <<http://www.nccedi.government.bg/page.php?category=35&id=1634>>.

³ Dora Petkova, 'Analysis of National and Regional Level Documents, Reflecting the Roma Integration Policies on Improving Housing Conditions', p. 9, available at: <www.mfsofia.ngorc.net/html1/osi_analyze_final.doc> (9 August 2012). One of the conclusions in this analysis is that publicly funded projects are not implemented where they are most needed – in the Roma ghettos.

⁴ Ibid, p. 9.

⁵ EU Fundamental Rights Agency. (2009), 'Housing Conditions of Roma and Travellers in the EU', Vienna, p. 42, available at: <http://fra.europa.eu/fraWebsite/attachments/Roma_Housing_Comparative-final_en.pdf> (9 August 2012).

⁶ EU Fundamental Rights Agency. (2009), 'RAXEN Thematic Study - Housing Conditions of Roma and Travellers - Bulgaria', p. 14, available at: <http://fra.europa.eu/fraWebsite/attachments/RAXEN-Roma%20Housing-Bulgaria_en.pdf> (9 August 2012).

⁷ EU Fundamental Rights Agency. (2009), 'RAXEN Thematic Study - Housing Conditions of Roma and Travellers - Bulgaria', p. 5, available at: <http://fra.europa.eu/fraWebsite/attachments/RAXEN-Roma%20Housing-Bulgaria_en.pdf> (9 August 2012).

⁸ US Department of State, Civilian Security and Democracy. (2011) '2010 Human Rights Report: Bulgaria', available at: <<http://www.state.gov/j/drl/rls/hrrpt/2010/eur/154417.htm>>; US Department of State, Civilian Security and Democracy. (2012) '2011 Human Rights Report: Bulgaria', available at: <<http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>> (9 August 2012).

⁹ EU Fundamental Rights Agency. (2009), 'RAXEN Thematic Study - Housing Conditions of Roma and Travellers - Bulgaria', p. 5, available at: <http://fra.europa.eu/fraWebsite/attachments/RAXEN-Roma%20Housing-Bulgaria_en.pdf> (9 August 2012).

in such neighbourhoods consist of makeshift shacks made of cardboard, metal scraps and mud bricks and are frequently devoid of windows, doors and walls. Eurofound concludes that, “in relative terms the Roma in Bulgaria seem to be much more disadvantaged than majority populations in their close proximity”.¹⁰ They are almost eight times as likely to live in substandard housing, such as shacks and other run-down buildings. Furthermore, a large number of Roma continue to live separated from non-Roma in informal settlements, isolated localities and other segregated housing arrangements,¹¹ which are located in the vicinity of urban areas. In some cases, the segregation of Roma from the rest of the community is enforced by the construction of physical barriers, such as metal or concrete walls – this is the case in the Sheker Mahala Roma ghetto in Plovdiv and the Roma neighbourhoods in Kazanlak and Kyustendil.¹²

Most Roma neighbourhoods lack basic infrastructure, such as electricity, running water, hot water, central heating and sufficient and adequate sewage removal systems.¹³ According to a 2006 national survey conducted by the agency Mediana, only 29.8% of Romani dwellings have sewerage, 4.1% – running water and 10.5% – an indoor toilet.¹⁴ What is more, the situation has not improved in the last five years. FRA’s 2012 report shows that nearly 80% of Roma households in Bulgaria continue to lack at least one of the basic amenities.¹⁵ This is also emphasised in the 2012 national integration strategy, which notes that 40% of Roma continue to live in houses without plumbing, using water from street fountains; 60% of Roma buildings are not connected to the central sewage system, and 80% of Roma buildings do not have a toilet.¹⁶ Many studies illustrate the poor quality of Roma housing. On average, according to official data, every Roma has 10.6 m² of dwelling space, as compared to 23.2 m² for non-Roma.¹⁷ Increasingly, Roma living in urban areas have to contend with an overcrowded living environment, often outside of city regulation plans.

On 18 October 2006, the European Committee of Social Rights (ECSR) issued a decision on the Collective Complaint 31/2005 submitted by the *European Roma Rights Centre (ERRC) v. Bulgaria*. It ruled that “Bulgaria discriminates against Roma in the field of housing with the result that Roma families are segregated in housing matters, lack of legal

¹⁰ Eurofound. (2012), ‘Living Conditions of the Roma: Substandard Housing and Health’. Dublin, p. 30, available at: <<http://www.eurofound.europa.eu/pubdocs/2012/02/en/1/EF1202EN.pdf>> (16 August 2012).

¹¹ EU Fundamental Rights Agency. (2009), ‘RAXEN Thematic Study - Housing Conditions of Roma and Travellers - Bulgaria’, p. 5, available at: <http://fra.europa.eu/fraWebsite/attachments/RAXEN-Roma%20Housing-Bulgaria_en.pdf> (9 August 2012).

¹² Bulgarian Helsinki Committee. (2008), ‘Written Comments by the Bulgarian Helsinki Committee and European Roma Rights Centre Concerning Bulgaria for Consideration by the United Nations Committee on the Elimination of Racial Discrimination at its 74th session’. p.17, available at: <http://www2.ohchr.org/english/bodies/cerd/docs/ngo/BHC_ERRC_Bulgaria_CERD74.pdf>.

¹³ Ibid., p. 17.

¹⁴ EU Fundamental Rights Agency. (2009), ‘RAXEN Thematic Study - Housing Conditions of Roma and Travellers - Bulgaria’, p. 34, available at: <http://fra.europa.eu/fraWebsite/attachments/RAXEN-Roma%20Housing-Bulgaria_en.pdf> (09 August 2012).

¹⁵ EU Fundamental Rights Agency. (2012), ‘The Situation of Roma in 11 EU Member States – Survey Results at a Glance’, p. 23, available at: <http://fra.europa.eu/fraWebsite/attachments/FRA-2012-Roma-at-a-glance_EN.pdf>.

¹⁶ National Strategy of the Republic of Bulgaria on Roma integration 2012 – 2020, available at:

<<http://www.nccedi.government.bg/page.php?category=125>>

¹⁷ Ibid.

security of tenure, are subject to forced evictions and live in substandard conditions.”¹⁸¹⁹ The Committee ruled that the state also failed to give due consideration to the specificity of their living conditions and reminded Bulgaria of the need of positive action measures to ensure Roma integration.²⁰

There is no centralised system in place for collecting data and registering incidents of Roma evictions across the country. Many of the incidents are only found through media reports. Despite the ECSR ruling of 2006, evictions have continued throughout Bulgaria, disregarding the Committee’s decision. Since 2006 evictions have occurred across Bulgaria in different cities, including Stara Zagora, Plovdiv, Svilengrad, Varna and Kazanlak.²¹ The following are several specific examples:

- One of the most serious cases was in September 2009 when the municipality of Burgas, with the assistance of the local police, demolished nearly 50 homes and evicted 200 residents from the neighbourhood Gorno Ezerevo, including families with children and senior citizens.²² The families had lived there for a number of years and were not provided with any alternative housing or compensation for the damage resulting from the demolitions. Evictions continued in other parts of Burgas, including the neighbourhood Meden Rudnik.
- One year later, in September 2010, an apartment building in Yambol, which housed nearly 200 Roma families, was demolished.²³ Roma continued to live in the vicinity by setting up makeshift shelters and tents that housed nearly 100 persons.
- In August 2011, the municipal government in Petrich demolished 11 shacks following a year-long discussion, in which the national ombudsman participated.²⁴

In all the above-mentioned cases, the Roma communities who lived in such neighbourhoods for years, and in some cases even for decades, were rendered homeless.

On 24 April 2012 the European Court of Human Rights (ECtHR) issued a landmark judgment in the case of *Yordanova and Others v. Bulgaria* concerning the eviction of Roma from the Batalova Vodenitsa settlement in Sofia. The judgment found a violation of

¹⁸ The full text of the European Committee of Social Rights decision in Collective Complaint 31/2005, ERRC v. Bulgaria, is available at:

<http://www.coe.int/t/dghl/monitoring/socialcharter/Complaints/Complaints_en.asp>

¹⁹ The full text of the European Committee of Social Rights decision in Collective Complaint 31/2005, ERRC v. Bulgaria, is available at:

<http://www.coe.int/t/dghl/monitoring/socialcharter/Complaints/Complaints_en.asp>

²⁰ Ibid.

²¹ Bulgarian Helsinki Committee. (2008), ‘Written Comments by the Bulgarian Helsinki Committee and European Roma Rights Centre Concerning Bulgaria for Consideration by the United Nations Committee on the Elimination of Racial Discrimination at its 74th session’. p.19, available at:

<http://www2.ohchr.org/english/bodies/cerd/docs/ngo/BHC_ERRC_Bulgaria_CERD74.pdf>.

²² Council of Europe. (2012), ‘Human Rights of Roma and Travellers in Europe’, p. 148, available at:

<http://www.coe.int/t/commissioner/source/prems/prems79611_GBR_CouvHumanRightsOfRoma_WEB.pdf

>; Also see: Amnesty International. (2010), ‘Bulgaria: Families Have Nowhere to Go’, available at:

<<http://www.amnesty.org/en/library/asset/EUR15/001/2010/en/21197ad9-0c23-4270-b09c-ef6b5413cbb/eur150012010en.pdf>>.

²³ Popkostadinova, Nikoleta. ‘Roma Decade’ Passes Bulgarian Roma By,’ *BalkanInsight*, 18 April 2011, available at: <<http://www.balkaninsight.com/en/article/roma-decade-passes-bulgarian-roma-by>>.

²⁴ US Department of State, Civilian Security and Democracy. (2011) ‘2010 Human Rights Report: Bulgaria’, available at: <<http://www.state.gov/j/drl/rls/hrrpt/2010/eur/154417.htm>>; US Department of State, Civilian Security and Democracy. (2012) ‘2011 Human Rights Report: Bulgaria’, available at: <

<http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>> (09 August 2012).

Article 8 of the European Convention on Human Rights (ECHR) – the right to private and family life. In that case the Court noted that Roma initially settled there in the 1960s and 1970s but until 2005, the state or municipal authorities never attempted to remove the settlement. Since then the municipality has tried to evict the Roma families twice – in 2005-06 and again in 2008. According to the Court, the removal order was "based on legislation which did not require the examination of proportionality and was issued and reviewed under a decision-making procedure which not only did not offer safeguards against disproportionate interference but also involved a failure to consider the question of 'necessity in a democratic society'".²⁵ In addition, the Court stated that the "underprivileged status of the applicants' group must be a weighty factor in considering approaches to dealing with their unlawful settlement and, if their removal is necessary, in deciding on its timing, modalities and, if possible, arrangements for alternative shelter".²⁶ Although Bulgarian authorities have outlined this in national and regional programmes, such steps were not undertaken in the present case.

Despite this landmark decision, evictions continue to occur throughout Bulgaria. On July 26 2012 the Mayor of Sofia noted in an interview that the municipality will resume evictions in Sofia, adding that in any case illegal buildings must be demolished.²⁷ Several settlements have already been removed in the districts of Lyulin and Druzha.²⁸ The decision has also not stopped evictions occurring in other parts of Bulgaria, such as in Peshtera (Plovdiv municipality), where in July dozens of families were left homeless after their homes were demolished.²⁹

The lack of security of tenure has led to other problems and the violation of various other rights of the Roma. Among other things, the changes to the Election Code required people to prove their address registration by presenting a property ownership deed, rental contract or written owner consent at the Civil Registration and Administrative Services directorate in order to receive identity cards. While its purpose was to limit the phenomenon described as "voting tourism" (the practice of people voting in a different area to the one they live with the purpose of altering the outcome of the vote), the law barred thousands from access to a number of services, including healthcare and social assistance.³⁰ This law disproportionately affected Roma, since they represent the majority of people living in illegally built houses. Furthermore, during the municipal and presidential elections in 2011 many Roma were barred from casting a vote since they could not be issued identity cards, thereby severely violating the very foundations of democracy. In May 2012 changes to the law allowed for alternative methods of address registration.

2. Discrimination of Roma in access to education

According to a report produced by FRA, only half of Roma children in 11 countries that have been surveyed attend kindergarten or pre-school. However, it is underlined that with

25 ECHR, *Yordanova and Others v. Bulgaria*, Appl. no.25446/06, Judgment of 24 April 2012, para. 144.

26 *Ibid*, para. 133.

27 Kisiova, Mila. 'We Will Knock Down the Illegal Ghettos in the Capital' (in Bulgarian), Standart News, 26 July 2012, available at: <<http://paper.standartnews.com/bg/article.php?d=2012-07-26&article=417979>>.

28 Yaneva, Krasimira. 'The Roma Ghettos in Sofia' (in Bulgarian), Monitor, 27 July 2012, available at: <<http://www.monitor.bg/article?id=347964>, <http://sofia.dir.bg/news.php?id=11646646>>.

29 'Knocking Down Roma Houses in Peshtera' (in Bulgarian), bTV, 09 July 2012, available at: <http://www.btv.bg/videos/archive/video/1708619005-Sabaryat_kashti_na_romi_v_Peshtera.html>.

30 Vladimirov, Vladi. 'Roma Left Without Identity Cards. No Access to Hospitals and Cannot be Buried' (in Bulgarian), Darik Radio, 08 December 2011, available at: <http://dariknews.bg/view_article.php?article_id=820876>.

the **exception** of Bulgaria (and numerous neighbouring countries), nine out of ten Roma children aged between 7 and 15 are reported to go to school. Attendance and participation in school programs drops significantly after compulsory school is completed. Based on the number of children surveyed, only 15% of young Roma adults participate in education or complete a degree in upper-secondary general or vocational education.

Since the 1999 Framework Program for Equal Integration of Roma in Bulgarian Society, the official governmental approach on Roma education has been to undertake desegregation of Roma schooling. Segregation of Roma education in Bulgaria takes two main forms: territorial segregation, i.e. schooling of Roma children in general education schools that enroll exclusively or predominantly children from the Roma minority; and segregated education in special schools for children with developmental disabilities. According to different estimates, between 44 and 70 percent of Roma children are schooled in segregated educational environments.³¹

The government's desegregation plans have however remained mostly on paper. The government has failed to come up with objective indicators of the extent of segregation and of progress in desegregation, or to fund a desegregation programme that has meaningful impact on Roma education.

In March 2012 the National Assembly approved a National Strategy of the Republic of Bulgaria for the Integration of Roma 2012-2020 and adopted an action plan for implementing it and the Decade of Roma Inclusion 2005-2015. In the actual strategy paper numerous key aspects of Roma educational integration are discussed and the following points are specifically stressed:

- The existence of a gap in improving the educational status of Roma in the last 20 years. One of the characteristics of the minority is that functional illiteracy is three times more common among women than among men. Since women are the ones who usually take care of children and raise them, their illiteracy or low levels of education are detrimental to the educational aspirations and success of children within the school system.
- Some of the children start attending school with no or with poor knowledge of the Bulgarian language, which is the language of instruction, and without having acquired the basic knowledge and skills necessary to participate in the educational process.
- Social patterns in many Roma groups, especially in neighbourhoods and districts with majority Roma population are creating additional difficulties for the adaptation of Roma children in school, especially if they lack the experience of pre-school education, which is the case in most places.
- Patriarchal norms of control over the behaviour of female Roma children also lead to high rates of early dropout from school.

These points attest for the failure of Roma educational integration over the past 20 years. This conclusion is further corroborated by the following table showing the comparative status of Roma by highest completed level of education for the period 2001-2011, which is

³¹ OSI/EUMAP, Equal Access to Quality Education for Roma, Vol.1: Bulgaria, Budapest, 2007, p. 43.

derived from census data.³²

Highest completed level of education	Bulgarians (%)		Turks (%)		Roma (%)	
	2001	2011	2001	2011	2001	2011
Higher	19.2	25.6	2.4	4.9	0.2	0.5
Secondary	47.6	52.3	21.9	29.7	6.5	9.0
Primary	24.9	18.0	46.9	44.5	41.8	40.8
Elementary	6.9	3.4	18.6	13.4	28.3	27.9
Incomplete elementary and/or illiterate/unattended	1.4	0.9	10.2	7.5	23.2	21.8

Source: National Statistical Institute of Bulgaria

While the educational status in the two other main ethnic communities, the Bulgarian and the Turkish, improved substantially in the ten-year period under review, this tendency is hardly visible in the Roma community. Thus the discrepancy between educational achievement between Roma and the rest of the population has in fact increased, contrary to the goals of all strategic documents adopted since 1999.

In its report on the implementation of the Decade of Roma Inclusion 2005-2015, the State Agency for Child Protection observes some crucial trends in education and health. In its report on the implementation of the Decade of Roma Inclusion 2005-2015, the State Agency for Child Protection - some of the priorities of which are to guarantee equal access to quality education through integrating Roma children and students in mixed kindergartens and schools - observes some crucial trends in education and health. The main one of these continued to be the decrease in the numbers of Roma students in the educational system. The number of Roma in the school system has been in decline by up to 3% per year for the past ten years. Comparatively stable is only the number of children enrolling in first grade (about 8% of the total number of children enrolled during the years).³³

Another serious problem is the secondary segregation of Roma education, i.e. schools which originally enrolled both Roma and Bulgarian children are increasingly becoming Roma-only.³⁴

The obvious lack of effective measures for desegregation in education is inconsistent with the recommendations of the UN Committee on the Rights of the Child, which expressed its concern at the continuing segregation of Roma children in school in 2008 and recommended that the Bulgarian government should “strengthen its actions to integrate Roma children in regular schools”.³⁵ What is more, the Committee underlined in its

³² National Strategy of the Republic of Bulgaria for the Integration of Roma 2012-2020: <<http://www.nccedi.government.bg/page.php?category=35&id=1741>>

³³ Monitoring Report 2011 on the implementation of the National Action Plan for the "Decade of Roma Inclusion 2005-2015": <<http://www.nccedi.government.bg/page.php?category=73&id=1707>>

³⁴ OSI/EUMAP, Equal Access to Quality Education for Roma, Vol.1: Bulgaria, p. 45.

³⁵ Committee on the Rights of the Child, Forty-eighth session, Consideration of Reports submitted by States Parties under Article 44 of the Convention, Concluding observations: Bulgaria, paragraphs 56 and 58, <<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G08/426/64/PDF/G0842664.pdf?OpenElement>>

recommendations that the number of Roma children that repeat school years is still unacceptably large. In 2009 the UN Committee on the Elimination of All Forms of Racial Discrimination noted that the previously existing practice of enrolling Roma children in special schools is having a negative impact on the process of desegregation and recommended that the Bulgarian state should continue to integrate children in mixed schools, with the help of local and international NGOs.³⁶

The National Strategy on Roma Integration (2012-2020) does not contain any specific actions on the desegregation of Roma education. Unlike all previous strategic documents, including the updated in 2010 Framework Program for the Integration of Roma into Bulgarian Society, the newest strategy does not see a serious problem in the actual segregation of Roma and does not treat this as a problem that must be addressed by means of state policy. Even though the integration of Roma in kindergartens and schools outside Roma neighbourhoods/districts is one of the strategic targets, no actual and working resources have been provided for this to be implemented.³⁷ What is more, in their monitoring report for the application of the National Action Plan on the initiative Decade of Roma Inclusion 2005-2015, the authors describe many projects for the integration of Roma children, most of which not related to the process of desegregation.

Since 2000 a number of non-governmental organisations at the local level have implemented projects for integrating Roma children in mixed schools. The organisation DROM in Vidin³⁸ has achieved significant results in integrating groups of Roma children into local schools and organising other social activities. Since 2010 the America for Bulgaria Foundation has been supporting the project “Integrated Education for Roma children in the Vidin District (2010-2013)”. The objectives of the project are to provide equal access to quality education in integrated school environments and increase the number of Roma enrolled in elite secondary schools and universities.

In Stara Zagora, Plovdiv, Pazardzhik, Montana, Berkovitsa, Pleven and other municipalities Roma NGOs have been operating desegregation projects since 2001. While they receive some support from the municipal governments, they have not received any funding from the central government. Moreover, in 2010 criminal investigations were initiated for abuse of funds against all of them. The formal pretext was a complaint to the Prosecutor’s Office by an MP. By August 2012 all investigations but one were terminated for lack of evidence that crimes had been committed, but meanwhile the action hampered significantly the operations of the NGOs and their funding opportunities.

3. Discrimination of Roma in access to health services

Roma in Bulgaria suffer significant disadvantages in their access to health care. In its national strategy,³⁹ the government outlines as main priorities in the sphere of Roma health the following:

³⁶ Concluding observations of the Committee on the Elimination of Racial Discrimination, Seventy-fourth session 16 February-6 March 2009: <<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G09/412/62/PDF/G0941262.pdf?OpenElement>>

³⁷ Bulgarian Helsinki Committee: New Strategy for Roma Integration "sees" no segregation in education and housing legalized:<<http://www.bghelsinki.org/bg/publikacii/obektiv/savelina-rusinova/2011-12/novata-strategiya-za-integraciya-na-romite-ne-vizhda-segregaciyata-v-obrazovanieto-i-neuzakonenite-zhilisha/>>

³⁸ Cf. DROM homepage - <<http://drom-vidin.org/en/aboutus.html>>

³⁹ National Strategy of the Republic of Bulgaria for the Integration of Roma 2012-2020: <<http://www.nccedi.government.bg/page.php?category=35&id=1741>>

- preventive care for maternal and child health;
- ensuring equality of access to health services for disadvantaged people from ethnic minorities;
- increasing the number of qualified Roma working in the health system;
- including the development of mediation;
- increasing health knowledge and access to health information;
- taking legislative initiatives regarding health insurance of the poor and long-term unemployed people from ethnic minorities.

On 26 January 2012, the Open Society Institute issued a report on the public policies on integration of Roma in Bulgaria. In it OSI included a whole chapter on health and access to health and social services. According to the report, over the past years there has been a growing restriction of access to health for Roma citizens. The share of Roma without health insurance is estimated at 45% (2% did not know whether they had been insured). Uninsured Roma make up 14.6% of the overall population without health insurance. According to information gathered during the OSI study, health care is the most criticised sphere of life in terms of discrimination among Roma in Bulgaria. The quality of care they receive by medical personnel and social workers is usually assessed as low or very low. Three quarters of the interviewed Roma stated that their health is poor and many suffer from chronic conditions or disabilities.⁴⁰ Many Roma suffer from high blood pressure, chronic bronchitis, arthritis and rheumatism, asthma, heart diseases, etc., and since they are uninsured the necessary steps for improving their health cannot be taken. As a recommendation, OSI suggests that the state needs to give special consideration to the sphere of health and social services, including through special programmes for improving access and conditions and for the training and attestation of staff working in the sector. Based on the final recommendations, the reader can conclude that the main priorities outlined in the national strategy and the Decade of Roma Inclusion 2005-2015 have not been fully understood by the state and the necessary steps have not been undertaken. One of the complicating factors is the lack of mediators among the Roma communities in Bulgaria, as well as general practitioners who are willing to undertake examinations with members of the minority.

In an official response from 17 August 2012 to a BHC inquiry, the Ministry of Health stated that it has provided only 400 000 BGN (equivalent to approximately €200 000) of its yearly budget for the implementation of the health strategy for people with disabilities from ethnic minorities. The activities that were funded include:

- preparation of mobile offices carrying out prophylactic examinations for disadvantaged people from ethnic minorities;
- conducting awareness raising campaigns on the importance of prophylactic examinations among Roma;
- organising and conducting prophylactic examinations for uninsured persons of Roma origin and those with difficult access to hospitals, with the available technology: gynecological (a planned purchase of intra-uterine devices/coils to the value of 12 000 BGN for interested persons belonging to a socially-disadvantaged group), therapeutic, pediatric, mammographic, fluorographic, ultrasound and laboratorial;

⁴⁰ It can be assumed that the poor living conditions and lack of basic hygiene lead to poor health. The following can be considered as major characteristics of poor housing and unsanitary living conditions: the lack of running water (plumbing), electricity, indoor toilet and bathrooms. See Final Report, 26 January 2012, Open Society Institute: <http://osi.bg/downloads/File/2012/Final%20Report_FNS_26_Jan_2012.pdf>

- training new health mediators;
- targeted training and preparation of young Roma adults for medical colleges.

It must be noted that the mobile offices, which the medical check-ups will be conducted with as described in the first and third point above, are the property of the Ministry of Health and were provided by previous EU projects, which means that the new funding for them would be in any case minimal.

A recent serious case of a mass epidemic showing the deficiencies in Roma access to health care was the measles epidemic in the municipality of Sliven from 2009-2010. When the outbreak of measles started, most of the complaints came from “Nadejda” neighbourhood.⁴¹ The area is around 200 000 m² and close to 25 000 Roma people live there in one or two-floor (rarely three-floor) buildings. The communal conditions are more than unsatisfactory: there is no drainage and water is provided to the people for a few hours a day.

From the beginning of December 2009 until July 2010 there were 1 705 people who were affected by the epidemic. Nearly half of the resulting deaths were in the region of Sliven, among whom were 10 children who died from the disease. As outlined in a 2011 BHC report, most of the affected were persons of Roma origin from “Nadezhda” neighbourhood and the reasons were found to be the lack of immunisation or immunity against the disease. Since there followed a campaign to treat the people that had already fallen ill and to prevent any further spread of the disease, a total of 4 057 children in the region of Sliven were have now been immunised against measles. It is evident that only a small number of children in the neighbourhood had received the regularly planned and provided immunisations prior to the outbreak. For the remaining children this never happened. On October 28, 2010 BHC conducted extensive interviews with Dr. Stefan Panayotov and Dr. Zhelyazko Manolov, both of whom have many years of professional medical experience in the “Nadezhda” ghetto. Both of them stressed that “the measles itself is not a terrible disease, it is not severe but the complications that can occur are the reason for the 10 deaths in the region”. Dr. Panayotov argued that the real number of sufferers from measles is much higher than officially announced, to the amount of up to about 5 000 cases. He also added that “at least 400 of the suffering should have been hospitalised but have never gone to the hospital”. They stressed the difficulties in mobilising parents to care about immunisations and the weakness of the immune systems of their patients due to the bad conditions in which they live. Another factor is the lack of control over GPs on whether and how they perform their duties. Dr. Manolov summed up the situation by saying that “under the current system of conducting and reporting immunisations, it depends on the morality of the physician to determine whether immunisations are carried out or not”.⁴²

4. Access to the labour market and social assistance to refugees and asylum-seekers

ICESCR explicitly notes in Art. 6 and 7 that everyone has the right to work and should be able to enjoy fair wages and equal remuneration for work of equal value, as well as, among other things, safe and healthy working conditions. Furthermore, Art. 9 outlines the right of

⁴¹ “Nadejda” is a Roma neighbourhood in the town of Sliven. It is infamous for its poor living conditions.

⁴² Report on the results of the Bulgarian Helsinki Committee documenting the epidemic of measles in the town of Sliven and the establishment of basic health and human rights violations of the population: http://www.bghelsinki.org/media/uploads/special/doklad_sliven_2011.pdf

everyone to social security, including social insurance. Regarding refugees in Bulgaria, the issues of access to social assistance and the labour market are increasingly interconnected, since often one is at the expense of the other, which poses refugees and asylum seekers with serious dilemmas.

The Law on Asylum and Refugees provides a basic framework for regulating the terms of access to employment and social assistance for asylum seekers and refugees. According to Art. 29 (3), asylum seekers whose case is still pending a year after filing for asylum can be granted access to the labour market. Furthermore, according to the Employment Promotion Act, asylum seekers who receive refugee or humanitarian status are granted the same rights as Bulgarian citizens in access to the labour market. Overall, there is a sound legal framework in place that gives refugees the same rights as Bulgarian citizens. Nevertheless, the existing institutional structures are too inflexible to accommodate the changing refugee demographics, thus impeding their smooth access to the labour market. This is also illustrated by the Migration Integration Policy Index (MIPEX), which while ranking Bulgaria high on access to the labour market, gives the country a low score in terms of the overall labour mobility, with general support for work being the lowest in the EU-27.⁴³

Furthermore, the Law on Asylum and Refugees also states that according to Art. 29 (1), asylum seekers have a right to social assistance during their procedure, in the order and size set out for Bulgarian citizens. During the procedure, social assistance is provided by the State Agency for Refugees (SAR) at a rate approved in the government's budget. Currently asylum seekers can receive a monthly allowance of 65 BGN (approximately equivalent to €33) per person, based on the Social Assistance Act. This sum is not sufficient to cover the needs of asylum seekers arriving in Bulgaria, since they are not allowed to work during the first year of their stay. Thus many of them, particularly those placed in larger urban areas such as Sofia, where there are greater employment opportunities, try to find work illegally.⁴⁴ This makes asylum seekers extremely vulnerable to exploitation, often manifested in underpayment or nonpayment of wages. Asylum seekers fear reporting such incidents since they are afraid it would negatively influence their asylum determination procedure. In cases where asylum seekers have moved out of the SAR dorms, the failure of an employer to pay their due wage often results in their homelessness. As a result, a number of NGOs have been lobbying for the reduction of the one-year rule for asylum seekers to six months.

The National Programme for Integration, which started in 2005 and lasts for one year with a capacity for 90 people (60 adults and 30 children), is aimed at people with refugee or humanitarian status. Nevertheless, the Integration Centre, in which the programme takes place, is also open to asylum seekers, including them in the programme whenever possible. Refugees registered in the programme can take advantage of a number of financial measures and activities for easing the process of adaptation and integration. For instance, refugees gain access to mandatory Bulgarian language classes, social orientation classes, monthly health insurance, a daily stipend for attending the courses, a one-off social assistance payment, monthly financial help for rent and other household expenses.

Annually between 100 and 200 people are granted refugee or humanitarian status, out of

⁴³ Migration Policy Group. 'Migrant Policy Integration Index: Bulgaria.' Available at: <<http://www.mipex.eu/bulgaria>> (25 August 2012).

⁴⁴ Interview, Mariana Stoyanova, Program Director – Refugee Unit at the Red Cross in Bulgaria, Sofia, 7 August 2012.

which very few enrol in the programme since many decide not to stay in Bulgaria. There are no official statistics about how many refugees leave Bulgaria but the small number of refugees who do register, do so in order to take advantage of the social assistance schemes. According to the 2011 SAR annual statement, on average 23 people participated monthly in the programme.⁴⁵ Unfortunately, many refugees decide to drop out during the duration of the programme, mainly because the daily stipend is not sufficient and they are pressed to find work.⁴⁶ In 2011 46 people dropped out of the national programme.⁴⁷ During the period 2008-2010, in total 188 persons were registered in the programme, 97 of whom dropped out.⁴⁸

The daily stipend amounts to 4 BGN (€2), which is clearly insufficient to substitute a daily wage, particularly for those with families and children. The stipend is based on the assistance given through the Law on Social Assistance but recent changes in the law raised the stipend to 8 BGN (€4) for Bulgarians enrolled in requalification programmes at the Employment Agency. The stipend for refugees has not been raised due to an already approved budget. The stipend is not applicable for the professional development courses offered by SAR.

Access to the labour market is further impeded by other factors, among which is the lack of knowledge of the Bulgarian language. Bulgarian language classes offered as part of the programme last six months (previously reduced from nine) but not enough people enroll due to the low stipend and mandatory nature, which prevents refugees from working or attending requalification courses at the Employment Agency. Despite there being four divisions (three for adults and one for children), the Bulgarian language classes register a constant inflow of new students at different language levels, making the learning process ineffective. The programme has also been criticised for its short duration, which does not allow sufficient time to learn the Bulgarian language. The lack of language knowledge also makes it difficult for refugees to take advantage of social assistance schemes that require the completion of a lot of documentation and interaction with institutions other than SAR.

Currently, there are no institutionalised channels through which refugees can enter the labour market directly. While they have the opportunity to register at the Employment Agency, they often do not meet the educational requirements of available positions, since the majority of them lack documentation for their level of education and work experience.⁴⁹ SAR also does not have a system in place for assessing the technical and professional skills and education of refugees. The inability of refugees to prove their level of education or work experience often means that upon registering at the Employment Agency, they are placed in the lowest category possible and are offered jobs for which they are usually overqualified and underpaid; thus they often do not accept the jobs offered by the

⁴⁵ State Agency of Refugees, 'Report for Completed Work in the Implementation of the National Program of Integration of Refugees in the Republic of Bulgaria (2011 – 2013) for 2011.' Available at: <<http://www.eref.org.bg/docs/otchet%20na%20NP-2011.doc>> (28 August 2012).

⁴⁶ Interview, Mariana Stoyanova, Program Director – Refugee Unit at the Red Cross in Bulgaria, Sofia, 07 August 2012.

⁴⁷ State Agency of Refugees, 'Report for Completed Work in the Implementation of the National Program of Integration of Refugees in the Republic of Bulgaria (2011 – 2013) for 2011.' Available at: <<http://www.eref.org.bg/docs/otchet%20na%20NP-2011.doc>> (28 August 2012).

⁴⁸ Interview, Nelly Filipova, State Agency for Refugees, Sofia, 27 August 2012.

⁴⁹ Interview, Mariana Stoyanova, Program Director – Refugee Unit at the Red Cross in Bulgaria, Sofia, 07 August 2012.

Employment Agency.⁵⁰

In August 2012 only 20 refugees were registered at the Employment Bureaus in Sofia. According to the 2011 SAR annual report, there is little to no interest on the part of refugees to register there. The Employment Agency offers a series of professional courses but they are often sporadic and there is no data or indicators that they are effective in providing refugees with placements in companies or professional development opportunities. Furthermore, refugees usually cannot take part in these requalification courses as they do not reflect their particular needs or they do not meet the prerequisites for enrolling since they cannot present documentary proof of their level of education and work experience. Problems also remain with the integration of women refugees, who in many cases have very low levels of education and lack professional qualifications or work motivation.

Within the integration programme, SAR also offers work-related requalification courses, which are limited to cosmetics, hairdressing and sewing. The choice of courses is based on a survey conducted in 2005 concerning the most sought-after professions on the market. Regular surveys are not conducted, thus the courses are rather outdated and do not prepare refugees for entering the ever-changing labour market. Previously there were courses on computer literacy, which were useful for refugees who required a quick certificate for skills they already had but these are no longer offered. Upon completing the Bulgarian language classes, very few refugees continue on to take the professional development courses. During the period 2006-2012, only 88 refugees completed them.⁵¹ Overall, refugees in Bulgaria are not able to effectively compete on the labour market.

The migrant community in Bulgaria plays an important role in the integration of refugees. Nearly 80-90% of refugees find work within the migrant community in bakery shops, restaurants, kitchens, etc.⁵² Those asylum seekers located outside of Sofia find it more difficult to find work and often strive to move to Sofia once they receive their status. The abrupt move to Sofia often disadvantages refugees, as they are forced to find housing and work in a very short period of time. Employers also are generally not informed about the ability to hire asylum seekers or refugees, which feeds into prejudices and stereotypes concerning the work ethics of people from developing countries.

Furthermore, according to a UNHCR survey, a high proportion (50%) of society declared that, “regardless of their qualification and personal skills, the refugees should not be given jobs for which Bulgarian citizens apply”.⁵³ In addition, refugees and asylum seekers often face colour/race and religious discrimination when looking for jobs, particularly refugees from African countries or women practicing Islam, who wear headscarves. There is no official data or study on the pervasiveness of discrimination of refugees in finding employment but SAR has received calls from employers who refuse to hire refugees from African countries.⁵⁴ Discrimination is particularly prominent in the sphere of service-providing businesses.⁵⁵

⁵⁰ Interview, Marinella Radeva, Chairperson – Bulgarian Council for Refugees and Migrants, Bulgaria, Sofia, 23 August 2012.

⁵¹ Interview, Nelly Filipova, State Agency for Refugees, Sofia, 27 August 2012.

⁵² Interview, Olga Nikolova, Integration Associate – UNHCR in Bulgaria, Sofia, 10 August 2012.

⁵³ UNHCR. (2010), ‘Report: Public Opinion Survey.’ p. 5.

⁵⁴ Interview, Nelly Filipova, State Agency for Refugees, Sofia, 27 August 2012.

⁵⁵ Interview, Linda Awanis, Chairperson, Council for Refugee Women, Bulgaria, Sofia, 15 August 2012.

The inter-institutional differences also sometimes affect the integration process. SAR has difficulties working with local municipalities, in which there is a higher concentration of refugees, as well as with relevant ministries that have a stake in the integration process, such as the Ministry of Labour and Social Policy. In principle, asylum seekers have access to healthcare services once they file an asylum application but, in reality, it sometimes takes several months for access to be granted and in the meantime they must pay for services that would otherwise be free. The gap is largely due to the slow and ineffective processing of information exchanged between SAR and the National Revenue Agency (NRA).

5. Placement of children in social care institutions

Historically, placement of children in different types of social care institutions has been one of the most serious problems in Bulgaria. Roma children are overrepresented in all types of institutions. Over the past decade successive governments tried to address this problem and the number of children in institutions has decreased, especially after 2005. Nevertheless, institutional care of children continues to be essential part of Bulgaria's child care approach and the number of children placed in institutions currently continues to be excessive.

According to the estimates from the national strategy on deinstitutionalisation of children, as of December 2009 there had been 7 587 children in 137 child care institutions.⁵⁶ To these, some 400 children placed in institutions for delinquent children should be added, as well as some 1 000 children placed in boarding schools for children with developmental disabilities. Perhaps the most problematic of all child care institutions are the homes for children with mental disabilities.⁵⁷ At the end of 2009, 1 376 children and young persons were placed in 24 homes for children with mental disabilities and in one home for children with physical disabilities. These specialised institutions have a capacity to host on average 55 children. In some of them however the number of children reaches 100, which undermines individual approach in quality care. These institutions are located mainly in rural areas, which put children in serious social isolation and limited access to adequate health care, education and social services and make almost impossible the provision of ongoing specialised care by competent professionals.⁵⁸

The main factors that determine the placement of children of disadvantaged social status in specialised institutions are difficulties they face in growing up (economic, psychological, social), combined with the lack of alternatives to the institutional care services. The main risks faced by children living in families which generate such problems are related to the quality of life, the climate in the family and children's access to education. These factors call for appropriate preventive and supporting policies to reduce the risk of poverty and the necessity of new flexible forms of social services and support for the family as the main factor in development of the child.⁵⁹

⁵⁶ National Strategy "Vision for Deinstitutionalisation of Children in the Republic of Bulgaria", February 2010, available at: <<http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=601>>.

⁵⁷ See also Section 6 of the present submission.

⁵⁸ Data collected by State Agency for Child Protection in their summary of the project "Childhood for Everyone 2010-2014", available at: <<http://sacp.government.bg/detstvo-za-vsichki/proekt-detstvo-za-vsichki/rezume-km-proekt-detstvo-za-vsichki/>>

⁵⁹ National Strategy for the Child 2008-2018, Ministry of Labor and Social Policy, available at: <<http://www.strategy.bg/StrategicDocuments/View.aspx?lang=bg-BG&Id=464>>, page 13;

Prevention of child abandonment and their placement in institutions is one of the most important activities for the performance of a state policy in the area of public childcare, which is aimed at decreasing the number of children in institutions and guaranteeing their right to be raised in a family environment. In their methodological manual for prevention of child abandonment, State Agency for Child Protection cites as their main priority the protection of family or close to family environment. In Child Protection Act “institutionalisation” is defined as an extreme measure which is to be implemented only *when all other options had been exhausted*. In the above-mentioned manual it is suggested that placement in a specialised institution can be prevented by ways of granting the family of physical and financial assistance, or providing it with community-based social services. For this purpose, a mother who has difficulties (physical, social, professional) should be offered the necessary support, so that she is able to exercise her rights and obligations to the child.⁶⁰ In practice however the availability of these services is extremely scarce in Bulgaria. They are often offered on an arbitrary basis and in a non-transparent manner. Roma families complain that they are discriminated against in their access to such services.⁶¹

At present the government operates the project “Childhood for Everyone” according to which by the end of 2014 all children institutionalised in the homes for children with mental disabilities (HCMD) and in medico-social care homes (for children 0-3 years old) have to be placed in alternative care. In 2012 a research on 1 363 parents and extended family members had been conducted with the aim of considering options for children’s return back to their families. The results allegedly showed that there is a chance for some of them to regain contact with their families.⁶² For the rest, building of smaller institutions in bigger cities is envisaged with better possibilities for the children placed there to receive psycho-social rehabilitation. It remains to be seen to what extent these new facilities are going to reproduce institutional care.

The key issue of deinstitutionalisation and prevention of abandonment of mentally disabled children remains the financial difficulties, the insufficient financial assistance that families of children with mental disabilities receive, and in cases where parents leave their children to institutional care – the remoteness of the social home and the impossibility to develop relationships with the child due to this. In the latter situation the main factor for parents not keeping in touch and visiting their children in institutions is the location of social homes and the fact that the organs responsible are placing children where there are places available, not in homes that are closer to children’s families. To prevent this from happening, the new facilities will be built in the municipalities of origin of the children. According to a survey conducted in the framework of the project “Childhood for Everyone” 47% of the families who participated in it stated their wish to keep in contact with their child, whereas about 14% were hesitating. According to the Deputy Minister of Labor and Social Policy Valentina Simeonova, these results are encouraging.⁶³ Placement

⁶⁰ Methodological Manual for the Prevention of Child Abandonment on Maternity Home level; State Agency for Child Protection, Bulgaria, available at: <<http://sacp.government.bg/polezna-informacia/metodicheski-ukazania/prevencia-izostaviane-rodilen-dom/>>

⁶¹ OSI, “Perceptions of discriminatory practices among Roma: Results of an International Comparative Survey”, Sofia, 28 June 2012, presentation available at: www.osi.bg.

⁶² Press release of an interview with Kalin Kamenov – a chairman of the State Agency for Child Protection, available at: <<http://sacp.government.bg/interviuta-publikacii/kalin-kamenov-shef-na-agencyata-za-zakrila-na-deteto-horata-sab/>>

⁶³ Club Obektiv, “De-institu-tiona-liza-tion”, 30 May 2012, available at: <<http://www.bghelsinki.org/bg/publikacii/obektiv/obektiv/2012-05/de-in-sti-tu-ci-o-na-li-za-ciya/>>;

of children closer to their families however is not going to solve the problem with institutional care by itself. Further assistance to the families is needed.

The poor quality of social services affects disproportionately Roma children and families. The findings of the Bulgarian Helsinki Committee suggest that the reasons for abandonment are similar in some ways, but not the same, to those of Bulgarian parents. In the Roma communities these are predominantly the lack of material conditions for raising a child, lack of education and employment of parents, as well as the lack of supportive environment for the Roma parents. When this combination is present, it is complemented by other adverse factors such as a large family, illnesses and disabilities of the child or the mother etc. The key point in the BHC research is that Roma children are more vulnerable when placed in an institution, due to the poor possibilities for placement in a family environment and subsequent fewer opportunities for access to quality education, health care, social services and employment.⁶⁴

6. Situation of children with mental disabilities in institutions

Deaths and lack of adequate care continued to take place in Bulgarian homes for children with mental disabilities. Although Bulgaria has started the process of deinstitutionalisation of these institutions and a national strategy and an action plan are in place, by the summer of 2012 deinstitutionalisation was still not underway in them, leaving the array of problems in them unresolved.

In 2010, BHC carried out joint inspections with the Prosecutor's Office in all HCMD in the country. BHC published the information gathered during these visits on a special web site⁶⁵ dedicated to the situation of institutionalised children with mental disabilities with comprehensive reports available on the institutions with the gravest problems. The reports reveal widespread lack of adequate access to health care, rehabilitation and neglect.

In the institution in **Medven**, near Sliven, 22 children died in the period 1999-2008, all of them in suspicious circumstances. Most of the death certificates fail to provide information on the cause of death. Two of the death certificates state that the cause of death was '*other and unspecified anomalies*' and '*special symptoms or syndromes, not classified elsewhere*'. Another nine death certificates do not contain sufficient information to be able to conclude whether the death resulted from disease or trauma. In at least eight deaths, there are grounds to question whether the children received timely and proper treatment. D.K.D., who died on 15.01.2008 in hospital, had been prescribed medicine for chronic hepatitis; the medical records at the institution do not reflect this treatment, i.e. the child had probably not received the prescribed medication. At least seven children died of dysentery.

In 2010, the institution had four vacancies, one of which was for a psychologist. The institution did not have a doctor on its staff, and the number of nurses was inadequate. Night duty was borne by a nurse and one other staff member. The institution was visited by a general practitioner once a week; additional consultations were given by phone if needed. Psychiatric consultations were organised only if deemed necessary by the staff; the children were generally not consulted by a child psychiatrist. Aggressive and self-aggressive

⁶⁴ Slavka Kukova/Bulgarian Helsinki Committee, *Romani Children at Risk in the Child Protection System in Bulgaria*, Sofia, June 2011, available at: <<http://issuu.com/bghelsinki/docs/bhk-2-11-eng>>

⁶⁵ See: The Forsaken Children web site, <<http://forsakenchildren.bghelsinki.org/en/>>

children were handled with drugs (neuroleptics), instead of educational and psychological interventions.

In the institution in **Krushari**, near Dobrich, 56 deaths occurred in the period 2001-2010. The share of deaths is the highest among the bedridden children. This is the institution with the highest mortality rate among similar institutions. There was no data to indicate that the medical staff had been instructed and trained in recognising specific signs of illness, putting the children with serious medical problems at a particularly high risk.

Thirty-one death cases occurred in the institution in **Petrovo**, near Blagoevgrad, in the period 2001-2008. Almost all death cases were established by the children's general practitioner. '*Acute cardiovascular failure*' was given as the cause of death in all cases. In not a single case was an autopsy carried out. Seven of the children who died suffered from malnutrition.

In the institution of the same name of **Petrovo**, but this one near Stara Zagora, 12 children died in the period 2004-2010. According to reports from the staff in 2010, the institution had not had a doctor for three years and only one nurse attended to the children during the day shift. The bedridden children were located in a room on the second floor, without an elevator. The institution did not have a psychiatrist on its staff and the last visit from an external psychiatrist, albeit not a specialist in child psychiatry, was in 2009.

In the institution in **Mogilino**, near Ruse, 27 deaths occurred in the period 2000-2007. Such a high mortality rate is generally observed in institutions of the same type where the share of bedridden children is highest. The deaths in such institutions follow a seasonal pattern: 80% of the deaths occur in the period from November to February. In five of the seven cases in which autopsies were carried out, the established causes of death are pneumonia and/or other inflammatory diseases.

In the institution in **Sladak Kladenetz**, near Stara Zagora, 11 children died between 2005 and 2010. Ten of them suffered from malnutrition – most often the most severe form, marasmus. Y.D. died in February 2008 aged 12. In November 2007, she had decubitus at the elbow and hips; by February 2008, they had turned necrotic, with new ulcers appearing on other parts of the body, like the limbs, the back and ear lobes. The girl died two days after being discharged from hospital where she had been admitted for treatment of 'pneumonia'. No data is available on the reasons that lead to the girl's deteriorated health; the death certificate fails to provide information on the cause of death. A total of five children who died in the institution were not hospitalized despite their grave situation. Contacts with the children's GP were consistently performed over the phone. Psychiatric care was provided by an external psychiatrist who was not a child psychiatrist. In some cases, the children's therapy was changed by the psychiatrist over the phone without an examination. There is plenty of data that reveals inadequate dental care. In some cases therapy was prescribed by the staff. For instance, N.N. was given Metamizole sodium for his toothache; the next day after he received facial swelling, the nurse gave him *Ospamox* and noted that the child had submaxillary abscess. There is no data to indicate that the child was examined by a dentist afterwards. N.N. was on a prescribed therapy of *Atarax*, *Haloperidol*, *Akinestat* and *Chlorprothixen* – drugs with negative side effects on the teeth. The institution in Sladak Kladenetz is not the only institution where lack of special dental care for children under such medications was established.

In the institution in **Kula**, near Vidin, seven children died in the period 2007-2010. Besides the death certificates, there were no other documents that could shed light on the condition of the children prior to their death. Some of the medical conditions listed in the death certificates as the cause of death are not in themselves lethal – ‘mental retardation’, ‘epilepsy’, ‘Down syndrome’, ‘cerebral palsy’, and others which are fatal only if adequate treatment is not undertaken – ‘pneumonia’, ‘anaemia’, ‘hypoglycaemia’. Two of the seven children died in the institution without being admitted in hospital; another two children died as a result of malpractice of the hospitals, which refused admission of a child in a critical condition, in one case, and discharged a child in a critical condition, which in turn led to his death, in another. The children’s GP, who works in the local hospital, is unable to pay due attention to her patients from the institution. Only 18 from the 38 residents attend a day care centre, equipped for rehabilitation and other therapies for people with disabilities. However, there is only one therapist there and is unable to take care of all 18 residents, some of which were in obviously poor condition. The needs of the other 20 residents, who do not attend the day care centre, are completely unmet.

In the institution in **Berkovitsa**, near Montana, seven children died in the period 2005-2010. Three of the deaths were caused by pneumonia which could have been avoided or cured. At least four of the children who died suffered from hypotrophy, i.e. malnutrition, and two of them died precisely because of the final weakening of their bodies due to pathological malnutrition. In at least three cases no autopsy was carried out.

In the institution in **Kermen**, near Sliven, two of the children died in suspicious circumstances. D.A. died on 20.06.2006 due to ‘cerebral edema, bilateral pneumonia and atrophy’. It can reasonably be concluded that he had suffered neglect for a long period of time. Another case is that of Y.I. who died in 2006. The interview with Y.I’s GP revealed that prior to his death the boy had multiple decubitus and sepsis for which the GP undertook an unspecified type of intervention, after which the child died. The boy died in the institution; the death was established by the same GP. The boy’s condition at the time of the intervention, the reasons that lead to his condition, as well as the degree to which the intervention contributed to the death, remain un-established. The lack of an autopsy raises suspicious as to the exact cause of death.

Investigations have to be carried out concerning all death cases, but they have not been made at the time of deaths. In the above cases, as well as in others unlisted here, the institution staff did not inform the investigating authorities in Bulgaria. After the inspections conducted jointly by the BHC and the prosecution, several pre-trial proceedings were initiated, but they were all terminated with no indictments were filed in court.

7. Access to education of children with mental disabilities

Indicative of the access to education in Bulgaria up until 2007 for children with special educational needs is the case before the European Committee of Social Rights *MDAC v. Bulgaria* (Complaint No. 41/2007, Decision of 3 June 2008).⁶⁶ The complaint is based on various sources, including the 2005 report of the Bulgarian State Agency for Child Protection (SACP). This report included data on the situation in 18 homes for children with mental disabilities. According to it, only 32 children (or 2.8%) from the visited institutions were being schooled in mainstream primary schools, while 39 children (or 3.4%) were

⁶⁶ The complaint and the ECSR decision are available at:
<http://www.coe.int/t/dghl/monitoring/socialcharter/Complaints/Complaints_en.asp>.

attending special schools, meaning that a total of only 71 children were attending any kind of school. In certain establishments, such as the one in Sofia, none of the children attended schools, whereas in others, such as the one in Turnava, all children were being schooled, and this was attributable solely to the personal initiative of the institution director. MDAC claimed that certain children were refused admission in spite of their desire to attend school and were able to write their names despite never having attended school. The complaint concluded that the existing system of education clearly deprives these children of access to education, which is a direct infringement of their right to education without discrimination.

The complainant also alleged that ordinary schools are not equipped to the abilities and needs of children from HCMDs. Teacher training is inadequate and teaching materials for intellectually disabled children are either totally unavailable or unsuited to their needs. According to the MDAC, this means that Bulgaria is in direct violation of the right to education and directly discriminates against these children on account of their disability.

In respect of the children who do not attend an outside educational structure, the complainant highlights that HCMDs are not educational institutions and therefore the children are ineligible for a diploma attesting completion of primary school education. They are, therefore, legally prevented from entering secondary education. The MDAC concludes that the treatment of children in HCMDs does not satisfy the criterion of the acceptability of the education provided and cannot be considered to be a form of education. As regards the respect for the right to education of intellectually disabled children residing in HCMDs, the Committee took note of the efforts made by the Bulgarian government, particularly through the adoption of legislation and the setting up of action plans. It considered this to be a necessary first step but one that is insufficient to bring the situation into conformity with the European Social Charter (Revised). It reiterated that “the aim and purpose of the Charter, being a human rights protection instrument, is to protect rights not merely theoretically, but also in fact”. Consequently, the manner in which this legislation and these action plans are implemented is decisive.

The situation after the ECSR decision improved somewhat but continues to be incoherent with the European Social Charter. According to data for 2011 available at the BHC:

- 85 children and young people were placed in the home for children with mental disabilities in Petrovo.⁶⁷ 29 of them were under the age of 18 and 56 were older. The number of children covered by some form of education was 11; only two residents, aged 19 and 21, attended mainstream school. The other nine, aged 12 to 19, attended a remote class of a special school in the institution; they were all in the same class.
- 32 residents were living in the institution in Kermen;⁶⁸ 14 of them were receiving education in a mixed remote class of a special school in the institution.
- 40 residents were living in the Kosharica institution in 2011.⁶⁹ Twelve of them were attending a mainstream school and another four were covered by individual education in the institution.
- 75 residents were living in the Sladak Kladenets.⁷⁰ They were divided into four groups depending on the level of mental disability. Sixty-three of the residents

⁶⁷ Information received during a BHC visit to the institution in 2011, verified by telephone calls made by BHC researchers in 2012.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

were covered by some form of education - two of them were attending a mainstream school, five were attending a special school and eight were enrolled in a boarding school; the rest were provided some form of education depending of their needs in the institution.

- 51 residents were living in the Medven institution.⁷¹ Two of them were attending a special school, but before that they attended mainstream kindergarten. Another ten of the residents were covered by individual education plans provided by remote class of a special school.
- Of the 95 residents living in the Vidrare institution,⁷² 16 were covered by some form of education - 13 attended mainstream school, the other three were attending a special school.
- Of the 48 residents placed in the Kula institution,⁷³ 14 were covered by some form of education - two were attending mainstream school, another nine were attending a special school in a remote class in the institution; 20 of the residents were attending a day care centre.
- 54 residents were living in the Gomotarci institution;⁷⁴ three of them were attending a mainstream school, another six were enrolled in different grades in a special school, 11 of the residents attended a remote class of a special school in the institution.

The conclusion from the above data is that in 2011, half of the institutions for children with mental disabilities had 480 residents placed in them; only 180 of them were covered by some form of education.

8. Access to employment and healthcare of people with mental disabilities

In Bulgaria, the right to independent living for people with intellectual disabilities and mental health problems is not respected. The majority of them reside with their families and cannot choose where and with whom to live. Those who have no families or who cannot live with them are transferred to social care institutions where they are placed involuntarily.

A slowly emerging trend is to place people with intellectual disabilities and mental health problems in ‘protected homes’ – small groups of homes that are meant to be an alternative to large institutions, which, however, do not provide more opportunities for independent living in practice. Access to community-based services is not guaranteed to all potential users and the quality of care provided in them, with a few exceptions, is generally low.

People living in institutions cannot exercise their rights to employment, to choose quality medical care, to privacy, to have relationships, to choose and organise their daily activities, to marry or to have children. Medical treatment on them is carried out without their consent, often at risk to their health and life. The practice of unlawful seclusion and restraint of some residents in institutions continues with respect to both children and adults. The main reason for these problems is that individuals with mental disabilities are often deprived of their legal capacity and placed under guardianship. This automatically deprives them of the right to be recognised as “persons” before the law. This means that they are

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

⁷⁴ Ibid.

unable to sign any contracts, including labour contracts. They do not receive any support for decision-making and are not allowed to enter into legal commitments. Although some people have been placed under guardianship, they have not been appointed a guardian for years. In many cases where they have guardians the latter fail to adequately protect their rights due to conflicts of interest.

Deficiencies in the Bulgarian guardianship system were condemned on 17 January 2012 by the judgment of the Grand Chamber of the European Court of Human Rights in the case of *Stanev v. Bulgaria*.⁷⁵ The case concerns a person under “partial” guardianship who was placed in a social care home for persons with mental illness. Placement was initiated by a contract between his guardian and the management of the social care institution. Mr. Stanev’s consent was not sought. He tried on several occasions to initiate proceedings for restoring of his legal capacity but without success. He was denied access to court. The ECtHR found violations of articles 5, 6, 3 and 13 of the European Convention on Human Rights. The Court condemned the Bulgarian system, which does not allow for direct access of a person under guardianship to court. No legislative amendments were made by the government after the Stanev judgment.

A sociological study carried out in Sofia in 2009 among psychiatrists, social workers, relatives and people with mental health problems established that:

- Doctors and social workers are not trained to work with people with mental health problems, which results in poor-quality services;
- People with mental health problems use more medication than any other types of service and value above all a positive attitude towards them during their treatment;
- People with mental health problems have no or little experience with community-based services and look for social assistance only when they or their relatives need residential services;
- The personal assistant is not perceived by either social workers or persons with mental health problems as offering a necessary or useful service for this target group;
- Social workers and doctors think the most required service is a rehabilitation centre, although people with mental health problems did not express the same opinion.

According to the same study, the basic problem for people with mental health problems is the loss of social skills.⁷⁶ The study also found that social rehabilitation and therapy were provided only by private psychiatric practices, most likely because they work on a market principle, and sometimes on the project principle; such practices are either inaccessible or unaffordable for people with mental health problems.⁷⁷ The research assessment points out that the biggest difficulties for people with mental health problems, according to general practitioners, are socialising (26%), finding suitable medical treatment (23%), the diagnostic process (22%) and relatives coming to terms with the patients’ problems (19%).⁷⁸ Although these figures reveal that many people with mental health problems have

⁷⁵ ECtHR, *Stanev v. Bulgaria*, Appl. No. 36760/06, Judgment of 17 January 2012.

⁷⁶ Assessment of the Mental Health Care System Functioning on the Territory of Sofia Municipality, sociological research of the MBMD Agency, Sofia, 2009.

⁷⁷ Ibid.

⁷⁸ The places from which people with mental health problems seek help most often, according to general practitioners, are GPs and psychiatric emergency care.

expressed the difficulties they face to doctors, around 70% of GPs think they do not need special training with regard to their patients with mental health issues and they assess the level at which they meet the needs of their patients with mental health problems at the medium (4.13 on a six-point marking scale).⁷⁹ GPs think that the most necessary municipal services for their patients with mental health problems are centres for social rehabilitation (51%) and personal assistants (36%). They were of the opinion that the municipality would be most useful if it could provide everyday care for people with mental health problems using personal and social assistants, social rehabilitation, training for relatives about the needs and the potential of individuals with intellectual disabilities or mental health problems and supported employment. The same study found that the healthcare and social assistance systems do not cooperate sufficiently to improve the quality of life of people with mental health problems.⁸⁰

Personal and social assistant services are barely accessible for people with mental health problems in Sofia, because of the lack of awareness of mental health problems, a perception of the mentally ill as dangerous and the lack of training for potential assistants and social workers. Another problem is that some of the people with mental health problems are homeless, do not have ID documents, have not been diagnosed and do not have health insurance, which makes it impossible for them to be provided with any social services or assistance.

No information is publicly available about the number of children and adults with intellectual disabilities who have used or currently use the services of a personal/social assistant. Even upon special requests, no such information was supplied by the Social Assistance Agency. These services, as well as the 'assistants for independent living' in Sofia, were the only ones that provided support for independent living to people with disabilities in general. There is only one new provision, which was adopted on 1 June 2010 in the *Regulations for Implementation of the Social Assistance Act* (Art. 53a), which entitles persons with intellectual disabilities and mental health problems assessed with at least 71% reduced labour capacity, to use an assistant for up to 10 hours annually when visiting state, municipal, healthcare, educational and other institutions at a cost of 5 BGN (€2.5) an hour. This amount is paid by the Agency for People with Disabilities⁸¹ to the local structures of the Bulgarian Association of Persons with Intellectual Disabilities (BAPID). The local structures of the association are obliged to present monthly reports to the Agency for Persons with Disabilities about the number of people who have used assistance and the amounts spent on this. There are no data about the implementation of Art. 53a of the regulations, as it was very recently introduced. However, it is clear that this amount of hours and payment would be far from sufficient for meeting even the basic needs of the potential beneficiaries given the clumsiness of the administrative procedures and the lack of coordination between healthcare, educational and social facilities.

⁷⁹ They claim they have good cooperation with the police and the specialised psychiatric facilities, but that it is much worse with the social services and NGOs.

⁸⁰ Assessment of the Mental Health Care System Functioning on the Territory of Sofia Municipality.

⁸¹ The Agency for People with Disabilities keeps a database of people with long-lasting disabilities and of the companies that provide employment to people with disabilities; issues licenses for the production, import and maintenance of special devices for people with disabilities; controls the way in which they are provided to people with disabilities; elaborates programmes and funds projects aimed at entrepreneurial initiatives, social integration and rehabilitation of and for people with disabilities; participates in the elaboration of national legislation concerning people with disabilities and funds the employers who employ certain groups of people with disabilities. See <<http://ahu.mlsp.government.bg/>>.

Only an NGO study from 2009 discussed the effectiveness of the personal and social assistant programmes in Bulgaria.⁸² According to this study, the assistant services place the user in a passive, dependent position and in some cases even deepen the user's social isolation and dependency.⁸³ The study recommended that access to assistant services should not be linked to the level of reduced labour capacity or to the financial income of the users; the users should not pay for the service, and the salaries of the assistants should be adequate to the labour market. This should be ensured by one central institution – the Agency for Persons with Disabilities, the capacity of which should be increased to allow it to be transparent and clear in its work.

The Social Assistance Agency also presents reports about other types of assistance it provides to people with disabilities in general, again without presenting data on the type, age, gender, location, education and employment status of the beneficiaries. The available data reveals that in 2009, for instance, 481 811 persons with disabilities (average monthly figure) received assistance under the *Regulations for Implementation of the Integration of Persons with Disabilities Act*, out of whom 19 490 were children with disabilities.

According to the Bulgarian Helsinki Committee, which monitors psychiatric facilities and social care institutions in Bulgaria, in general, people with mental health problems placed in psychiatric facilities are not requested to give informed consent for treatment. If there is actual consent, it has to be given formally without any need to support it with the necessary clarifications for the patient.⁸⁴ A common practice in the social care institutions is not to request informed consent at all and that on many occasions the voluntary treatment is in fact concealed forced treatment.⁸⁵ BHC observations in 2005 revealed that the routine prescriptions of the residents are rarely changed. They are updated depending upon the health insurance fund requirements for reimbursement of medications. Psychotropic medicines are either free-of-charge or to a great extent reimbursable. The list of psychotropic medications used in the social care institutions does not reflect the true level of the different types of illness.⁸⁶ According to the BHC monitoring in 2009 in the

⁸² Assessment of Assistant Services for People with Disabilities in Bulgaria, Centre for Independent Living, a domestic NGO protecting the rights of people with physical disabilities, Sofia, 2009, available in Bulgarian at:

<<http://www.cil.bg/%D0%9D%D0%B0%D0%B1%D0%BB%D1%8E%D0%B4%D0%B0%D1%82%D0%B5%D0%BB%D0%BD%D0%B8%D1%86%D0%B0.html>>.

⁸³ Ibid., p. 1.

⁸⁴ 2006 Annual Report, Human Rights in Bulgaria, Bulgarian Helsinki Committee, Sofia, 2007, available in English at: <http://www.bghelsinki.org/media/uploads/annual_reports/2006-en.pdf>.

⁸⁵ Ibid. “Very often the patients are surprised to find that they were admitted to the psychiatric hospital ‘voluntarily’ on the grounds of a signature affixed on a document, the content of which they have never been aware. On many occasions the formal consent is attained through gross manipulation of the patients, threats that their pensions or other ‘privilege’ would be taken away from them, through a real threat, even through the use of physical force.”

⁸⁶ The Archipelago of the Forgotten: Social Care Homes for People with Mental Disorders in Bulgaria, monitoring report of the Bulgarian Helsinki Committee, 2005, Sofia, available in English at:

<http://issuu.com/bghelsinki/docs/05archipelago_en-1->.

The report explains further the reasons for this phenomenon: “In order to fit into the National Health Insurance Fund’s (NHIF) requirements for reimbursable medications, psychiatrists are forced to modify their diagnoses or to forgo treatment for certain diseases and conditions. Antidepressants, for example, are not prescribed or used in the social care homes, because the NHIF does not pay for them. Thus, the residents who require medication receive those medicines that are 100% covered by the NHIF; for example, *Finlepsin*, *Carbamazepine*, *Tegretol*, neuroleptics (*Rispolept*, *Leponex*, *Haloperidol*, depo-neuroleptics), *Parkisan*, *Amitriptilin*. Medications that are not 100% covered by the NHIF must be purchased with funds from the

institution for people with mental health problems in Radovec all residents, except one, were medicated with *Haloperidol*, resulting in slow movements and reactions of the residents and trembling limbs. Inadequate medical treatment was also revealed in the institution for people with intellectual disabilities in the village of Oborishte and the institution for people with mental health problems in the village of Pastra. In the first institution the monitoring team discovered serious side-effects and tardive dyskinesia. The residents' psychiatrist confirmed that the doses of medication were strongly increased to facilitate the restraint of the aggressive impulses of the clients. The medical files of the clients proved that this treatment has not been changed for years.⁸⁷

Residents with intellectual disabilities and mental health problems are systematically abused through medical treatment for a number of reasons – insufficient number and qualification of staff, which means that residents are subjected to heavy overmedication to suppress their aggression; lack of knowledge on the part of local psychiatrists about modern forms of medication and rehabilitation; lack of monitoring and inspections of the type and doses of treatment; and lack of control over the informed consent of the clients. Another concern for the monitoring team in 2009 was the continuous practice of isolation and seclusion of residents, which is in breach of Bulgarian legislation.⁸⁸

Adults under plenary or partial guardianship are legally prohibited from independently signing employment, marriage, property, social services, healthcare, education services and bank contracts. Guardians, however, may consent to their employment, with the exception of certain types of jobs that are prohibited for people under guardianship.⁸⁹

institution's budget (such as *Chlorazin*, which is 50% covered). Funding for purchase of medications not covered by the NHIF is inadequate in all of the institutions, but there is a clear disparity in the amount of funding that different institutions have at their disposal for the purchase of medicines. The NHIF's 'positive' list of medications fluctuates quite dynamically, but the general impression is that financial assistance to the patients is decreasing. This places an ever-greater burden on the homes' budgets for the drug treatment of their residents."

⁸⁷ 2009 Annual Report, Human Rights in Bulgaria, Bulgarian Helsinki Committee, Sofia, 2010, available in English at: <http://www.bghelsinki.org/media/uploads/annual_reports/2009-en.pdf>.

⁸⁸ Needs Assessment of the Structures Involved in the Process of Deinstitutionalisation of the Care of Persons with Severe Mental Diseases and Mental Disabilities, Monitoring report, pp. 145-149, August 2008-August 2009, Bulgarian Helsinki Committee, Bulgarian Institute for Personal Relations, Sofia, p. 9-10, available in Bulgarian at: <http://www.bghelsinki.org/media/uploads/special/needs_assessment_2009.pdf>. In the institution for adults in the village of Rovino, 12 female clients had been secluded in dark, ground-floor rooms with the purpose of suppressing their acute conditions. The administration explained their seclusion during the period 1-15 August 2008 with reference to aggression outbursts, psycho-motor agitation, verbal aggression and pouring water over themselves. Four of the clients have been secluded for several years. Physical restraint was applied totally illegally. Legislation allows it to be applied only in a healthcare facility, if prescribed by a medical doctor and controlled and monitored, especially during the night. Some of the cases when seclusion was applied were not registered in any documents in the institution. In 2009, the BHC reported that in institution in Goren Chiflik there was a one-floor pavilion with part of the yard fenced off with metal netting, where the most severely disabled residents lived. This sector was locked almost all day and night. In this sector in the spring of 2009, 45 residents were locked because of construction work being done in the main building. Some of them were sleeping on mattresses on the floor, some were agitated and some were sitting in the yard. In parts of the rooms, there were traces of faeces on the walls, the floor and bedcovers. For five of the bedridden residents hospitalisation was urgent as their lives were at risk. In August 2009, when the BHC visited the institutions for the third time some of the residents were moved to the reconstructed area, but 25 remained living in the same appalling conditions.

⁸⁹ Individuals and Families Act, Chapter 1, paras. 1-5. For more information see Guardianship and Human Rights in Bulgaria, Mental Disability Advocacy Centre, 2007, Budapest, p. 48, available in English at: <<http://www.mdac.info/en/resources/guardianship-and-human-rights-bulgaria>>.

Conclusion

Over the past years Bulgaria implemented some legislative and policy measures to comply with the International Covenant on Economic, Social and Cultural Rights in the above spheres. Some of these measures produced positive effects on the ground, especially regarding deinstitutionalization of child care. In other spheres however legislative and policy measures remained largely on paper. This is particularly true with regard to integration of Roma. In the sphere of access to employment and healthcare of persons with mental disabilities in institutions, as well as of those deprived of their legal capacity living in the community, there has not even been significant attempts for reforming of the legislation framework, which is outdated and incompatible with the standards of a modern society which cares about the rights of its most vulnerable members. In both the spheres where there has been some reform and in those where there was little or no reform efforts, Bulgaria has a long way to go to fully comply with the ICESCR standards.