



Европейски съюз

## ПРОЕКТ BG051PO001-7.0.01-0091-C0001

*„Мога да съм полезен - Модел за социално включване на младежи с интелектуални увреждания”*

*Проектът се осъществява с финансовата подкрепа на Оперативна програма „Развитие на човешките ресурси”, съфинансирана от Европейския социален фонд на Европейския съюз*

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## REVIEW OF CURRENT STRATEGIC AND NORMATIVE DOCUMENTS FOR SOCIAL SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

### Introduction

The purpose of the Project “I can be of use - a Model For Social Inclusion Of Youngsters With Intellectual Disabilities” is to develop and approbate a model for social inclusion of young adults with intellectual disabilities, which integrates the successful practices in The Netherlands and Bulgaria.

The development of the model features the active participation and the contribution of experts from the Stolichna Municipality, “Social Activities” Department, the teams of the service “Social Professional Educational Centre” (SUPC) and experts from the municipal administrations of the 9 municipalities, which are offering the SUPC service.

The project is implemented by Institute for Community Based Social Services in partnership with De Passerel and Sofia Municipality with the financial support of the Operational Program “Human Resource Development, co funded by European Union through the European Social Fund.

The document was prepared by a team of Bulgarian and Dutch experts with the active participation of representatives of the engaged state institutions (The Ministry of Labour and Social Policy, the Ministry of Education, Youth and Science, the Agency for Social Assistance, the Employment Agency, the State Agency for Child Protection, the Regional Educational Inspectorate – Sofia), SUPCs and other interested parties (the Agency of Individuals with Disabilities, social service providers, etc.)

### Context of the analysis

This document is an analytical review of the acting normative regulations for provision of social services in the community for individuals with intellectual disabilities with a view of developing and implementing a working model for social inclusion of youngsters with mild intellectual disabilities. This group of young individuals is one of the target (indirect) groups of the project due to its specific characteristics, such as:

- a potential for social inclusion and active life in the community;
- longer period of transition from childhood to maturity;
- a need of support for access to vocational education and employment.

In order for the analysis to be complete and precise and to guarantee its relation to the researched matter and to the purpose of the project, it is based on several main theoretical principles of providing social support to individuals with intellectual disabilities, which are presented further in this document as a theoretical framework of the model for social inclusion.



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### Method of the analysis

The analysis took place in several consecutive steps, as follows:

1. Preparation of a theoretical framework of the model for social inclusion and determining the purpose and parameters of the research;
2. Determining the components of the analysis;
3. Reviewing the strategic documents at a national and regional level and drawing of referent observations;
4. Coordination and specification of the conclusions and deductions with representatives of the interested parties:
  - SUPCs in the country;
  - Local authorities;
  - The Ministry of Labour and Social Policy;
  - The Agency of Social Assistance;
  - The Employment Agency;
  - The Agency for Individuals with Disabilities;
  - The Ministry of Education, Youth, and Science;
  - The Regional Inspectorate.
5. Preparation of final document summarizing the analysis.

#### **I. Theoretical framework of the Model for Social Inclusion of Young Adults with Mild Intellectual Disabilities**

The Theoretical framework includes a description of the objective needs of support and services, the requirements towards social support and the principles of its effective and efficacious provision according to the European principles and standards for social work and the Dutch experience and practice.

The theoretical framework is to give the framework for the implementation of the project for social inclusion of persons with intellectual disabilities. It is going to be a foundation for the main activities under the project like – analysis of the legislative framework, social practices, services provision etc.

The theoretical model has the main purpose to orient the work on the model for social inclusion to the real starting point – the needs of people with mild intellectual disabilities in the period of transformation from the childhood to the maturity.

It is the starting point for describing the main questions for the analysis of the existing system of social services and support and on a later stage for the development of the Model of social inclusion.



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The Theoretical framework of the Model for Social Inclusion of Young Adults with Mild Intellectual Disability includes description of the starting point of the project, the needs of the target group, the requirements and the principles of effective and efficient provision of social services for persons with intellectual disabilities based on the European standards and Dutch experience.

### 1. Starting point for the project

The main question which has to be answered by the project is:

**How to organize the social support for the persons with mild intellectual disabilities in the period of transformation between the childhood and maturity on a way which leads to their maximum possible inclusion in the society?**

**Position in Bulgarian context the question has to be observed in consideration with the existing social services – SUPC (Social Professional Educational Center) and Transition accommodation.**

**The main focus of the project:**

- Persons with MILD intellectual disabilities;
- Transition from childhood to maturity;
- Support oriented in development of independency and maximum possible inclusion in society.

### 2. Social inclusion of persons with disabilities

The social inclusion is the main goal for the project with focus on the young adults with mild intellectual disabilities.

The concept for social inclusion is adopted by the European Union as leading concept for ensuring the wellbeing and prosperity of the citizens of the country members. The social inclusion is understood as secured by the state full citizenship of the persons with disabilities, respect of their rights and full social participation in any sphere of the social life.

It is formulated as one of the goals of the EU strategy for sustainable growth in the next decade - Europe 2020 – Poverty and social inclusion and one of the key changes formulated there is “to promote the **active inclusion** in society and the labour market of the most vulnerable groups”.

Social inclusion has specific meaning in consideration of the specifics of the persons with disabilities. In Bulgarian context it is also relevant to the still present institutionalized care and support for children and adults who as result of that suffer from social exclusion.

The current project is focused on one aspect of social inclusion in relation to the need of children with mild intellectual disabilities to be supported for their growth to maturity on a way which makes sustainable their participation in society – responsible and contributing to the



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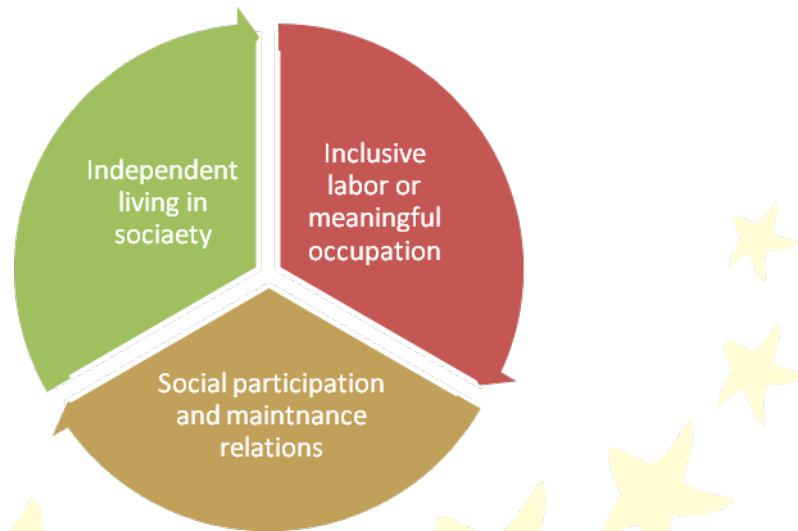
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common welfare together with the possibility to fulfill all their citizen rights and to get use of the social benefits.

Related to the support which is needed social inclusion is achievable by a combination of measures which cover all the specific needs of persons with mild intellectual disabilities in the three domains:

**1<sup>st</sup> Graphics: Main domain for Social inclusion of persons with mild intellectual disability**



**3. Description of the target group**

The project target group is persons with mild intellectual disability in the period of transformation from childhood to maturity.

**3.1. Description of intellectual disability and its degree<sup>1</sup>**

The World Health Organization defines the intellectual disability and 4 different levels of disability according to the cognitive functions of the person.

*Definition of intellectual disability according the WHO<sup>2</sup>:*

A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical condition.

<sup>1</sup> The chapter is elaborated based on the Dynamic Blueprint of Social Services for Persons with Intellectual Disabilities, issues within MATRA funded project – BALIZ life with dignity for persons with intellectual disabilities, 2010.

<sup>2</sup> World Health Organization, 10<sup>th</sup> Revision of the International statistical classification of diseases and health-related problems, International classification of diseases (ICD-10) Chapter 5 – Mental and Behavioural Disorders, Mental retardation (F70). [www.who.int/classifications](http://www.who.int/classifications).



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The World Health Organization defines the intellectual disability according to the individual results of the IQ test the following categories: mild, moderate, severe and profound. They are described in detail in *Classification of Mental and Behavioural Disorders, Diagnostic Criteria for Research, ICD-10*.

**Table 1. Levels of Intellectual Disability according to WHO**

<b>Mild intellectual disability (IQ<sup>3</sup> between 50-69)<sup>4</sup></b>
70 % of mental handicap cases fall within this category; Discovery is often late; Likely to result in some learning difficulties at school Many adults will be able to work and maintain good social relationships and contribute to society.
<b>Moderate intellectual disability (IQ between 35-49)<sup>5</sup></b>
Likely to result in marked developmental delays in childhood; Most can learn to develop some degree of independence in self-care and acquire adequate communication and academic skills; Adults will need varying degrees of support to live and work in the community.
<b>Severe intellectual disability (IQ between 21-34)<sup>6</sup></b>
Retardation in development from early childhood; Limitation in speech and communication make diagnosis difficult and dependent on information provided by people who are not familiar enough with person; Limitation in mobility and self-care; Likely to result in continuous need of support.
<b>Profound intellectual disability (IQ below &lt; 20)<sup>7</sup></b>
Often severe physical handicaps; Often sensory handicaps Results in severe limitation in self-care, communication and mobility; Likely to result in continuous need of support.

Intellectual disability may result from physical, genetic and/or social factors. In over 50% of the cases of intellectual disability manifestation the concrete reasons for it cannot be determined for sure.

When determining and evaluating the intellectual disabilities the professionals should bear in mind the additional factors, among which: the social environment that is typical for the individual, the richness of the language and the cultural difference through which individuals communicate, act or behave.

The intellectual abilities and social adaptation may change in time and a given condition may improve as a result of training and rehabilitation. The diagnostics accounts for the current level of functioning.

<sup>3</sup> Intelligence quotient

<sup>4</sup>ICD-10, F70

<sup>5</sup>ICD-10, F71

<sup>6</sup>ICD-10, F72

<sup>7</sup>ICD-10, F73



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**3.2. Specifics of the persons with mild intellectual disability**

The official documents of WHO already declare that the largest group of persons with limitations in cognitive and adaptive behavior is the group of those with mild intellectual disability. According to the official statistics<sup>8</sup> the number of persons in a country with intellectual disabilities is 0,63 % from the general population of the country.

For Bulgaria that statistic percentage is 46 396 applied to the results from the *Population and Housing Census in the Republic of Bulgaria in 2011*<sup>9</sup>. The persons with mild intellectual disability are 50 % from the total number of intellectually disabled persons and for Bulgaria their number is 23 198.

**Table 2 Number of persons with mild intellectual disabilities in Bulgaria**

Persons with ID in Bulgaria	% from the population	Number of people <sup>10</sup>
Persons with ID	0,63%	46 396
Persons with MILD	0,315%	23 198
Persons with MODERATE	0,22 %	16 202
Persons with SEVERE and PROFOUND	0,095 %	6 996

The persons with mild intellectual disability as the biggest group from the persons with ID are characterized with only some limitations of their cognitive and adaptive behavior. Compared to the persons without intellectual difficulties they are not too much different and very often their disability remains hidden. The problems with cognitive abilities can be easily overcome with good training and up bringing which is focused on their adaptive abilities and with this they can be easily included in the normal social life by being absolutely able to perform most of the functions in household and self care, to perform their job duties. In a simple, familiar situation they can function independently without external support.

Despite this the ongoing increase of complexity of the social relations, social structures and systems and the administrative requirements for all citizens make the life in society very complex and dynamic and this positions persons with Mild disability in vulnerable position. They need support in their psycho-social functioning.

**3.3. Specifics of the target group related to the development**

The project target group includes persons with ID who are:

- With their own families. These children are raised in a family.
- Raised in specialized institutions or educated in special schools which offer a combination between education and shelter and de facto function as institutions.

Not all persons with MILD intellectual functioning according to the Intellectual Quotient need specialized support. Such persons can learn and absorb abilities for adaptation as result of

<sup>8</sup> Statistical tool for planning the capacity of social services for people with intellectual disabilities, De Passerel & BALIZ, 2010.

<sup>9</sup> National statistical institute, <http://www.nsi.bg/census2011/>

<sup>10</sup> Counted based on the official registered number of population of 7 364 570.



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good education, upbringing and support by their family that social network. As result many of them just manage parity independently.

At the same time when proper upbringing is not present in the early childhood and even some developmental stages are not passed in the relevant live periods the delay in the development makes persons even more limited in their cognitive and adaptive functioning compared with what is the general norm for their level of functioning. This is especially relevant for persons who are raised in institutions. The institutional care leads to adsorption of the limitations and also to the development of “strange” behavior as result of the strange and not supportive context in the institutions. As result of it persons who are raised in specialized institutions are with less adaptive abilities and with deeper problems then other people with the same level of intellectual functioning (IQ results) who are raised in normal family situation.

**Matrix for assessment of the vulnerable position of the persons with MILD ID**

Opportunities for integration for persons with MILD ID	Treats for the integration of the persons with MILD ID
<ul style="list-style-type: none"> <li>- Not visible disability;</li> <li>- Able to read, write and communicate verbally (is most of the cases)</li> <li>- Intellectual functioning close to the “normal”</li> <li>- Upbringing can develop adaptive behavior which balance the low IQ;</li> <li>- No physical disability (in most of the cases)</li> </ul>	<ul style="list-style-type: none"> <li>- Complex society and social relations</li> <li>- Flexible and changeable context and social relations</li> <li>- Lack of sustainable social relations and support</li> <li>- Not “visible” disability – makes other to relate to them as persons with full intellectual capabilities.</li> <li>- Somatic diseases</li> </ul>

**Summary about People with MILD Intellectual Disability**

- ✓ The biggest group from the persons with ID
- ✓ Some limitations of their cognitive and adaptive behavior
- ✓ Very often their disability remains hidden
- ✓ The problems with cognitive abilities can be easily overcome with training and upbringing focused on their adaptive abilities
- ✓ They are absolutely able to perform most of the functions in household and self care, to perform their job duties.
- ✓ They can function independently without external support in a simple, familiar situation
- ✓ Often compensatory behaviours
- ✓ Very impressionable

**3.4. Life approach**

*Настоящият документ е изготвен с финансовата помощ на Европейския социален фонд. Фондация ИСУО носи цялата отговорност за съдържанието на настоящия документ и при никакви обстоятелства не може да се приеме като официална позиция на Европейския съюз или Министерство на труда и социалната политика.*



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Project is oriented in a very specific segment of the life cycle of persons with MILD intellectual disabilities – the transformation period from the childhood to maturity. For children who function in norm this period is between 16 and 25. For children with MILD ID this period is longer – at first it starts later (between 16 and 18) and ends at about age of 29.

#### **3.4.1. Period specifics**

The main change for that period of the life of the humans is the development of the abilities for independent life. For some persons who due to the fact of a disability in most of the cases will never reach full independence it is a period crucial for their social inclusion. If in that period they are supported to develop as much as possible skills and abilities in independent living, to develop the appropriate supportive network and appropriate working habits and vocational profile – they can have pretty good independent and included live in society with less possible (or even without) support.

#### **3.4.2. Period phases**

The period of transformation form childhood to maturity passes 3 main phases. They respond to the development of the child in adult and provide information to the level of development and achievements.

*The first phase is the phase of Starting situation.*

The starting situation is a situation when the child is a child and just starts to develop abilities which are going to be needed and in use in his / her adult life.

*The second phase is the phase of ESTABLISHING*

This stage is characterized by the settle of the skills and attitudes in the transition period. This is also a period of intensive learning of new skills and their practice.

*The third phase is the phase of SECURING*

In this stage the new skills are becoming sustainable. This is the period of internalization of skills, abilities and attitudes which makes them “habit” like.





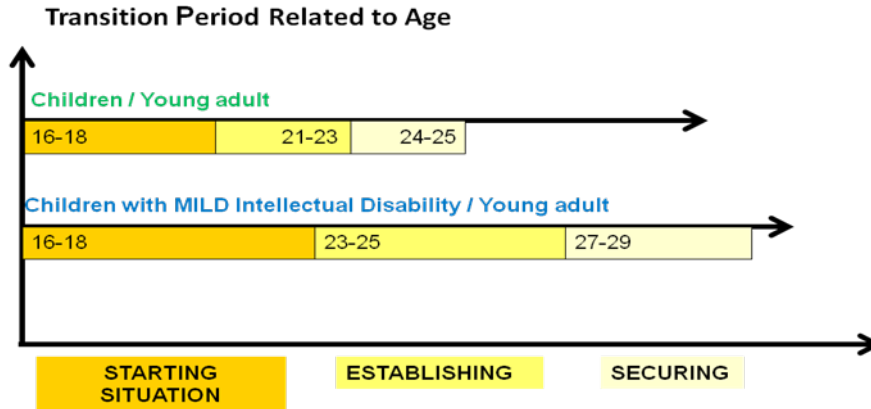
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**Diagram 2. Transition period related to the age**



**4. Needs assessment for persons with intellectual disabilities**

The classifications of WHO: ICD -10 and ICF (International Classification of Functioning, Disability and Health) are the general starting point for the assessment of the needs of persons with intellectual disabilities for support for their social inclusion and independent live. Based on them the functioning is observed in the perspective of diagnose, personality and the environment where the persons functions. There are many additional factors that influence the personal ability to live more independently. Some of those factors were mentioned above – institutionalization, proper upbringing, supportive network, complex social situations etc. Sometimes there are present additional disabilities or diseases that also influence on one or another way the integration of that person.

The assessment the need of support of any particular persons observes 1) the functioning of the person, 2) the presence or absence of other disabilities, disorders or health problems and 3) the social context of that person.<sup>11</sup>

**Table 2. Assessment topics for the need of care of persons with disabilities**

Assessment topics		Short description
Functioning assessment	Moving functions	to make any movements, to walk, to sit, stand etc.
	Self-serving	To perform all the necessary care for the body and for the life
	House hold activities	To take care for the house, to prepare food, to take care for laundry etc.
	Social functions	To organize its independent life – t take decisions, to organize

<sup>11</sup> The Assessment proposed is based on the theoretical model for assessment of the International Classification of Functioning, Disability and Health (WHO) and the elaborated questionnaire for needs of social support assessment with the project MPAP – From planning to effective provision of community based social services for persons with intellectual disabilities.



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		the daily structure, to maintain administrative and financial issues etc
	Social relations functions	To enter in relations, to keep relations, to participate in social life etc.
	Labor performing	The ability to perform structured work, to fulfill tasks, to follow the working schedule etc.
<b>Other disabilities / difficulties</b>	Other disabilities	physical, psychiatric, somatic, sensorial
	Medical health problems	Need of regular specialized paramedical interventions
	Behavioral problems	Presence of behavior which is dangerous or unacceptable for the person or for the others
<b>Social context of the person</b>	Housing conditions	Personal / parental house
	Supportive network	Parents, relatives who support the person

## 5. Social support in the period of transformation

The social support by definition is complimentary to the mainstream systems and its purpose is to offer support which makes easier the integration in the main systems and the use of the mainstream services. As result the Model for Social Inclusion should refer mainly to the mainstream systems and also to the social support system but with perspective of it's secondarily role.

### 5.1. Functions of social support

As it was mentioned above the social inclusion is related to three main domains of life – labor and occupation, living and social participation. To be able to have inclusive life persons with ID need support in development of proper abilities in each of these three domains:

- ⌚ Labor abilities, which lead to possibility to perform labor or supported employment
- ⌚ Living abilities, for as much as possible independent living.
- ⌚ Social abilities, for development and maintenance of a personal network.

The support which is oriented in social inclusion has to respect each of the three angles of abilities development and to offer support in balance in each of them.



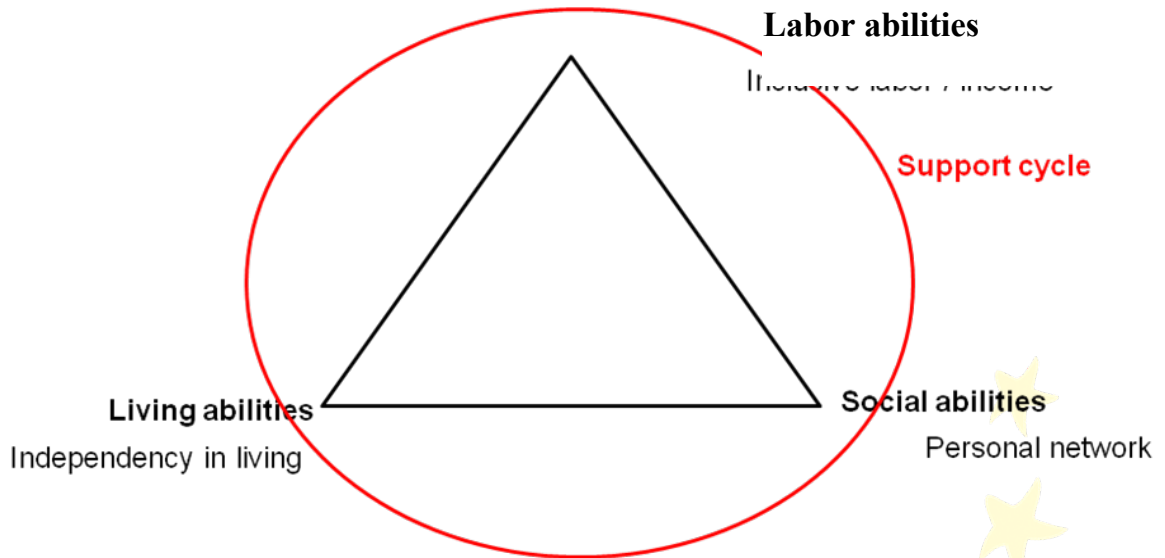
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**Diagram 3. Support cycle and development of abilities for social inclusion**



**5.2. Intensity of the social support**

Basic principle of the social work is the contingency of the support on the developmental and age stage. This is because the too much support is as bad as too less support. The principle of inclusion requires development of independency. Independency can be developed only with progressive reduce of the intensity of support.

The type of reduce of the intensity of the social support is illustrated in the Diagram 4 bellow.

**Diagram 4. Intensity chain**

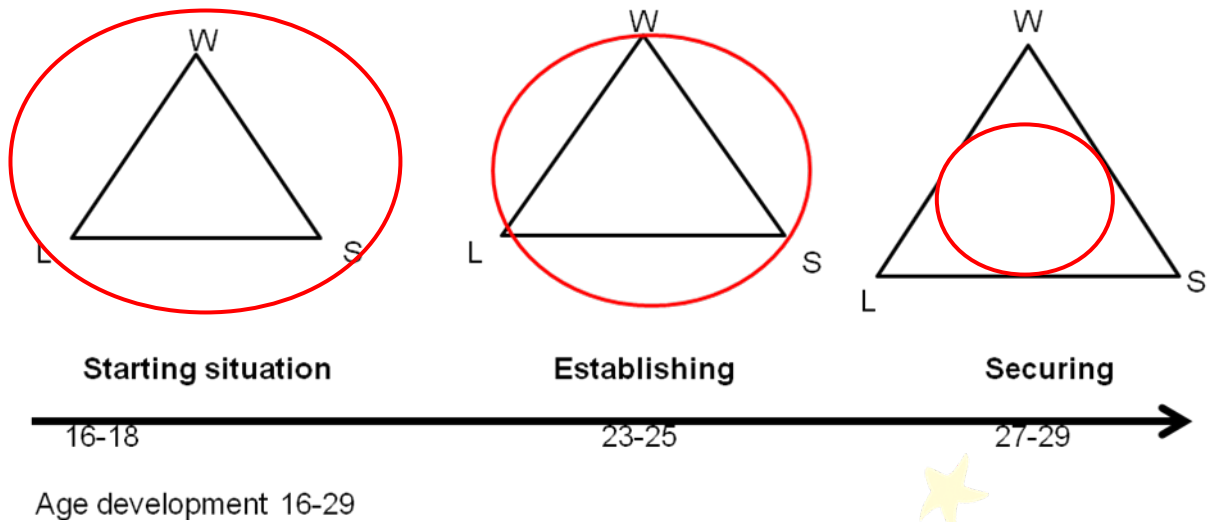


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**5.3. Social support approach related to the age groups specifics**

**Diagram 5. Support approach specifics**

STARTING SITUATION	ESTABLISHING	SECURING
Measurement of competences Specific place Target group oriented Discovering the abilities Normative support	Progress measurement Semi-specific Mixed Training competences Coaching	Final measurement Integrated Community Using competences Supporting(ambulatory)

**6. Support functions and activities**

The nomination of the support activities needed for the social inclusion of persons with MILD ID is results of the consideration of the development which happens in the period of transformation from childhood to maturity and also with the perspective of support oriented in development of three type of abilities – social, labor and living.

**Table 3. Support functions and activities**

	STARTING	ESTABLISHING	SECURING
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*Проектът се осъществява с финансовата подкрепа на Оперативна програма „Развитие на човешките ресурси”, съфинансирана от Европейския социален фонд на Европейския съюз*

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	SITUATION		
<b>WORKING ABILITIES</b>  (Inclusion in labor/income)	School	Practice	Supported employment
<b>LIVING ABILITIES</b>  (Independency in living)	Residential care	Training for independent living	Ambulatory living support  
<b>SOCIAL ABILITIES</b> (Personal network)	Training in social behavior	Building a personal network	Maintaining the personal network   

## 7. Starting point for the analysis

At first because of the age specifics of the target group the project is going to investigate the functioning of not only social support system. The inclusion concept requires involvement in school age mainly of the educational system and in the age of maturity – the labor support system.

### Diagram 6. Systems of support in relation to the needs of persons with MILD ID



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The starting point for the analysis of the normative framework and social practices is the observation of 4 main elements of the provision of social (and not only social) support for persons with ID.

The analysis investigates the present support model (on paper and on practice) analyzing as such and also in relations the elements

- **Needs assessment:** How the needs for support are assessed, how this assessment process is organized, how is performing it, is there any standardized methodology in use about this; how and by who is concluded the level of functioning and the support needed; Here are considered the assessment related to the educational system and also to the social system.
- **Access to social support and access to professional education:** how is organized the access, which are the institutions involved,
- **Present support (social and education):** what are the present activities for support, what are the integration possibilities, how are they organized and what needs do they cover;
- **Coordination between the systems:** is there relation between the activities offered by the systems; are the systems coordinated in assessment, access and provision? In what are coordinated, is the support offered supplementary?

### Diagram 7. Focus of the analysis

*Настоящият документ е изготвен с финансовата помощ на Европейския социален фонд. Фондация ИСУО носи цялата отговорност за съдържанието на настоящия документ и при никакви обстоятелства не може да се приеме като официална позиция на Европейския съюз или Министерство на труда и социалната политика.*



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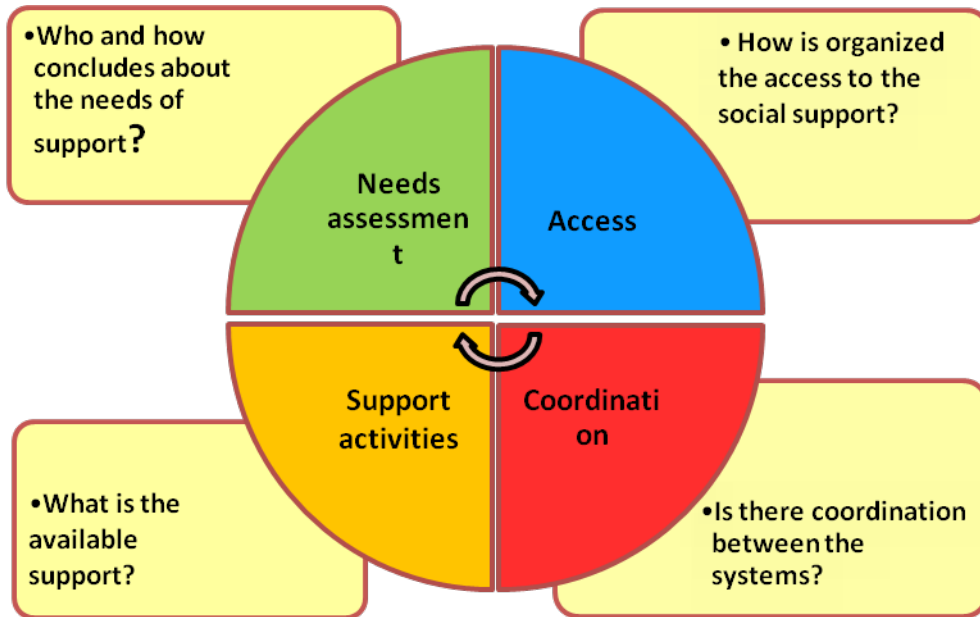
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## **II. Analysis of the normative-regulated support for young individuals (children and individuals) with mild intellectual disabilities in Bulgaria**

The analysis includes a review of normative and strategic documents at a national level, sub-normative acts, ordinances, and directions, and also municipal and regional strategies and action plans, related to social inclusion and support of children and individuals with mild intellectual disabilities.

### **1. Purposes of the analysis**

The purpose of the analysis is to present a picture of the current state of the support, which is provided to children and youngsters with mild intellectual disabilities during the transition from childhood to maturity.

The process of the analysis includes a review of the relevant documents, which regulate the nature, format, range, and process of providing support to young individuals with intellectual disabilities through the prism of the key components in the process of providing the services, and more specifically:

- assessment of the needs of support and services;
- guidance and access to services;
- provision of support and services;
- coordination between the different sectors and support systems (education, social support and social services, healthcare and employment).

The analysis will result in the preparation of recommendations towards the model for social inclusion of youngsters with mild intellectual disabilities, as well as recommendations towards the normative base, which regulates the support for this unprivileged group – after the implementation of the model in practice.

### **2. Parameters of the analysis**

#### **2.1. Analysis of normative and sub-normative documents**

The analysis of the normative framework included a systematic research of all matters, related to the care for children and young individuals with mild intellectual disabilities, provided in the form of generally accessible services and specialized support.

The following sectors and sector policies were examined, together with their implementation on municipal level:

- *Education*: basic, special, and vocational education, integrated training for children and youngsters (over 16 years) with mild intellectual disabilities;





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- *Social support and social services*: forms of social support and social services for children and young adults with mild intellectual disabilities with a focus on the social services in the SUPC community and the social service Transitional Accommodation;
- *Healthcare*: issuing of decision for a degree of disability and long-term incapacity to work, coordination of the healthcare system with the other sectors when providing educational and social services;
- *Labour Market*: access to the labour market, special care, preferences for young adults with intellectual disabilities.

The normative and sub-normative documents that have been reviewed are described in *Appendix 1*.

#### 2.2. Analysis of the strategic documents

The analysis engrossed the strategic documents on a national and regional level, in order to explore the vision of social inclusion of individuals with disabilities and the specific position of the matters, related to the support of young individuals with mild intellectual disabilities.

The strategic documents that have been reviewed are described in *Appendix 2*.

3.3. Analysis of the social practice and the needs of development and coordination of the services for young individuals with intellectual disabilities.

The analyses stepped on the prepared theoretical framework and the main components of the social support, which were described earlier as follows:

- needs of support of the target group and assessment of the needs;
- guidance and access to this support and services;
- nature of the required support;
- coordination between the separate services.

The analysis included a research of the current condition of the services, presented to children and individuals with mild intellectual disabilities and more specifically – the service in the SUPC community, which provided opportunity for the formulation of specific questions in regard of the required support and services and the needs of development in the field of social inclusion.

The research was structured with the help of an matrix with previously structured questions, which follow the main components of the provided support. The matrix is presented below.



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### Matrix for analysis of the social practice

<p><b>Support needs assessment:</b></p> <ul style="list-style-type: none"> <li>- How are the specific needs of the individuals with mild intellectual disabilities assessed?</li> <li>- How is the process of needs assessment organized?</li> <li>- Who is carrying out the support needs assessment and with what methods?</li> <li>- Is there a coordination between the different support sectors in the process of assessment?</li> </ul>	<p><b>Access to support:</b></p> <ul style="list-style-type: none"> <li>- How is the access to services organized?</li> <li>- Which are the institutions involved?</li> <li>- What are the actual opportunities for using services (present capacity, availability)?</li> </ul>
<p><b>Support services and activities:</b></p> <ul style="list-style-type: none"> <li>- What are the present services – social, educational and employment-supporting?</li> </ul>	<p><b>Coordination between the support sectors:</b></p> <ul style="list-style-type: none"> <li>- Is there a coordination between the services provided in the different sectors, is there a build-up and connection between the services, is there any form of integration of the approach?</li> <li>- Are the support sectors coordinated in regard of the activities as a needs assessment and providing access to the services?</li> </ul>



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### 3. Summary of the conclusions from the analysis

#### Conclusions in regard of the analysis of the normative framework

The main conclusions of the analysis of the normative and sub-normative documents may be summarized as follows:

- The normative documents are consistent with the European principles and regulations for support of the social inclusion of individuals with disabilities;
- The normative documents are in a process of harmonization with the principles and requirements of the UN Convention on the Right of Individuals with Disabilities (a task for the interdepartmental group) and this process is expected to contribute to the better coordination between the separate support systems and sectors, and to the concretization of the measures for social inclusion;
- The normative documents require further specifying and interconnection according to the components of the theoretical model (“needs of support – access to support – support and services – coordination”) with the corresponding degree of concreteness, hierarchical and horizontal interconnection (laws, regulations, methods, directions);
- The normative documents must be extended and specified in order to provide opportunities for integrated/complex support of the children and individuals with intellectual disabilities (social, health, and educational support, employment support), and continuing support complied with their life-cycle (childhood, transition to maturity, maturity, and old age);
- The normative documents require elaboration in the direction of ensuring the coordination between the different support systems and sectors (education, social support and social services, healthcare and employment);
- The normative documents should be periodically re-examined in a tight connection with the social practice and the changing needs of support for individuals with disabilities, so that they can contribute to the development of the social services and the provision of an easy access to them, rather than impeding these processes.

#### 3.2. Conclusions in regard of the strategic documents

The main conclusions of the analysis of the strategic documents may be summarized as follows:

- The strategic documents at national and regional level are prepared in conformity with the European principles and regulations for support of the social inclusion of individuals with disabilities;



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In order to be effectively implemented in the social practice, the strategic documents at a regional level need concretization of the planned measures for social inclusion through:

- Binding the planned measures with statistical data for the individuals with disabilities at a regional / municipal level (percentage of individuals with intellectual disabilities for the given administrative region);
- Planning of required social services for individuals with intellectual disabilities at a regional level, spanning the life-cycle of the needing (children with intellectual disabilities, young individuals with intellectual disabilities, adults with intellectual disabilities);
- Long-term planning of the required capacity of the services (according to the statistical data) and the development of the services (according to the life-cycle of the individuals with intellectual disabilities);
- Planning of the required human / professional resources for providing support to the individuals with intellectual disabilities according to the statistical data and planned development of the social services.

In order for the applied instruments for social inclusion of individuals with intellectual disabilities to be working, the municipal strategies require concretization of the support measures according to the specific needs and the profile of the individuals with intellectual disabilities in the specific administrative unit.

### 3.3. Conclusions in regard of the social practice and the overall process of support of youngsters with intellectual disabilities.

#### Support needs assessment:

##### Support needs assessment in the educational system

###### ⌚ Organization of the assessment:

According to the acting Ordinance 1 of 2009, chapter 2, the needs assessment is carried out by a Team For Complex Pedagogical Assessment at the Regional Education Inspectorate and the pedagogical teams in the schools / kindergartens. As a result, the child receives a status of “a student with special educational needs” (SEN). The complex assessment is based on medical history. It doesn't require a decision by a medical commission.

###### ⌚ Need of specification:

The medical history not always provides information from testing the Intelligence Quotient (IQ). When there is no result from testing the stage of intellectual functioning, the test is carried out by a psychologists from the Resource centre.

###### ⌚ Need of further research:

A further research of the following is required:



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- the process of preparing an assessment of the intellectual functioning;
- the requirements towards the specialist, who is preparing the assessment of the intellectual functioning;
- the requirements for the instruments that are used for the assessment of the intellectual functioning.

### **Organization of the social services needs assessment**

#### *Organization of the assessment:*

A child, who wants to use a social service, has to present a decision for a degree of disability (according to the Rules For Implementation Of The Law For Social Support (RILSS), which is issued according to the regulations of Art. 101 of the Health Act (HA), which regulates the issue of a medical certificate and the Ordinance On The Medical Expertise Of The Working Capacity, passed with a Decree No. 87 of 05.05.2010 of the Council of Ministers.

According to the regulations of the Ordinance (Art. 3), the children up to the age of 16 receive a medical certificate for the “type and degree of disability”, while the children over 16 years of age receive a report for a “permanently decreased capacity for work”. These reports are also issued by the corresponding commissions:

- For children up to the age of 16 these are the Child Expert Medical Commissions (CEMC);
- For individuals over 16 years - The Territorial Expert Medical Commissions and the National Expert Medical Commission.

The territorial directorates of the Agency for Social Assistance carry out a special assessment according to the RILSS and the assessment according to the Law Of Integration Of The People With Handicaps (LIPH). Both social assessments are carried out according to a standardized format, which is given as an appendix to RILSS and the Rules for the Implementation of the LIPH.

#### *Need of specification:*

In Appendix 1 of Art. 63, para. 1 of the Ordinance On The Medical Expertise Of The Working Capacity, where the corresponding starting point for identification of the established disability and the stage of its development and the conditioned functional deficit are defined, part 2 Psychological disabilities states:

“3. Limiter mental abilities: 3.1. limitations of the mental abilities, allowing education in special schools only, professional immature in only elementary, so called “not learnt” activities, slight disturbances in speech development, lagging behind in intelligence corresponding to an Intellectual Quotient (IQ) at a 10-12-year age of development level, corresponding to mild – moderate mental retardation (IQ of 60-70 in adults), decreased control of inclinations and urges: 30 - 70 percentage.”

The International Classification of Diseases ICD-10 by the World Health Organization, code F70 marks Mild Intellectual Disability with IQ test results (IQ 50-69). This means that:



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- individuals with indicators that are close to borderline may receive a certificate for a degree of disability of permanent inability to work, since the IQ result of 70 actually means normal individuals according to ICD-10.
- The bottom border IQ 60 doesn't engross the entire group of individuals with mild intellectual disability and part of this group – the individuals that show IQ results under 60. These are marked as individuals with “deeper intelligence limitation” and may receive 70-90percentage degree of disability / permanently impaired working capacity, together with all the other groups of individuals with intellectual disabilities (moderate F71, Severe F72, and profound F73), described in item “3.2.1. in a moderately favourable personal development and opportunities for social inclusion (partial success in a special schools, opportunities for elementary actions)”

#### Access to support:

##### **Access to professional education for individuals with intellectual disabilities over 16 years.**

###### *⌚ Organization of the access:*

The access to professional education takes place in a professional class of a professional or resource school when the age is over 16 years. This is not a generally regulated case. The access requires the filing of an individual request for school admission with the Regional Inspectorate of The Ministry of Education, Youth, and Science (MEYS), which then transfers the request to the Minister for permission. According to data from MEYS, all individuals who had filed such a request, have received a permission.

###### *⌚ Access, provided through present services and capacity:*

Special and professional schools may found classes for specialized education of individuals with intellectual disabilities, if there are no classes for children with mental retardation (according to data from MEYS, in practice, very often there are cases of 2-4 individuals, for whom separate classes are founded). The students may enrol in individual education plans, complied with their abilities. This principle is valid for children under 16, and for individuals over 16 after the approval from the Minister.

###### *⌚ Need of further research:*

A research of the procedure and the documents for access to professional education under an individual plan is required:

###### *⌚ Access to information for the present support:*

The access to information of the present support for education is carried out through the Regional educational inspectorates by initiative of the individual with disability or his/her parents. In practice, the access to information depends on the initiative of the parents and the benevolence of the employees.



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#### Access to social service.

##### 🕒 Organization of the access:

Directions for using social services (for individuals under 18 years) and the orders for using social services (for individuals over 18) are issued by the Social Assistance Directorate, from the Child Protection Department or the Individuals with Disabilities Department according to the location of the social service (although this is not explicitly stated in the regulating Art. 40a of RILSS). The Direction is prepared on the basis of a social assessment and conclusion by the Social Assistance Directorate according to the place of living of the individual (Art. 40 of RILSS). In order to receive a Direction, the child / individual has to comply with the requirements (Art. 40 of RILSS), a social report must be prepared, a written request from the parents has to be filed and there has to be a free capacity in the service.

The social services access requirements are Decision from CEMC or TEMC, and the different services require a different percentage of degree of disability (RILSS). The requirements in regard of the Social Professional Educational Centre service – in the description of the service, provided in the Transitional and Final Regulation of RILSS – does not include a fixed percentage of degree of disability, they just state that there one has to be present.

##### 🕒 Need of specification:

- The RILSS doesn't explicitly state which group of disabilities the services refer to, it just fixes the degree of disability.
- A specification of the percentage of degree of disability (if such is present) is required, which is required for the social service in the community “Day Centre” and “Centre for Social Rehabilitation and Integration”.

Individuals without decision from a medical commission (CEMC, TEMC) may be accommodated in a residential service or a SUPC as a social inclusion measure through transfer from a specialized institution from children.

##### 🕒 Access, provided through present services and capacity:

A child over 16 years with mild intellectual disability, who comes to age and **has to leave the specialized institution** for children (Home for Children with Mental Retardation or Home for Children with Physical Disabilities) may be referred to a specialized institution for adults or to a SUPC.

A child over 16 years with a family may continue his/her education in one of the following forms:

- in a professional class of a professional school for a period between 1 and 2 years;
- in a Special School;
- in a 2-3-year course of professional training in a SUPC.

#### Access to social support

##### 🕒 Organization of the access:



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Individuals may use integration allowances according to the LIPH and also a social pension if they have a medical certificate for impaired working capacity over 70% (according to the RILSS and RILIPH) or 50% after a three-year length of service.

The access to employment (according to the Employment Promotion Act) is available to anyone, who with the help of and Labour Office (LO) files a request that he/she is seeking employment and wants to be included in general qualification courses offered by the LO.

#### Access to needs assessment

The conclusion of the Commission for Complex Pedagogical Assessment, which gives the status of a student with Special Educational Needs, is not related to paying any fees. In the same time the requirement for carrying out a psychological examination leads to the need of:

- a) a consultation with a child psychiatrist, as an activity paid for by the National Health Insurance Fund, who has to prepare the opinion or to refer to a psychologist;
- b) paying the psychological consultation.

#### ⌚ *Need of further research and specification:*

There are 9 child psychiatrist in the country – a number, which is indicative enough of the access to consultation.

The issue of a TEMC decision is related to paying fees, which have to be covered by:

- a) the parents;
- b) the specialized institution.

Both the payment and the process of organizing the issue of a TEMC decision lead to difficulties for the parents and the employees in the specialized institutions. While the parents in most cases are interested to work in favour of this decision, since it provides them access to integration allowances and social benefits, the employees have no interest in moving it forward.

### Support services and activities:

#### General Education

##### ⌚ *Description of the support:*

Education is compulsory until the age of 16.

Children with intellectual disabilities receive basic education in general or special schools. Children with mild intellectual disabilities are referred for integration in general schools.

Students from special school who are finishing their 8<sup>th</sup> grade are able to continue – notwithstanding their age – in a professional class in the special school (*Ordinance 1*).

##### *Need of further research:*

There is a need of research of the conditions under which the students, who graduate a special school in the 8<sup>th</sup> grade, are able to continue their education in a general school.

#### Vocational Education





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#### 🕒 *Description of the support:*

Students with mild intellectual disabilities may graduate a vocational training for Class A (worker) or Class D (part of profession).

The training may take place in a professional school or a professional class (when it is combined with the general high-school education).

The education may be carried out individually – after visiting a course (organized by a Centre for Vocational Training) suitable for individuals over 16 years. The law states explicitly that these courses are not part of the state annual plan for admission (which refers to the vocational education and training institutions and is paid from the state budget), (*Law on Vocational Education and Training*).

The training of children over 16 years in professional classes of professional high schools or in professional classes of special schools is possible as an exception, following an approval from the Minister of Educations (which has already been described).

What is regulated by the Law on Vocational Education and Training for individuals over 16 years for obtaining professional degree (A or D) is organized as one-year courses in Centres for Vocational Training (CVT) (which may be duly registered organizations, but not municipalities).

#### 🕒 *Need of further research and specification:*

7 SUPCs in the country are registered as Centres for Vocational Training (in violation of the Law on Vocational Training and Education, since SUPCs are administered by the municipality) and issue legitimate certificates for professional qualification. 2 SUPCs – in Sofia and Varna, are not registered as CVT after a refusal for registration. The carry out training according to the same programs and issue certificates, which are illegitimate under the Law on Vocational Education and Training.

#### **Subject variety of the education:**

Children and youngsters with intellectual disabilities have access to the provided subject professional classes in the special schools, professional high schools or SUPCs, where the subjects mostly come down to:

- tailor;
- construction worker;
- gardener / gardening worker;
- hospital attender.

The presented subjects to a large extent correspond to the qualification profile of the teachers and the available school base, rather that the needs of the labour market. As a result of these specifics, the youngsters that graduate often cannot find a job in the given subject on the labour market.

#### **Vocational training in a SUPC.**

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### **Инвестира във вашето бъдеще!**

#### *Description of the support:*

The SUPC offers mainly vocational training to youngsters over 16 years of age. The Centres cannot, according to the definition in the RILSS, provide training to younger students. Their students are mainly young adults from institutions, but also young individuals, who live in families, and who:

- a) have completed a degree of education in a general school and cannot continue to the next educational degree after 16 years;
- b) have dropped out of general education after an unsuccessful attempt for integration in a general school;
- c) want to acquire professions after graduating a special school or a middle (last) stage of high school education;
- d) are leaving the institution for children with disabilities and cannot be referred to another service due to the lack of such.

In the SUPCs the training is carried out according to the programs and in a way approved for special schools – 2 or 3-year course of education. During this period the school practice is included as a compulsory stage of the education.

There is no regulation for practice or internship outside the education. The practice or internship are regulated through a contract between the educational institution for vocational education with an employer.

#### *Need of specification:*

What is specific to the provision of the SUPC social service is the fact that it doesn't have an officially approved method from the Director of the ASA.

The methods of provision of the SUPC service are prepared by each Director of the Centre and are then approved by the Municipal Council and the ASA.

The opinion of the Directors of the SUPCs and the representatives of the Social Assistance Directorate is that a common methods for the service are required.

### **Alternatives to vocational training**

There is a limited number of alternatives to vocational training as part of the following social services:

- Day centre for individuals with over 50% degree of disability;
- Centre for social rehabilitation and integration, which organizes occupational therapy (for individuals with over 50% of disability).

When there is a need of leading the case and coordinating with the family, the support has to be taken by the “Community Support Centre” social service.



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### Инвестира във вашето бъдеще!

#### **Additional social support for individuals with intellectual disabilities**

- Social pension may be received by individuals, who have over 70% degree of disability or 50%, if they can prove 3 years length of service (work with labour contract).
- On the labour market: Individuals between 16 and 18 years must have received a permission from the Regional Labour Inspectorate, while in the same time the employer should have moved other documents for coordination (*further research who is taking action on the request*).
- Young individuals, who had graduated a SUPC, have preferences in getting social benefits and do not require a previous 6-month registration in the Labour Offices – art. 10, para. 4, item 7
- Those, who had graduated SUPC may receive rent support according to Art. 14 of RILSS);
- In their capacity of unemployed individuals they may use support from the LO, which is directing them to an employer or signing them in a course for professional qualification (which is not complied with the requirements of individuals with intellectual disabilities).

🕒 *Need of further research and specification:*

**The Project for new Law of School and Pre-school Education** foresees that the graduation from the educational degree of basic education shall take place after the 7<sup>th</sup> grade at the age of 13-14. After that students with special educational needs (including those with intellectual disabilities) will be referred to professional schools. The compulsory education until the age of 16 remains in force. There are worries that there will be a problem with educating the individuals with intellectual disabilities, because of the needs of different – higher – standards for vocational education of individuals with intellectual disabilities due to the small number of individuals in the group.

#### **School content of the vocational education**

Currently the school content is divided into theory and practice and is not specific towards individuals with intellectual disabilities. In order to achieve the most basic degree (professional class A), and also class D (part of profession – planting flowers, ironing, sewing a pocket, dishwashing) the student is required to go through theoretical training and to take a theoretical exam. The next level B, which is coverable by individuals with intellectual disabilities, requires high school education and foreign language fluency.

🕒 *Need of further research and specification:*

- Research of the requirements of obtaining professional class B.
- Specification of the normative organization: After passing the new law, the Law of Vocational Educational and Vocational Training is also expected to be reviewed so that the acquiring of the qualification degree may be done by assessment of the obtained competencies.

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### **Specialized labour employment and practice**

#### *🕒 Description of the support:*

The specialized labour employment is defined in the Law on Integration of Disabled Persons and is provided in the so called “specialized enterprises”, which are related to the nationally represented organizations – Union of the Disabled, Union of the Blind, and Union of the Deaf.

#### *🕒 Need for development of the normative base:*

There are no specialized enterprises for individuals with intellectual disabilities stipulated by the law.

The supported employment is not regulated. If it is presented somewhere, it is an activity of another service (SUPC, Day Centre, Centre for Social Rehabilitation and Integration).

There is no definition of social enterprise in legislature, although there are different wide definitions that are implemented, mainly in programs financed by the Operational Programme. “Human Resources Development” and the program of the Agency for People with Disabilities.

SUPCs don't have the right to organize production activity or any other social entrepreneurship activity related to selling goods or services, because the service is provided by the municipal administration.

### **Support in regard of accommodation**

Permanently institutionalized children and individuals are provided with residential services. There are two forms of such:

- boarding-house with 24-hour residential service;
- transitional housing with hourly residential service.

Assistant support is not provided, except under employment or social inclusion programs, but these include mainly the severe cases and are of a project nature with one-year span.

### **Coordination between the support sectors and systems:**

The normative documents, which regulate vocational training, declare the need of a specialized approach, complied with the needs of individuals with intellectual disabilities.

A special approach is also foreseen in the principles of the Social Care Act and the Law of Integration of People with Disabilities.

The strategic documents include the term “integrated services”, but do not specifically describe the types of services and their interconnection.



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*Need of further research:*

Research for the presence of definition or more clearly defined understanding of integrated services.

### **Coordination in regards of needs assessment**

At a normative level there is no coordination between the systems. In practice, such is possible in the smaller municipalities, but it is based on good will and personal engagement of the specialists, who work with children and individuals with intellectual disabilities.

The assessment of the needs of support in the educational system is closed within the borders of the system, while the assessment of the needs of social services – in the system of support and social services.

A connection between the two systems is possible, as is the opportunity for addition, but it cannot be traced if such a connection is happening in reality.

The reference is towards the healthcare systems, which regulates the professions, in which the individuals with intellectual disabilities may be trained, and the professions that these individuals may perform.

### **Coordination in regard of the access:**

Each system prepares its own system for access to services and its own rules. They are known only within the given system.

Social workers in the “Child Protection” Department and/or “People with Disabilities” Department refer to a suitable support and should therefore be acquainted with the educational systems and the opportunities it provides for educational support. Since there are no established procedures in force, in certain situations the knowledge is just individual and depends on the specific person.

### **Cooperation in regards of services and support**

Currently SUPCs provide support to children over 16 years, who need and are capable of vocational training, which is not provided by the educational system or if provided – is regulated “as an exception”. The capacity, which both systems – education and social services – provide, is small and the access to support depends on the imitativeness of the parents.

The two systems are trying to find a solution within their own field of operation.

In practice, most children over 16 years, who are not included in neither of the two systems – education and social services, stay home with diminishing opportunities for social integration and active life, complied with their potential and opportunities.

## **4. Conclusion**

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This analysis will serve as/for:

- A preparation for an upcoming research of the needs of a SUPC social service in three municipalities, in which this service is provided;
- The development of a model for social inclusion for young individuals with intellectual disabilities;
- Preparing suggestions for changes in the normative organization, regarding the support for young individuals with intellectual disabilities.



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### *Appendix 1*

#### *Analysed normative and subnormative documents*

- Constitution of the Republic of Bulgaria
- Law of Integration of People with Disabilities
- Law on Protection from Discrimination
- Law For Social Support and Rules for Implementation of the Law For Social Support
- Employment Promotion Act
- National Education Act and Rule for Implementation of the National Education Act
- Child Protection Act and the Rule for its implementation
- Law on Vocational Education and Training and Rules for Implementation of the LVET
- Health Act
- Civil Servants Act
- Corporate Income Tax Act
- Law on Taxation of Income of Individuals
- National Action Plan for Employment - <http://www.mlsp.government.bg/bg/docs/NPDZ-2012.pdf>
- Project of Law on School and Preschool Education
- Ordinance on the medical expertise of the working capacity, passed with a Decree No. 87 of 05.05.2010 of the Council of Ministers
- Ordinance № 1 for the Education of Children and Pupils with Special Educational Needs and/or Chronic Diseases
- Ordinance for Criteria and Standards for Social Services for Children
- Methods for provision of the SUPC social service in the community in the municipalities of Sofia, Plovdiv, and Svishtov

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## *Appendix 2*

### *Analysed strategic documents*

- Government Program for the European Development of Bulgaria (2009-2013)
- Europe 2020: National Reform Programme (*updated in 2012*)
- National Strategic Reference Framework of Bulgaria – 2007-2013
- Joint Memorandum on Social Inclusion in the Republic of Bulgaria
- National Strategy for Equal Opportunities for Disabled People 2008-2015
- Long-Term Strategy For Employment Of People With Disabilities 2010-2020
- National Action Plan for Employment in 2012
- Operational programmes: Human Resource Development, Regional Development, Competitiveness, Transport, and others.
- National plan for the Integration of Children with Special Educational Needs and/or Chronic Diseases in the System of Education (project!)
- Regional strategies for the development of social services (in the target municipalities)
- Municipal strategies for the development of social services (in the target municipalities)