

## Ruse Complex for the Social Support of Children and Families

### Creating a Centre of Excellence in the Delivery of Integrated Social Services

#### History of the Complex and Overview of Facilities / Services

Equilibrium is a charity specializing in the development and implementation of programmes for children deprived of social and educational opportunity. During 2009, the organization became a significant provider of social services that are outlined below.

The services in question - delivered to children at risk in the Ruse region in NE Bulgaria - are not directed towards poverty alleviation per se. However, it is certainly true that we work in reaction to the results of poverty and deprivation that currently prevail and it is easily arguable that we impact on the social wellbeing of future generations through our work aimed at the prevention of institutionalization of children - their speedy social and educational rehabilitation.

"Even good institutions harm children and leave them ill-prepared for the outside world. Children in institutions are more likely to fail educationally and as teenagers have poor work prospects, substantially affecting their ability to become independent and to contribute to society as adults. Placements in institutions, often some distance from the child's place of origin, tend to discourage contact with parents, family and other network members. This results in children having few links to support them as they grow older."

(*'De-institutionalising and Transforming Children's Services': EC Daphne Programme, 2007*)

#### Target Group

Article 5 of the Bulgarian Child Protection Act specifies that special protection is to be given to 'children at risk' and that this protection can be implemented by the State Agency for Child Protection and municipal social assistance services. We fall into the latter category. Child protection measures in the family context are defined under Article 23 of the Act.

A "child at risk" is a child:

- (a) who does not have parents or has been permanently deprived of their care;
- (b) who has become victim of abuse, violence, exploitation or any other inhuman or degrading treatment or punishment either in or out of his or her family;
- (c) for whom there is a danger of damage to his or her physical, mental, moral, intellectual and social development;
- (d) who is afflicted with mental or physical disabilities and illnesses that are difficult to treat



On January 1, 2003, amendments to the Bulgarian Social Assistance Act became effective. The amendments transformed the Act into a more progressive and enabling law, which promotes social assistance through the joint activity of all sectors, including the not-for-profit sector.

Article 18 of the Act broadens the scope of potential social service providers to include private legal entities, including not-for-profit organizations (NPOs). Social service providers, which, to date, have been social institutions (state-level and municipal), are encouraged under the new Act to deliver social services to the community through alternative arrangements, including the use of NPOs with sufficient capacity.

Equilibrium is an NPO which demonstrated its capacity by making a technical proposal for the management of services supported by organizational statistics and profiles of the organizations main officers.

### **What services do we manage?**

In 2004, the deteriorating husk of Ruse's 'Hristo Smirnenski' school was given a substantial facelift so as to accommodate both the new Complex of Social Services (the Social Support Centre and the Centre for Street Children) and the offices of the region's Child Protection Department (CPD). The planners were acknowledging the synergy that binds the two services - while some clients of the centre are self-referred the vast majority derives from the CPD.

The third arm of the Complex - Mother and Baby Unit - was located in a purpose built facility In 2008 the Municipal Council supported a decision to change the building to serve as a small group home which remains within the Complex.

The new complex was officially opened on 3<sup>rd</sup> October, 2005 and started to operate as one of ten similar facilities situated in Bulgaria's major cities. The undertaking represented the culmination of a World Bank project and it was from this source that the operations of the centre were funded during its first year. The operating budget is now provided by the Ministry of Labour and Social Policy, with the local municipal authority acting as financial monitors.

The local authority made a decision to tender out the management of the social services and it was on the basis of such a tender that the 'consortium' of Equilibrium and Ruse's Open Society Club submitted the technical proposal that won them the right to manage the complex from 1<sup>st</sup> July, 2009 onwards (by means of 'social contracting').



### Open Society Club

Our partners add considerable depth to the management team.

Importantly, they are good communicators - locally and nationally.

We want to imbed our activities in the collective consciousness of the community.

We provide our staff with a sense of ownership of the operations they perform.

We provide the city / community with a sense of ownership.

(Excerpt from a presentation made by David Bisset, Equilibrium CEO while showcasing the work of the complex, October, 2010)

As managers, our main tasks are as follows -

- Supporting vulnerable families and keeping children out of the institutional care system
- Maximizing the potential of seven children in our care who, through accident of birth, don't have the faculties that most of us have. They are 'disabled'.

The main building represents the headquarters for a social support team comprising social workers, psychologists, educators, speech and art therapists, 24-hour carers and medical support staff. Most work in the community. The complex contains an emergency placement unit, a centre for street children and a number of facilities (including a gymnasium and indoor climbing wall) that enable us to host a variety of clubs and provide a structured programme of youth activity - therapeutic, educational and recreational.

On August 27<sup>th</sup>, 2009 we formally opened a new facility - a play and therapy room especially designed for disabled youngsters where we can work in cooperation with other organizations that cater for some of the city's least fortunate youngsters drawn from the surrounding community.

In October 2008, seven children were transferred from the old-style institution for the disabled in Mogilino village to the small group home known to locals as the Pink House. Equilibrium now manages this facility as part of the complex assisted by an international network of experts (see below).

"We are enormously grateful for the gestures of support we've received from a variety of sources throughout Europe. Feeling part of a fraternity provides us with the confidence to push boundaries."

(David Bisset, EQ CEO, electronic newsletter)



The Pink House is home for seven youngsters and we provide for their physical rehabilitation, healthcare, education and recreation. It is only now that we are coming to differentiate between genuine disability and the effects of profound and prolonged deprivation.

On 2<sup>nd</sup> September, 2009 we opened a new sensory garden that was designed for the Pink House by a creative and enthusiastic team from the complex.

### **Basis of Regulation**

As stated above, the operations are funded by the Ministry of Labour and Social Policy and central government provides the recommended methodological approach (recommended as a means of fulfilling minimum standards but not overly prescribed and open to interpretation by skilled / trained practitioners).

The Pink House and the larger complex are monitored under different regimes - one pertaining to the management of a small group home, the other to the provision of social services through a centre for social support.

Local financial monitoring is undertaken by the local authority.

There are shortcomings which are to be expected at this early stage in the development of the country's childcare services.

### **Small Group Home for Disabled Children**

Currently, the budget is provided from government on a per capita basis and is governed by the number of children in care. We are required to subsidise the facility from other sources to a considerable extent (as much as 50% of total outgoings in some months) as this type of facility for the disabled represent a novelty in Bulgaria and the applicable financial standard was devised from that applicable to similar facilities for the non-disabled. Additional costs pertaining to the disability of the residents were crucially underestimated.

### **Possible Solution**

A team led by UNICEF Bulgaria is working towards the construction of a new model of good practice in this field and is working proactively with the various service providers to develop an understanding of the appropriate staffing profiles and funding levels. However, as, at present, the level of investment in these facilities for the disabled must vary considerably on the basis of the managing organization's capacity to invest, it is likely to prove difficult to set a meaningful benchmark.

### **Centre of Social Support - Relationship with Child Protection Departments**

Under the current regulatory system those providing childcare services such as daycare facilities or centres for social support totally depend on local Child Protection Departments for the provision of their clientele by means of formal referral and the CPD is required to open and manage a case in order for the child to be officially designated as 'at risk'.



On 4 December, 2009, members of the Equilibrium management team discussed this issue with Paul Martin, representative of an EC pre-accession twinning programme in Bulgaria. Mr. Martin is heavily involved in the escalating deinstitutionalization initiative in the country. The context of the conversation was deinstitutionalization and senior representatives of Equilibrium's British partner organization, Hope and Homes for Children were present.

It was acknowledged that that is only something like 400 trained social workers in the entire national CPD network meaning that this constitutes a considerable 'bottleneck' in the child protection sector. Nevertheless, the CPD is the channel through which families enter the system.

### **Possible Solution**

A new draft methodology for the work of centres of social support envisages CPDs referring families to service providers without the need to open cases (eg in a manner that would reduce bureaucracy to facilitate early intervention / prevention of neglect or abandonment and the 'self referral' of families seeking help.)

The paragraphs in question have been awkwardly bolted onto the methodology as appendices and they do not correlate with the fuller regulatory framework. In addition, not all facilities have been provided with the new draft. This may suggest that a legal change is pending which would serve to facilitate the style of gate-keeping activities and early interventions to help prevent abandonment of children that are essential components of a fully-integrated deinstitutionalization programme,

### **Centres of Social Support - Funding Regime**

Budgets delegated to these service providers work on a per capita basis. Money is paid to service providers via municipal authorities on the basis of the formal referrals they expect to receive in the coming year.

There is an understandable tendency to resist / delay opening cases. Nevertheless, service providers are seen to exist to help CPDs fight fires within the population on CPD registers (= 'significantly at risk') as opposed to keeping children (who may meet the wider legal definition of being at risk) out of the system. Currently, children outwith CPD registers simply aren't acknowledged.

### **Possible Solution**

Equilibrium argues that if a proportion of budget was delegated in a block specifically to cover cases of early intervention or prevention work that did not depend on referrals by the CPD, it could operate more flexibly and, therefore, more effectively as a public service. In this way a service provider could form broader and more productive relationships with the educational and medical communities, with clubs and youth organizations. It would be better equipped to strengthen its relationship with the surrounding community and change its profile so as to erode the stigma that currently attaches to social service provision. Experience shows that early symptoms of disadvantage are far easier to deal with and when a child reaches the phase when it can be classified as 'at risk' by CPD problems have escalated often beyond repair. Staff morale and the quality of services would improve because personnel would have better control over their own workloads and time management. Their routines could become more varied and rewarding.

Equilibrium is lobbying government for such a change.



## Managed Transformation in the Delivery of Social Support

Over-emphasis of the strictures in which an organization works and railing against 'the system' promotes pessimism within that organization. It saps the morale of managers / planners and this communicates itself to employees and the clientele. It erodes the work ethic and impacts on the standard of service delivery.

As a matter of managerial policy, the Equilibrium team remains upbeat pursuing an approach based on 3 basic tenets -

- Transparency and public accountability
- Public awareness of activities and significant issues
- Provocative performance that transcends prescribed standards and, therefore, both challenges prevailing orthodoxies **and impacts on public opinion**

The Ruse complex receives a state budget to fulfil a defined social role that can loosely be described as Child Protection. The key function of the facility and its personnel is the prevention of abandonment of children and this is best achieved by preserving the integrity of families at risk by means of strategic early intervention.

It is Equilibrium's intention that the facility should transcend its remit to become a **Centre of Excellence**.

This can be achieved by applying a version of the 'Value, Stream, Design' (VSD) model for the improvement of service provision as pioneered in the British Health Service by Simon Dodds and his colleagues (1). The focus is on the provision of maximum 'value' to recipients of social support.

**Value** - What the clients of the complex require

**Stream** - The flow of work from skilled staff to clientele

**Design** - The deliberate, creative act of applying knowledge to create something that solves a problem

Dodds was a consultant surgeon who was also an expert in computer modeling and systems design. He recognized that systems changes in the complex world of running a specialized medical department were often counter-productive or, indeed, harmful. He recognized the need for very different criteria for changing the delivery of medical care, education or social welfare and commercial products and services.

Why change? Because stagnancy within an organization is unhealthy even for those personality types that enjoy consistency.

The VSD method seeks to improve both the quality and performance of a system of social welfare provision by adopting a client-focused perspective and working to identify and remove anything that does not add 'value' to the client. A key component of this model is the creation of a fulfilling work environment for service providers.



The method leads naturally to the elimination of *waste* defined both in terms of material resources and the effort of personnel. This is achieved by analyzing the relationship between the 'cost' of any activity (absorption of time and resources) and the impact of its delivery on the clientele of the complex. 'Value' is defined on the basis of this relationship.

Focus on value leads to the streamlining of service provision. Organizations that have adopted the 'Value, Stream, Design' model have recorded improvements in four main areas over and above the enhanced quality of the services themselves -

- The personal effectiveness and morale of staff members who feel they are no longer simply going through the motions
- The essential bureaucracy becomes a functional component of the system as opposed to its being seen as something imposed 'from outside'
- Space is created for personal development and investment in the innovative process
- A strong results orientation is established more there is more effective targeting of personnel with particular competencies towards the *production* and *delivery* of the product / service. Teams are built in order to create a certain skills base leading to pro-activity between departments and a flexible attitude towards formal job descriptions.

1) See 'Three Wins: Service Improvement using Value Stream Design', S. Dodds, 2007

### Defining a Centre of Excellence

- A Centre of Excellence is a facility or organization that creates value in the provision of social support that far exceeds the norm in the locale in which it operates.
- A Centre of Excellence has a loose-tight framework of management. It's loose enough to allow people the freedom either to be proactive or to respond quickly to ideas but tight enough to offer a framework of values and standards which contribute to a sense of direction.
- Certain key staff members are charged with being socially entrepreneurial. They are employed not so much to manage particular functions but to create environments that will encourage and sustain a sense of vision and motivation.
- Vision is combined with opportunism and flexibility - a Centre of Excellence reacts quickly and incisively to changing patterns of need in the surrounding community.



- The credo of any Centre of Excellence is that it should find creative and innovative responses to the needs of its constituency. It embraces the complexity of the community it serves. A centre that responds to the community in an ideological, bureaucratic or compartmentalized way fails the creativity test.
- A Centre of Excellence is a community hub making connections between people, institutions and groups that have been kept apart on the basis of conventional practice, bureaucracy, prejudice or indifference.
- A Centre of Excellence collaborates and forms strong coalitions of support in the community because its value as a social resource is recognized.
- A Centre of Excellence forms relationships with institutional / corporate donors and private philanthropists to provide added financial security and flexibility. It demonstrates ways to add value to its central role and is able to provide a return on investment measured in terms of social impact.

### Conscious Evolution

Progressive management in the delivery of social services involves a continual review process that is sometimes described as 'conscious evolution'.

Communities evolve. Something as simple as a factory closure can create a chain reaction in a community leading to its impoverishment in a surprisingly short period of time. More generally, the change can be slow and difficult to perceive but, nevertheless, it impacts on the functionalism and effectiveness of a facility like the Ruse complex that is designed to operate as a community resource. The operations of the complex lose their synchronization with the needs of the community. This starts to erode the social relevance of the facility.

If we approach the community in which we operate in an overly ideological, bureaucratic or compartmentalized way, we dehumanize or objectify the members of that community in one way or another. We bring about a situation whereby the community profile is distorted to fit the modus operandi of the institution that is supposed to serve it.

### Sound Communication Channels

To support the system of conscious evolution in the Ruse complex and provide the requisite organizational fluidity and responsiveness demands continuous two-way communication between managers and implementers.

We felt it was necessary to have Equilibrium's CEO stationed in the complex not only because of his active role in training and staff development, but also to render him accessible to all of the 38 staff members. He chairs Monday briefings with all the technical staff (social workers, therapists, psychologists, educators). He meets carers (nurses, staff from the small groups home and emergency placement units at least once a week and chairs Friday meetings with team leaders. The operations director is present at the Monday and Friday meetings and minutes are taken so as to be available to the managing team.

That managing team (comprising representatives of both Equilibrium and Open Society Ruse) meets monthly.



In addition to the accessibility of both the organizational head and the operations director, the management team contains an unremunerated consultant with significant international experience in the child welfare sector.

Underpinning the entire system of internal communication is a rolling system of 'facilitative questioning' and risk assessment that permits a review of the effectiveness of the main components of the operation, namely

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- Complex for social support - family support / social work
- Emergency placement unit
- Small group home for disabled youngsters
- Centre for street children, club activities, youth programmes and events

Risk is assessed using two sets of criteria -

1. Factors adversely affecting the operational performance
2. Factors adversely affecting the security and safety

The 'facilitative questioning' is based on a model devised by Sharon Drew Morgen: -

### Change and Innovation Template

1.1 Take a look around your work environment. What issues do you see ongoing that you have not got to grips with managing yet?  
Has anything changed to become inappropriately managed or unmanageable?

1.2 What has stopped you from managing them until now?  
What has changed to cause a managerial problem?



2.1 What would you need to see/hear/feel to recognize when it was time to do something different?

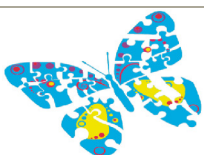
3.1 What criteria will you use to decide what aspects of the situation need to be changed? What would you prioritize?

3.2 Which aspects should stay the same? Why? What is there value?

3.3 What is the actual difference between what you want to keep and what you want to discard or alter?

3.4 How will you know if you've chosen the appropriate elements for each?

4.1 How will you decide who would need to be brought into the 'change' conversation to ensure you have buy-in from the staff and other stakeholders?



4.2 How do you plan on bringing them into the decisions you need to make?

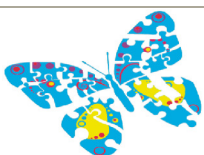
4.3 How will you know that they are actually supportive of your change issues?

4.4 How will you know if they are not supportive?

4.5 How will you manage the situation if they believe their interests would be jeopardized by the change?

5.1 How will you and your decision partners determine all of the aspects that need to be managed?

5.2 What elements of the situation need to be altered first?



5.3 What elements of the situation need to be altered second, third...?

5.4 How will you handle differences of opinion about the change process?

6.1 How will you monitor the process from start to finish?

6.2 How will you know if/when you are going off course and need additional support (possibly from the outside)?

6.3 How will you and your decision partners help you in your monitoring?

7.1 What will success look like?



7.2 How can you be sure that the problem will remain solved over time?

8.1 What does follow-up and follow-through look like?

### Feedback from clientele

It is national policy to garner feedback from clients of centres of social support to attach to annual reports to governmental monitors.

We see this as being insufficient and consider proactive engagement that produces a constant stream of feedback from the full spectrum of our clientele to be of paramount importance. This extends to the implantation of an ethos of Child Participation into our work with young clients in so far as this is practicable.

"Volunteerism prevails in our group activities and workshops with children but placing ourselves in a position in which we could be outvoted by children as regards the direction of an entire undertaking would be a real test. Within the context of service provision a great deal of our activity is heavily regulated but I am looking at ways in which we can meaningfully involve children in organizational decision making. Stuff like summer camps, club activity and event organization can involve meaningful collaboration with youngsters in planning and implementation."

(Child Participation - it's child's play!: David M. Bisset, Equilibrium guidelines, publication pending - April 2010)

### Approach to our Clientele - Poverty and Disadvantage have nothing to do with Victimhood

We believe in child rights and familial rights and we apply them in what we do.

We do not lobby for them or participate in child / familial rights advocacy. This would change our relationship with those to whom we provide a service. We cannot use these people to serve an agenda.



"If you put a small value on yourself, rest assured the world will not raise your price."

(19<sup>th</sup> century proverb)

Since its inception in 2004, Equilibrium has been involved with mentoring and social / educational rehabilitation working among children described in our website as "educationally and socially disadvantaged because of early life experience that may have included domestic abuse, separation from parents, institutionalization, bereavement, prolonged deprivation or an especially traumatic event." ([www.eq-bg.com](http://www.eq-bg.com)). The emphasis on rehabilitation has been carried over into the area of service provision and we place great emphasis on discouraging a sense of victimhood, dependency, subservience or pessimism.

### The methods - some examples

- Intensive counseling
- Training in life skills for adults - home economy & budgeting, job seeking, prioritization of essentials, community ventures (eg skills exchange), transition from social benefits to employment
- Phasing out practical support to families in a controlled manner to encourage initiative / discourage dependency
- Classes in life skills for our young clientele
- Programmes in outdoor adventure and performing arts in which the young participants help shape the outcomes (eg preparing for performances)
- Investment of time, effort and financial resources in a programme of refurbishment so that the premises no longer 'look like a place where poor people go' - changing the style and ambience
- Encouraging public access and a sense of community ownership through events and open days

## Working Partnerships

### Municipal Authority

The municipal authority is responsible for the provision of the services and it owns both buildings - the larger complex and the small group home. We provide monthly operational and financial reports to the authority.

### Child Protection Department

As stated above, the city's Child Protection Department occupies a portion of the complex which is self-contained. The advantage of the physical proximity of the two organizations is probably best illustrated by citing the case of emergency placements in our facility bedrooms designed for the removal of children from jeopardy with or without their mother. Such an action demands that both organizations follow certain procedures that need to be enacted quickly and in a coordinated manner. In such an instance, an emergency team is rapidly put together including personnel from both organizations to handle bureaucracy, liaise with



police or other services, deploy a care team (including medical personnel if required) and procure the requisite supplies.

### **Community Outreach**

The city of Ruse has a substantial Roma community largely concentrated in two-to-three neighbourhoods. The complex has developed a fruitful working relationship with Roma community leaders in one of the neighbourhoods resulting in the provision of daycare services and informal educational programmes for preschool children and teenagers.

### **Interface with Educational Community**

On a monthly basis, the staff at the complex hosts the meeting of a 'resource group' comprising teachers, pedagogical advisors, school psychologists and representatives of the Child Protection Department. The provides a forum for

- Discussing shared concerns about child welfare issues
- Exchanging know how
- The provision of detail about 'key neighbourhoods'
- Peer support and the formation of multidisciplinary focus groups

Our involvement in schools has expanded exponentially in recent months with the provision of support programmes to help deal with issues such as delinquency, truancy, relations between schools and parents etc

In addition, the educational community is increasingly seeking access to our training regime.

Assisted by The Movement of the Bulgarian Mother, the complex is piloting an initiative in the city's kindergartens disseminating knowledge about

- Early indicators of learning disability
- The relationship between material deprivation and pre-school development

### **Interface with the Medical Community**

An alarming number of infants who enter residential institutions for very young children remain in the institutional system for a significant part / all of their childhood years.

A significant portal to the institutional system is the local maternity hospital. The complex has a specialist team that works in the city's maternity hospital. Team members provide

- Counseling to mothers who show an inclination towards abandoning their babies
- Access to social services and a comprehensive advisory service
- Some practical alternatives for when they leave hospital

The team also tries to engender a culture in which fewer children are separated from their mothers / families and institutionalised 'for health reasons' (eg premature babies and those with a low birth weight).



The team counsels and advises the parents of babies that are born disabled.

### Relationship with the Media

The complex operates a structured public relations programme and has beneficial working relationships with a local newspaper to which we 'feed' stories, reports and commentaries on topical issues and a close relationship with a media company with which we collaborate on public information initiatives.

This keeps us in the public eye and provides the facility with a local, public profile over which we have some control.

Additionally, we use our international network of professional contacts (see below) to help provide a larger profile for our work and we recently received congratulations on our website design from an aid to Hillary Clinton.

### International Consultative / Support Network

Both the larger complex and the small group home benefit from a concerted effort to build a network of contacts. Benefits include -

- training opportunities and, in particular, access to experienced practitioners that are unavailable in Bulgaria
- opportunities for study visits
- technical support via regular electronic conferencing
- corroboration of local achievement
- multiplication of our points of contact with an international audience
- opportunities for collaboration that benefits services provided / promoted by network members in different international locations
- creation of a profile attractive to private sponsors / philanthropists because it is not always straightforward to link the programmes of institutional donors to components of service provision

### Contact Details

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